



**ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2016  
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       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, US 43213  
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio, US 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, US 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, US 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 Martin J. Brill      (614) 546-3211  
(Name)      (Area Code) (Telephone Number) (Extension)  
martin.brill@mchs.com      (E-Mail Address)      (Fax Number)

**OFFICERS**

Edward H. Lamb# (Board Chair)  
Sister Barbara Hahl (Secretary)

Michael J. Demand# (President & CEO)  
Dan Powell# (Treasurer)

**OTHER OFFICERS**

**DIRECTORS OR TRUSTEES**

Edward H. Lamb#  
Michael J. Demand#  
Sister Barbara Hahl  
Noah Jones, MD#  
Dan Powell#  
Daniel Wendorff, MD

State of Ohio } SS  
County of Franklin }

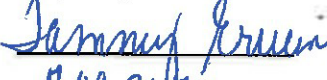
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

  
Edward H. Lamb#  
Board Chair

  
Dan Powell#  
Treasurer

  
Michael J. Demand#  
President & CEO

Subscribed and sworn to before me this  
27th day of February, 2017

  
7-09-2017

- 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      \_\_\_\_\_

**ASSETS**

|   | Current Year |                            |  | Prior Year                  |
|---|--------------|----------------------------|--|-----------------------------|
|   | 1<br>Assets  | 2<br>Nonadmitted<br>Assets | 3<br>Net Admitted<br>Assets<br>(Cols. 1 - 2) | 4<br>Net Admitted<br>Assets |
| 1. Bonds (Schedule D) .....   | 2,780,729    |                            | 2,780,729                                    | 2,710,104                   |
| 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 (\$ ..... (168,217), Schedule E-Part 1), cash equivalents (\$ ..... 5,142,520, Schedule E-Part 2) and short-term investments (\$ ..... 55,896, Schedule DA) ..... | 5,030,200    |                            | 5,030,200                                    | 2,485,889                   |
| 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) .....   | 7,810,929    |                            | 7,810,929                                    | 5,195,993                   |
| 13. Title plants less \$ ..... charged off (for Title insurers only) .....  |              |                            |  |                             |
| 14. Investment income due and accrued .....   | 14,707       |                            | 14,707                                       | 13,144                      |
| 15. Premiums and considerations:  |              |                            |  |                             |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....  | 63,300       | 1,069                      | 62,231                                       | 26,697                      |
| 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 (\$ ..... 297,680) and contracts subject to redetermination (\$ ..... ) .....   | 297,680      |                            | 297,680                                      | 332,000                     |
| 16. Reinsurance:  |              |                            |  |                             |
| 16.1 Amounts recoverable from reinsurers .....  | 241,082      |                            | 241,082                                      |                             |
| 16.2 Funds held by or deposited with reinsured companies .....  |              |                            |  |                             |
| 16.3 Other amounts receivable under reinsurance contracts .....   | 9,931        |                            | 9,931  | 16,161                      |
| 17. Amounts receivable relating to uninsured plans .....  | 211,643      |                            | 211,643                                      | 713,525                     |
| 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 .....  | 62,620       |                            | 62,620                                       |                             |
| 24. Health care (\$ ..... 211,912) and other amounts receivable .....   | 527,763      | 315,851                    | 211,912                                      | 201,940                     |
| 25. Aggregate write-ins for other-than-invested assets .....  | 57,087       | 6,500                      | 50,587                                       | 100,576                     |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....  | 9,296,742    | 323,420                    | 8,973,322                                    | 6,600,036                   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |              |                            |  |                             |
| 28. Total (Lines 26 and 27) .....   | 9,296,742    | 323,420                    | 8,973,322                                    | 6,600,036                   |
| <b>DETAILS OF WRITE-INS</b>   |              |                            |  |                             |
| 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 .....   | 50,587       |                            | 50,587                                       | 100,576                     |
| 2502. Prepaid expenses .....  | 6,500        | 6,500                      |  |                             |
| 2503. ....  |              |                            |  |                             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |              |                            |  |                             |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....  | 57,087       | 6,500                      | 50,587                                       | 100,576                     |

**LIABILITIES, CAPITAL AND SURPLUS**

|  | Current Year |                |             | Prior Year  |
|--|--------------|----------------|-------------|-------------|
|  | 1<br>Covered | 2<br>Uncovered | 3<br>Total  | 4<br>Total  |
| 1. Claims unpaid (less \$ ..... reinsurance ceded) .....   | 2,292,649    |                | 2,292,649   | 1,518,140   |
| 2. Accrued medical incentive pool and bonus amounts .....  |              |                |             |             |
| 3. Unpaid claims adjustment expenses .....   | 42,829       |                | 42,829      | 21,951      |
| 4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio<br>rebate per the Public Health Service Act .....            | 74,000       |                | 74,000      |             |
| 5. Aggregate life policy reserves .....  |              |                |             |             |
| 6. Property/casualty unearned premium reserves .....   |              |                |             |             |
| 7. Aggregate health claim reserves .....   |              |                |             |             |
| 8. Premiums received in advance .....  | 3,762        |                | 3,762       |             |
| 9. General expenses due or accrued .....   | 117,748      |                | 117,748     | 115,708     |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on<br>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 \$ .....<br>(including \$ ..... current) .....  |              |                |             |             |
| 15. Amounts due to parent, subsidiaries and affiliates .....   |              |                |             | 240,590     |
| 16. Derivatives .....  |              |                |             |             |
| 17. Payable for securities .....   |              |                |             |             |
| 18. Payable for securities lending .....   |              |                |             |             |
| 19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers,<br>\$ ..... 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 .....   | 49,124       |                | 49,124      | 71,120      |
| 23. Aggregate write-ins for other liabilities (including \$ ..... 1,042,977 current) .....   | 1,042,977    |                | 1,042,977   | 1,015,123   |
| 24. Total liabilities (Lines 1 to 23) .....  | 3,623,089    |                | 3,623,089   | 2,982,632   |
| 25. Aggregate write-ins for special surplus funds .....  | X X X        | X X X          |             |             |
| 26. Common capital stock .....   | X X X        | X X X          | 1,000,000   | 1,000,000   |
| 27. Preferred capital stock .....  | X X X        | X X X          |             |             |
| 28. Gross paid in and contributed surplus .....  | X X X        | X X X          | 10,500,000  | 7,500,000   |
| 29. Surplus notes .....  | X X X        | X X X          |             |             |
| 30. Aggregate write-ins for other-than-special surplus funds .....   | X X X        | X X X          |             |             |
| 31. Unassigned funds (surplus) .....   | X X X        | X X X          | (6,149,767) | (4,882,596) |
| 32. Less treasury stock, at cost:  |              |                |             |             |
| 32.1 ..... shares common (value included in Line 26 \$ ..... ) .....   | X X X        | X X X          |             |             |
| 32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....  | X X X        | X X X          |             |             |
| 33. Total capital and surplus (Line 25 to 31 minus Line 32) .....  | X X X        | X X X          | 5,350,233   | 3,617,404   |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) .....   | X X X        | X X X          | 8,973,322   | 6,600,036   |
| <b>DETAILS OF WRITE-INS</b>  |              |                |             |             |
| 2301. Due to Centers for Medicare & Medicaid Services .....  | 1,022,768    |                | 1,022,768   | 1,015,123   |
| 2302. Retroactivity due to Centers for Medicare & Medicaid Services .....  | 20,209       |                | 20,209      |             |
| 2303. Summary of remaining write-ins for Line 23 from overflow page .....  |              |                |             |             |
| 2398. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....   | 1,042,977    |                | 1,042,977   | 1,015,123   |
| 2501. ....   | X X X        | X X X          |             |             |
| 2502. ....   | X X X        | X X X          |             |             |
| 2503. ....   | X X X        | X X X          |             |             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | X X X        | X X X          |             |             |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....   | X X X        | X X X          |             |             |
| 3001. ....   | X X X        | X X X          |             |             |
| 3002. ....   | X X X        | X X X          |             |             |
| 3003. ....   | X X X        | X X X          |             |             |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....  | X X X        | X X X          |             |             |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....   | X X X        | X X X          |             |             |

**STATEMENT OF REVENUE AND EXPENSES**

|   | Current Year   |             | Prior Year  |
|---|----------------|-------------|-------------|
|   | 1<br>Uncovered | 2<br>Total  | 3<br>Total  |
| 1. Member Months  | X X X          | 29,711      | 17,010      |
| 2. Net premium income (including \$ non-health premium income)  | X X X          | 24,855,471  | 14,172,762  |
| 3. Change in unearned premium reserves and reserve for rate credits   | X X X          | 3,762       | (5,124)     |
| 4. Fee-for-service (net of \$ medical expenses)   | X X X          |             |             |
| 5. Risk revenue   | X X X          |             |             |
| 6. Aggregate write-ins for other health care related revenues   | X X X          | (52,978)    |             |
| 7. Aggregate write-ins for other non-health revenues  | X X X          |             |             |
| 8. Total revenues (Lines 2 to 7)  | X X X          | 24,806,255  | 14,167,638  |
| <b>Hospital and Medical:</b>  |                |             |             |
| 9. Hospital/medical benefits  |                | 13,333,672  | 7,511,178   |
| 10. Other professional services   |                | 7,008,316   | 4,373,474   |
| 11. Outside referrals   |                |             |             |
| 12. Emergency room and out-of-area  |                |             |             |
| 13. Prescription drugs  |                | 3,322,273   | 2,350,129   |
| 14. Aggregate write-ins for other hospital and medical  |                |             |             |
| 15. Incentive pool, withhold adjustments and bonus amounts  |                |             |             |
| 16. Subtotal (Lines 9 to 15)  |                | 23,664,261  | 14,234,781  |
| <b>Less:</b>  |                |             |             |
| 17. Net reinsurance recoveries  |                | 241,082     |             |
| 18. Total hospital and medical (Lines 16 minus 17)  |                | 23,423,179  | 14,234,781  |
| 19. Non-health claims (net)   |                |             |             |
| 20. Claims adjustment expenses, including \$ 51,080 cost containment expenses   |                | 914,926     | 291,844     |
| 21. General administrative expenses   |                | 1,707,488   | 954,603     |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)         |                | 74,000      |             |
| 23. Total underwriting deductions (Lines 18 through 22)   |                | 26,119,593  | 15,481,228  |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)  | X X X          | (1,313,338) | (1,313,590) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17)  |                | 41,686      | 69,595      |
| 26. Net realized capital gains (losses) less capital gains tax of \$  |                |             | (18,266)    |
| 27. Net investment gains (losses) (Lines 25 plus 26)  |                | 41,686      | 51,329      |
| 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) | X X X          | (1,271,652) | (1,262,261) |
| 31. Federal and foreign income taxes incurred   | X X X          |             |             |
| 32. Net income (loss) (Lines 30 minus 31)   | X X X          | (1,271,652) | (1,262,261) |
| <b>DETAILS OF WRITE-INS</b>   |                |             |             |
| 0601. Other revenue - contractual adjustments   | X X X          | (52,978)    |             |
| 0602.   | X X X          |             |             |
| 0603.   | X X X          |             |             |
| 0698. Summary of remaining write-ins for Line 6 from overflow page  | X X X          |             |             |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)   | X X X          | (52,978)    |             |
| 0701.   | X X X          |             |             |
| 0702.   | X X X          |             |             |
| 0703.   | X X X          |             |             |
| 0798. Summary of remaining write-ins for Line 7 from overflow page  | X X X          |             |             |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)   | X X X          |             |             |
| 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 .....  | 3,617,404    | 5,869,602   |
| 34. Net income or (loss) from Line 32 .....   | (1,271,652)  | (1,262,261) |
| 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)     |
| 37. Change in net unrealized foreign exchange capital gain or (loss) .....                        |              |             |
| 38. Change in net deferred income tax .....   |              |             |
| 39. Change in nonadmitted assets .....  | 4,481        | (190,584)   |
| 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 .....  | 3,000,000    |             |
| 45.2 Transferred to capital (Stock Dividend) .....  |              |             |
| 45.3 Transferred 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) .....                                      | 1,732,829    | (2,252,198) |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) .....                             | 5,350,233    | 3,617,404   |
| <b>DETAILS OF WRITE-INS</b>   |              |             |
| 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            | 2           |
|--|--------------|-------------|
|  | Current Year | Prior Year  |
| <b>Cash from Operations</b>  |              |             |
| 1. Premiums collected net of reinsurance   | 24,940,942   | 13,803,012  |
| 2. Net investment income   | 53,889       | 64,343      |
| 3. Miscellaneous income  | (52,978)     |             |
| 4. Total (Line 1 through Line 3)   | 24,941,853   | 13,867,355  |
| 5. Benefit and loss related payments   | 22,961,674   | 14,277,602  |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts                             |              |             |
| 7. Commissions, expenses paid and aggregate write-ins for deductions   | 2,119,610    | 963,932     |
| 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)  | 25,081,284   | 15,241,534  |
| 11. Net cash from operations (Line 4 minus Line 10)  | (139,431)    | (1,374,179) |
| <b>Cash from Investments</b>   |              |             |
| 12. Proceeds from investments sold, matured or repaid:   |              |             |
| 12.1 Bonds   | 500,000      | 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)   | 500,000      | 550,000     |
| 13. Cost of investments acquired (long-term only):   |              |             |
| 13.1 Bonds   | 584,391      | 610,060     |
| 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)  | 584,391      | 610,060     |
| 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)  | (84,391)     | (60,060)    |
| <b>Cash from Financing and Miscellaneous Sources</b>   |              |             |
| 16. Cash provided (applied):   |              |             |
| 16.1 Surplus notes, capital notes  |              |             |
| 16.2 Capital and paid in surplus, less treasury stock  | 3,000,000    |             |
| 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)   | (231,867)    | 276,131     |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 2,768,133    | 276,131     |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>   |              |             |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)            | 2,544,311    | (1,158,108) |
| 19. Cash, cash equivalents and short-term investments:   |              |             |
| 19.1 Beginning of year   | 2,485,889    | 3,643,997   |
| 19.2 End of year (Line 18 plus Line 19.1)  | 5,030,200    | 2,485,889   |
| Note: Supplemental disclosures of cash flow information for non-cash transactions:                                 |              |             |
| 20.0001 Line 16.6 - CMS overpayments   | 7,645        | 224,576     |
| 20.0002 Line 16.6 - Other  | (239,512)    | 51,555      |
| 20.0003  |              |             |
| 20.0004  |              |             |
| 20.0005  |              |             |
| 20.0006  |              |             |
| 20.0007  |              |             |
| 20.0008  |              |             |
| 20.0009  |              |             |
| 20.0010  |              |             |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

|  | 1           | 2   | 3                      | 4              | 5              | 6  | 7                       | 8                     | 9               | 10                  |
|--|-------------|---|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------------|---------------------|
|  | Total       | Comprehensive<br>(Hospital<br>and<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| 1. Net premium income  | 24,855,471  |   |                        |                |                |  | 24,855,471              |                       |                 |                     |
| 2. Change in unearned premium reserves and reserve for rate credit           | 3,762       |   |                        |                |                |  | 3,762                   |                       |                 |                     |
| 3. Fee-for-service (net of \$ medical expenses)                              |             |   |                        |                |                |  |                         |                       |                 | XXX                 |
| 4. Risk revenue  |             |   |                        |                |                |  |                         |                       |                 | XXX                 |
| 5. Aggregate write-ins for other health care related revenues                | (52,978)    |   |                        |                |                |  | (52,978)                |                       |                 | XXX                 |
| 6. Aggregate write-ins for other non-health care related revenues            |             | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                     | XXX                   | XXX             |                     |
| 7. Total revenues (Lines 1 to 6)   | 24,806,255  |   |                        |                |                |  | 24,806,255              |                       |                 |                     |
| 8. Hospital/medical benefits   | 13,333,672  |   |                        |                |                |  | 13,333,672              |                       |                 | XXX                 |
| 9. Other professional services   | 7,008,316   |   |                        |                |                |  | 7,008,316               |                       |                 | XXX                 |
| 10. Outside referrals  |             |   |                        |                |                |  |                         |                       |                 | XXX                 |
| 11. Emergency room and out-of-area   |             |   |                        |                |                |  |                         |                       |                 | XXX                 |
| 12. Prescription drugs   | 3,322,273   |   |                        |                |                |  | 3,322,273               |                       |                 | XXX                 |
| 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)   | 23,664,261  |   |                        |                |                |  | 23,664,261              |                       |                 | XXX                 |
| 16. Net reinsurance recoveries   | 241,082     |   |                        |                |                |  | 241,082                 |                       |                 | XXX                 |
| 17. Total hospital and medical (Lines 15 minus 16)                           | 23,423,179  |   |                        |                |                |  | 23,423,179              |                       |                 | XXX                 |
| 18. Non-health claims (net)  |             | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                     | XXX                   | XXX             |                     |
| 19. Claims adjustment expenses including \$ 51,080 cost containment expenses | 914,926     |   |                        |                |                |  | 914,926                 |                       |                 |                     |
| 20. General administrative expenses  | 1,707,488   |   |                        |                |                |  | 1,707,488               |                       |                 |                     |
| 21. Increase in reserves for accident and health contracts                   | 74,000      |   |                        |                |                |  | 74,000                  |                       |                 | XXX                 |
| 22. Increase in reserves for life contracts                                  |             | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                     | XXX                   | XXX             |                     |
| 23. Total underwriting deductions (Lines 17 to 22)                           | 26,119,593  |   |                        |                |                |  | 26,119,593              |                       |                 |                     |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23)                   | (1,313,338) |   |                        |                |                |  | (1,313,338)             |                       |                 |                     |
| <b>DETAILS OF WRITE-INS</b>  |             |   |                        |                |                |  |                         |                       |                 |                     |
| 0501. Other revenue-contractual adjustments                                  | (52,978)    |   |                        |                |                |  | (52,978)                |                       |                 | 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)               | (52,978)    |   |                        |                |                |  | (52,978)                |                       |                 | 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<br>Direct Business | 2<br>Reinsurance Assumed | 3<br>Reinsurance Ceded | 4<br>Net Premium Income<br>(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 .....                 | 24,918,161           |                          | 62,690                 | 24,855,471                               |
| 7. Title XIX - Medicaid .....                   |                      |                          |                        |  |
| 8. Other health .....                           |                      |                          |                        |  |
| 9. Health subtotal (Lines 1 through 8) .....    | 24,918,161           |                          | 62,690                 | 24,855,471                               |
| 10. Life .....                                  |                      |                          |                        |  |
| 11. Property/casualty .....                     |                      |                          |                        |  |
| 12. Totals (Lines 9 to 11) .....                | 24,918,161           |                          | 62,690                 | 24,855,471                               |



**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - Claims Incurred During the Year**

|  | 1          | 2  | 3                      | 4              | 5              | 6  | 7                          | 8                        | 9               | 10                  |
|--|------------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
|  | Total      | Comprehensive<br>(Hospital and<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal Employees<br>Health Benefits<br>Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| 1. Payments during the year:                                     |            |  |                        |                |                |  |                            |                          |                 |                     |
| 1.1 Direct   | 22,887,674 |  |                        |                |                |  | 22,887,674                 |                          |                 |                     |
| 1.2 Reinsurance assumed  |            |  |                        |                |                |  |                            |                          |                 |                     |
| 1.3 Reinsurance ceded  |            |  |                        |                |                |  |                            |                          |                 |                     |
| 1.4 Net  | 22,887,674 |  |                        |                |                |  | 22,887,674                 |                          |                 |                     |
| 2. Paid medical incentive pools and bonuses                      |            |  |                        |                |                |  |                            |                          |                 |                     |
| 3. Claim liability December 31, current year from Part 2A:       |            |  |                        |                |                |  |                            |                          |                 |                     |
| 3.1 Direct   | 2,292,649  |  |                        |                |                |  | 2,292,649                  |                          |                 |                     |
| 3.2 Reinsurance assumed  |            |  |                        |                |                |  |                            |                          |                 |                     |
| 3.3 Reinsurance ceded  |            |  |                        |                |                |  |                            |                          |                 |                     |
| 3.4 Net  | 2,292,649  |  |                        |                |                |  | 2,292,649                  |                          |                 |                     |
| 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)                               | (2,078)    |  |                        |                |                |  | (2,078)                    |                          |                 |                     |
| 7. Amounts recoverable from reinsurers December 31, current year | 241,082    |  |                        |                |                |  | 241,082                    |                          |                 |                     |
| 8. Claim liability December 31, prior year from Part 2A:         |            |  |                        |                |                |  |                            |                          |                 |                     |
| 8.1 Direct   | 1,518,140  |  |                        |                |                |  | 1,518,140                  |                          |                 |                     |
| 8.2 Reinsurance assumed  |            |  |                        |                |                |  |                            |                          |                 |                     |
| 8.3 Reinsurance ceded  |            |  |                        |                |                |  |                            |                          |                 |                     |
| 8.4 Net  | 1,518,140  |  |                        |                |                |  | 1,518,140                  |                          |                 |                     |
| 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  | 23,664,261 |  |                        |                |                |  | 23,664,261                 |                          |                 |                     |
| 12.2 Reinsurance assumed   |            |  |                        |                |                |  |                            |                          |                 |                     |
| 12.3 Reinsurance ceded   | 241,082    |  |                        |                |                |  | 241,082                    |                          |                 |                     |
| 12.4 Net   | 23,423,179 |  |                        |                |                |  | 23,423,179                 |                          |                 |                     |
| 13. Incurred medical incentive pools and bonuses                 |            |  |                        |                |                |  |                            |                          |                 |                     |

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

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - Claims Liability End of Current Year**

|   | 1         | 2  | 3                      | 4              | 5              | 6  | 7                          | 8                        | 9               | 10                  |
|---|-----------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-----------------|---------------------|
|   | Total     | Comprehensive<br>(Hospital<br>and Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal Employees<br>Health Benefits<br>Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| 1. Reported in Process of Adjustment:                 |           |  |                        |                |                |  |                            |                          |                 |                     |
| 1.1 Direct .....                                      | 251,669   |  |                        |                |                |  | 251,669                    |                          |                 |                     |
| 1.2 Reinsurance assumed .....                         |           |  |                        |                |                |  |                            |                          |                 |                     |
| 1.3 Reinsurance ceded .....                           |           |  |                        |                |                |  |                            |                          |                 |                     |
| 1.4 Net .....   | 251,669   |  |                        |                |                |  | 251,669                    |                          |                 |                     |
| 2. Incurred but Unreported:                           |           |  |                        |                |                |  |                            |                          |                 |                     |
| 2.1 Direct .....                                      | 2,040,980 |  |                        |                |                |  | 2,040,980                  |                          |                 |                     |
| 2.2 Reinsurance assumed .....                         |           |  |                        |                |                |  |                            |                          |                 |                     |
| 2.3 Reinsurance ceded .....                           |           |  |                        |                |                |  |                            |                          |                 |                     |
| 2.4 Net .....   | 2,040,980 |  |                        |                |                |  | 2,040,980                  |                          |                 |                     |
| 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 .....                                      | 2,292,649 |  |                        |                |                |  | 2,292,649                  |                          |                 |                     |
| 4.2 Reinsurance assumed .....                         |           |  |                        |                |                |  |                            |                          |                 |                     |
| 4.3 Reinsurance ceded .....                           |           |  |                        |                |                |  |                            |                          |                 |                     |
| 4.4 Net .....   | 2,292,649 |  |                        |                |                |  | 2,292,649                  |                          |                 |                     |

**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   | 6  |
|---|---|---|---|---|---|--|
|   | 1<br>On Claims Incurred Prior to<br>January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of<br>Prior Year            | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years<br>(Columns 1 + 3) | Estimated Claim Reserve and Claim<br>Liability December 31 of Prior 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 .....                     | 1,823,688   | 20,824,982                              | 2,976   | 2,289,673                               | 1,826,664   | 1,518,140  |
| 7. Title XIX - Medicaid .....                       |   |   |   |   |   |  |
| 8. Other health .....                               |   |   |   |   |   |  |
| 9. Health subtotal (Lines 1 to 8) .....             | 1,823,688   | 20,824,982                              | 2,976   | 2,289,673                               | 1,826,664   | 1,518,140  |
| 10. Healthcare receivables (a) .....                |   |   |   |   |   |  |
| 11. Other non-health .....                          |   |   |   |   |   |  |
| 12. Medical incentive pools and bonus amounts ..... |   |   |   |   |   |  |
| 13. Totals (Lines 9-10+11+12) .....                 | 1,823,688   | 20,824,982                              | 2,976   | 2,289,673                               | 1,826,664   | 1,518,140  |

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

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**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<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**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<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |



ANNUAL STATEMENT FOR THE YEAR 2016 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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      | 4,195                       | 4,628     | 4,629     | 4,629     | 4,629     |
| 3. 2013 .....                      | X X X                       | 5,652     | 6,277     | 8,120     | 8,120     |
| 4. 2014 .....                      | X X X                       | X X X     | 13,200    | 14,239    | 14,273    |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     | 15,262    | 17,070    |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     | 24,462    |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      | 3,928  | 4,361     | 4,361     | 4,361     | 4,361     |
| 3. 2013 .....                      | X X X  | 5,837     | 6,462     | 6,462     | 6,462     |
| 4. 2014 .....                      | X X X  | X X X     | 12,296    | 14,252    | 14,286    |
| 5. 2015 .....                      | X X X  | X X X     | X X X     | 16,767    | 18,575    |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     | 26,752    |

**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<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  | 7,270                | 4,629                |  |                            | 4,629   | 63.673                     |                    |  | 4,629   | 63.673                      |
| 2. 2013 .....  | 9,287                | 8,120                | 153                                    | 1.884                      | 8,273   | 89.082                     |                    |  | 8,273   | 89.082                      |
| 3. 2014 .....  | 12,456               | 14,273               | 287                                    | 2.011                      | 14,560  | 116.891                    |                    |  | 14,560  | 116.891                     |
| 4. 2015 .....  | 14,168               | 17,070               | 292                                    | 1.711                      | 17,362  | 122.544                    | 3                  |  | 17,365  | 122.565                     |
| 5. 2016 .....  | 24,859               | 24,462               | 915                                    | 3.740                      | 25,377  | 102.084                    | 2,290              | 43                                     | 27,710  | 111.469                     |

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**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<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |

**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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |                             |           |           |           |           |
| 2. 2012 .....                      |                             |           |           |           |           |
| 3. 2013 .....                      | X X X                       |           |           |           |           |
| 4. 2014 .....                      | X X X                       | X X X     |           |           |           |
| 5. 2015 .....                      | X X X                       | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X                       | X X X     | X X X     | X X X     |           |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior .....                     |  |           |           |           |           |
| 2. 2012 .....                      |  |           |           |           |           |
| 3. 2013 .....                      | X X X  |           |           |           |           |
| 4. 2014 .....                      | X X X  | X X X     |           |           |           |
| 5. 2015 .....                      | X X X  | X X X     | X X X     |           |           |
| 6. 2016 .....                      | X X X  | X X X     | X X X     | X X X     |           |

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 2. 2013 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 3. 2014 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 4. 2015 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |
| 5. 2016 .....  |                      |                      |  |                            |   |                            |                    |  |   |                             |

ANNUAL STATEMENT FOR THE YEAR 2016 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<br>2012                   | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior                           |                             |           |           |           |           |
| 2. 2012                            | 4,195                       | 4,628     | 4,629     | 4,629     | 4,629     |
| 3. 2013                            | X X X                       | 5,652     | 6,277     | 8,120     | 8,120     |
| 4. 2014                            | X X X                       | X X X     | 13,200    | 14,239    | 14,273    |
| 5. 2015                            | X X X                       | X X X     | X X X     | 15,262    | 17,070    |
| 6. 2016                            | X X X                       | X X X     | X X X     | X X X     | 24,462    |

**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<br>2012  | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior                           |  |           |           |           |           |
| 2. 2012                            | 3,928  | 4,361     | 4,361     | 4,361     | 4,361     |
| 3. 2013                            | X X X  | 5,837     | 6,462     | 6,462     | 6,462     |
| 4. 2014                            | X X X  | X X X     | 12,296    | 14,252    | 14,286    |
| 5. 2015                            | X X X  | X X X     | X X X     | 16,767    | 18,575    |
| 6. 2016                            | X X X  | X X X     | X X X     | X X X     | 26,752    |

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|--|----------------------|----------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2012  | 7,270                | 4,629                |  |                            | 4,629   | 63.673                     |                    |  | 4,629   | 63.673                      |
| 2. 2013  | 9,287                | 8,120                | 153                                    | 1.884                      | 8,273   | 89.082                     |                    |  | 8,273   | 89.082                      |
| 3. 2014  | 12,456               | 14,273               | 287                                    | 2.011                      | 14,560  | 116.891                    |                    |  | 14,560  | 116.891                     |
| 4. 2015  | 14,168               | 17,070               | 292                                    | 1.711                      | 17,362  | 122.544                    | 3                  |  | 17,365  | 122.565                     |
| 5. 2016  | 24,859               | 24,462               | 915                                    | 3.740                      | 25,377  | 102.084                    | 2,290              | 43                                     | 27,710  | 111.469                     |

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

|  | 1      | 2  | 3                      | 4              | 5              | 6  | 7                          | 8                        | 9     |
|--|--------|--|------------------------|----------------|----------------|--|----------------------------|--------------------------|-------|
|  | Total  | Comprehensive<br>(Hospital and<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefit Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other |
| 1. Unearned premium reserves .....   |        |  |                        |                |                |  |                            |                          |       |
| 2. Additional policy reserves (a) .....  | 74,000 |  |                        |                |                |  | 74,000                     |                          |       |
| 3. Reserve for future contingent benefits .....  |        |  |                        |                |                |  |                            |                          |       |
| 4. Reserve for rate credits or experience rating refunds<br>(including \$ ..... for investment income) ..... |        |  |                        |                |                |  |                            |                          |       |
| 5. Aggregate write-ins for other policy reserves .....   |        |  |                        |                |                |  |                            |                          |       |
| 6. Totals (gross) .....  | 74,000 |  |                        |                |                |  | 74,000                     |                          |       |
| 7. Reinsurance ceded .....   |        |  |                        |                |                |  |                            |                          |       |
| 8. Totals (Net) (Page 3, Line 4) .....   | 74,000 |  |                        |                |                |  | 74,000                     |                          |       |
| 9. Present value of amounts not yet due on claims .....  |        |  |                        |                |                |  |                            |                          |       |
| 10. Reserve for future contingent benefits .....   |        |  |                        |                |                |  |                            |                          |       |
| 11. Aggregate write-ins for other claim reserves .....   |        |  |                        |                |                |  |                            |                          |       |
| 12. Totals (gross) .....   |        |  |                        |                |                |  |                            |                          |       |
| 13. Reinsurance ceded .....  |        |  |                        |                |                |  |                            |                          |       |
| 14. Totals (Net) (Page 3, Line 7) .....  |        |  |                        |                |                |  |                            |                          |       |
| <b>DETAILS OF WRITE-INS</b>  |        |  |                        |                |                |  |                            |                          |       |
| 0501. ....   |        |  |                        |                |                |  |                            |                          |       |
| 0502. ....   |        |  |                        |                |                |  |                            |                          |       |
| 0503. ....   |        |  |                        |                |                |  |                            |                          |       |
| 0598. Summary of remaining write-ins for Line 5 from overflow page .....                                     |        |  |                        |                |                |  |                            |                          |       |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....  |        |  |                        |                |                |  |                            |                          |       |
| 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) .....                                       |        |  |                        |                |                |  |                            |                          |       |

(a) Includes \$ ..... 74,000 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

|   | Claim Adjustment Expenses      |                                      | 3                               | 4                   | 5             |
|---|--------------------------------|--------------------------------------|---------------------------------|---------------------|---------------|
|   | 1<br>Cost Containment Expenses | 2<br>Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total         |
| 1. Rent (\$ ..... for occupancy of own building) .....  |                                |                                      |                                 |                     |               |
| 2. Salaries, wages and other benefits .....   |                                |                                      |                                 |                     |               |
| 3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....                              |                                |                                      |                                 |                     |               |
| 4. Legal fees and expenses .....  |                                |                                      | 3,653                           |                     | 3,653         |
| 5. Certifications and accreditation fees .....  |                                |                                      |                                 |                     |               |
| 6. Auditing, actuarial and other consulting services .....                                    | 26,758                         | 107,924                              | 201,006                         |                     | 335,688       |
| 7. Traveling expenses .....   |                                |                                      |                                 |                     |               |
| 8. Marketing and advertising .....  |                                |                                      |                                 |                     |               |
| 9. Postage, express, and telephone .....  | 22                             | 11                                   | 96,451                          |                     | 96,484        |
| 10. Printing and office supplies .....  | 4                              | 132                                  | 17,726                          |                     | 17,862        |
| 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 .....                       | 24,272                         | 755,675                              | 1,216,880                       | 16,266              | 2,013,093     |
| 15. Boards, bureaus and association fees .....  | 24                             | 104                                  | 331                             |                     | 459           |
| 16. Insurance, except on real estate .....  |                                |                                      | 3,911                           |                     | 3,911         |
| 17. Collection and bank service charges .....   |                                |                                      | 16                              |                     | 16            |
| 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 .....  |                                |                                      | 5,391                           |                     | 5,391         |
| 23.2 State premium taxes .....  |                                |                                      |                                 |                     |               |
| 23.3 Regulator authority licenses and fees .....  |                                |                                      |                                 |                     |               |
| 23.4 Payroll taxes .....  |                                |                                      |                                 |                     |               |
| 23.5 Other (excluding federal income and real estate taxes) .....                             |                                |                                      | 162,950                         |                     | 162,950       |
| 24. Investment expenses not included elsewhere .....  |                                |                                      |                                 |                     |               |
| 25. Aggregate write-ins for expenses .....  |                                |                                      | (828)                           |                     | (828)         |
| 26. Total expenses incurred (Line 1 to Line 25) .....   | 51,080                         | 863,846                              | 1,707,487                       | 16,266              | (a) 2,638,679 |
| 27. Less expenses unpaid December 31, current year .....                                      |                                |                                      | 117,748                         |                     | 117,748       |
| 28. Add expenses unpaid December 31, prior year .....   |                                |                                      | 115,708                         |                     | 115,708       |
| 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) ..... | 51,080                         | 863,846                              | 1,705,447                       | 16,266              | 2,636,639     |
| <b>DETAILS OF WRITE-INS</b>   |                                |                                      |                                 |                     |               |
| 2501. Other .....   |                                |                                      | (828)                           |                     | (828)         |
| 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) .....               |                                |                                      | (828)                           |                     | (828)         |

(a) Includes management fees of \$ ..... 2,252,908 to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

|   | 1                     | 2                  |
|---|-----------------------|--------------------|
|   | Collected During Year | Earned During Year |
| 1. U.S. Government bonds  | (a) 11,800            | 11,822             |
| 1.1 Bonds exempt from U.S. tax  | (a)                   |                    |
| 1.2 Other bonds (unaffiliated)  | (a) 46,297            | 45,614             |
| 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) 290               | 516                |
| 7. Derivative instruments   | (f)                   |                    |
| 8. Other invested assets  |                       |                    |
| 9. Aggregate write-ins for investment income                            |                       |                    |
| 10. Total gross investment income                                       | 58,387                | 57,952             |
| 11. Investment expenses   |                       | (g) 16,266         |
| 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)                              |                       | 16,266             |
| 17. Net investment income (Line 10 minus Line 16)                       |                       | 41,686             |
| <b>DETAILS OF WRITE-INS</b>   |                       |                    |
| 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)         |                       |                    |
| 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 \$ ..... 13,766 amortization of premium and less \$ ..... 1,998 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
 (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.

(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (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                                     |   |                            |  |  |   |
| 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)                  |   |                            |  |  |   |
| 10. Total capital gains (losses)                                   |   |                            |  |  |   |
| <b>NONE</b>  |   |                            |  |  |   |
| <b>DETAILS OF WRITE-INS</b>  |   |                            |  |  |   |
| 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  | 2                                      | 3  |
|---|--|--|--|
|   | Current Year Total<br>Nonadmitted Assets | Prior Year Total<br>Nonadmitted Assets | Change in Total<br>Nonadmitted Assets<br>(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 .....  | 1,069                                    |  | (1,069)  |
| 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 .....  | 315,851                                  | 327,901                                | 12,050   |
| 25. Aggregate write-ins for other-than-invested assets .....  | 6,500                                    |  | (6,500)  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts<br>(Line 12 to Line 25) ..... | 323,420                                  | 327,901                                | 4,481  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |  |  |  |
| 28. Total (Line 26 and Line 27) .....   | 323,420                                  | 327,901                                | 4,481  |
| <b>DETAILS OF WRITE-INS</b>   |  |  |  |
| 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. Prepaid expenses .....  | 6,500                                    |  | (6,500)  |
| 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) .....   | 6,500                                    |  | (6,500)  |



**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

| Source of Enrollment   | Total Members at End of |                       |                        |                       |                      | 6<br>Current Year<br>Member<br>Months |
|--|-------------------------|-----------------------|------------------------|-----------------------|----------------------|---------------------------------------|
|  | 1<br>Prior<br>Year      | 2<br>First<br>Quarter | 3<br>Second<br>Quarter | 4<br>Third<br>Quarter | 5<br>Current<br>Year |                                       |
| 1. Health Maintenance Organizations .....                                      |                         |                       |                        |                       |                      |                                       |
| 2. Provider Service Organizations .....  |                         |                       |                        |                       |                      |                                       |
| 3. Preferred Provider Organizations .....                                      | 1,437                   | 2,454                 | 2,478                  | 2,505                 | 2,462                | 29,711                                |
| 4. Point of Service .....  |                         |                       |                        |                       |                      |                                       |
| 5. Indemnity Only .....  |                         |                       |                        |                       |                      |                                       |
| 6. Aggregate write-ins for other lines of business .....                       |                         |                       |                        |                       |                      |                                       |
| 7. Total .....   | 1,437                   | 2,454                 | 2,478                  | 2,505                 | 2,462                | 29,711                                |
| <b>DETAILS OF WRITE-INS</b>  |                         |                       |                        |                       |                      |                                       |
| 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   | SSAP # | F/S<br>Page | F/S<br>Line # | 2016        | 2015        |
|--|--------|-------------|---------------|-------------|-------------|
| 01A01 - Net Income, State Basis (Page 4, Line 32, Columns 2 and 3) |        |             |               | (1,271,652) | (1,262,261) |
| 01A04 - Net Income, NAIC SAP (1-2-3=4)                             |        |             |               | (1,271,652) | (1,262,261) |
| 01A05 - Surplus, State Basis (Page 3, Line 33, Columns 3 and 4)    |        |             |               | 5,350,233   | 3,617,404   |
| 01A08 - Surplus, NAIC SAP (5-6-7=8)                                |        |             |               | 5,350,233   | 3,617,404   |

#### 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.

**NOTES TO FINANCIAL STATEMENTS**

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 estimated impact by year was 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 for 2015.

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<br>Total Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted from<br>Current Year | 2<br>Total Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted from<br>Prior Year | 3<br>Increase/<br>(Decrease)<br>(1 minus 2) | 4<br>Total<br>Current Year<br>Nonadmitted<br>Restricted | 5<br>Total Current<br>Year Admitted<br>Restricted<br>(1 minus 4) | 6<br>Gross<br>(Admitted &<br>Nonadmitted)<br>Restricted to<br>Total Assets<br>(a) | 7<br>Admitted<br>Restricted<br>to Total<br>Admitted Assets<br>(b) |
|--|--|--|---|---|--|---|---|
| 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  | 2,836,625  | 2,794,003  | 42,622                                      |   | 2,836,625  | 30.051  | 31.612  |

**NOTES TO FINANCIAL STATEMENTS**

|  |           |           |        |  |           |  |  |
|--|-----------|-----------|--------|--|-----------|--|--|
| 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   |           |           |        |  |           |  |  |
| o. Total Restricted Assets   | 2,836,625 | 2,794,003 | 42,622 |  | 2,836,625 |  |  |

(a) Column 1 divided by Asset Page, Column 1, Line 28  
 (b) Column 5 divided by Asset Page, Column 3, Line 28

(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, 2016 or 2015. The Company does not have any material uncertain tax positions as of December 31, 2016 or 2015.

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 \$2,252,908 and \$1,057,087 in 2016 and 2015, respectively.  
 Medical expenses incurred by the Company provided by Mount Carmel Health System ("MCHS") were \$3,102,038 and \$1,746,110 in 2016 and 2015, respectively.
- D. The Company was due \$62,620 from MCHS as of December 31, 2016 and owed MCHS \$240,590 as of December 31, 2015.
- 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.

**NOTES TO FINANCIAL STATEMENTS**

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## 11. Debt

## A. Debt Including Capital Notes

The Company has no outstanding debt with third parties during 2016 and 2015.

## 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 \$-0- and \$(67,317) as of December 31, 2016 and 2015, 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.

**NOTES TO FINANCIAL STATEMENTS**

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable.

E. Joint and Several Liabilities

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, 2016.

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 2016 and 2015, consisted of \$21,652,392 and \$12,721,122, respectively for medical and hospital related services and \$1,789,865 and \$1,310,507, respectively for administrative expenses.
- (2) As of December 31, 2016 and 2015, the Company has recorded receivables from CMS of \$208,779 and \$713,525 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 \$-0- and \$200 at December 31, 2016 and 2015, respectively.
- (4) In 2015, 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

| Name and Address of Managing General Agent or Third Party Administrator                                      | FEIN Number | Exclusive Contract | Types of Business Written | Type of Authority Granted | Total Direct Premiums Written/Produced By |
|--|-------------|--------------------|---------------------------|---------------------------|---|
| Direct Premiums Written / Produced by Managing General Agents / Third Party Administrators                   |             |                    |                           |                           |   |
| Extend Health, Inc. - 10975 Sterling View Drive, Suite A1, South Jordan, UT 84095                            | 26-0775680  | No                 | Medicare                  | B                         | 654,031                                   |
| 1999999 - TOTAL - Direct Premiums Written / Produced by Managing General Agents / Third Party Administrators |             |                    |                           |                           | 654,031                                   |

## NOTES TO FINANCIAL STATEMENTS

### 20. Fair Value Measurement

A. (1) The fair value of financial assets at December 31, 2016 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                               | 55,897    |           |           | 55,897 |
| 20A1A99 - Assets at fair value                   | 55,897    |           |           | 55,897 |

(2) Rollforward of Level 3 Items

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, 2016.

(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                          | 594,655              | 594,655         | 594,655   |           |           |                                  |
| U.S. Special revenue obligations                             | 2,183,191            | 2,183,191       |           | 2,183,191 |           |                                  |
| Cash, cash equivalents, and short-term securities            | 5,030,200            | 5,030,200       | 5,030,200 |           |           |                                  |
| 20C9999 - 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

## NOTES TO FINANCIAL STATEMENTS

Not Applicable.

### 22. Events Subsequent

#### Type I - Recognized Subsequent Events:

Subsequent events have been considered through February 28, 2017 for the statutory statement issued on March 1, 2017.

The Company is not aware of any events or transactions that provide additional evidence with respect to conditions that existed at December 31, 2016, which would have a material effect on its financial condition.

#### Type II - Nonrecognized Subsequent Events:

Subsequent events have been considered through February 28, 2017 for the statutory statement issued on March 1, 2017.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2016 but arose after that date, which would have a material effect on its financial condition.

### 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? \$251,013.

- (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. \$251,013.

- (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



**NOTES TO FINANCIAL STATEMENTS**

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, 2016 and 2015 that are subject to retrospective rating features was \$20,253,552 and \$11,460,714, respectively. That represented 92% and 91% 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, 2015 were \$1,540,091. As of December 31, 2016, \$1,861,985 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$ 3,040 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$324,935 unfavorable prior-year development since December 31, 2015 to December 31, 2016. The increase 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       |  |   |   |  |  |
| 12/31/2016                              | 344,896  |   |   |  |  |
| 09/30/2016                              | 211,912  | 211,912   | 85,137  |  |  |
| 06/30/2016                              | 264,523  | 264,523   | 127,845   | 106,025  |  |
| 03/31/2016                              | 243,278  | 243,278   | 69,280  | 145,320  | 21,722   |
| 12/31/2015                              | 197,105  | 179,133   | 29,441  | 89,638   | 57,285   |
| 09/30/2015                              | 196,124  | 195,154   | 21,274  | 131,789  | 36,929   |
| 06/30/2015                              | 186,575  | 184,166   | 5,607   | 147,111  | 26,423   |
| 03/31/2015                              | 180,557  | 179,324   | 5,392   | 96,401   | 73,855   |
| 12/31/2014                              | 104,530  | 112,779   |   | 64,359   | 46,919   |
| 09/30/2014                              | 114,057  | 107,236   |   | 57,467   | 49,769   |
| 06/30/2014                              | 141,514  | 103,789   |   | 81,529   | 21,908   |
| 03/31/2014                              | 137,136  | 102,140   |   | 46,596   | 55,544   |
| 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 \$ 74,000
- 2. Date of the most recent evaluation of this liability 12/31/16
- 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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<br>Nationality | 2<br>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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>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<br>American Bankers Association (ABA) Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>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 (X) No ( )
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 62,620

**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 (X) 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  | \$ ..... 2,836,625 |
|  | 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<br>Nature of Restriction | 2<br>Description | 3<br>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<br>Name of Custodian(s) | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|--------------------|--------------------|---------------------|-------------|

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["... that have access to the investment accounts"; "... handle securities"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
|---------------------------------|------------------|

PNC Capital Advisors LLC ..... U .....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes (X) No ( )

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes (X) No ( )

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identified (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|---------------------------------|------------------------------------|----------------------|--|
|---|---------------------------------|------------------------------------|----------------------|--|

151829 ..... PNC Capital Advisors LLC ..... SEC ..... Y .....

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<br>CUSIP Number | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|-------------------|--------------------------|-----------------------------------|
|-------------------|--------------------------|-----------------------------------|

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1<br>Name of Mutual Fund (from question 29.2) | 2<br>Name of Significant Holding of the Mutual Fund | 3<br>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4<br>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<br>Statement (Admitted) Value | 2<br>Fair Value    | 3<br>Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------------|---------------------------------|--------------------|--|
| 30.1 Bonds .....            | \$ ..... 2,780,729              | \$ ..... 2,777,847 | \$ ..... (2,882)   |
| 30.2 Preferred stocks ..... | \$ .....                        | \$ .....           | \$ .....   |
| 30.3 Totals .....           | \$ ..... 2,780,729              | \$ ..... 2,777,847 | \$ ..... (2,882)   |

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<br>Name | 2<br>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<br>Name | 2<br>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<br>Name | 2<br>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<br>Current Year   | 2<br>Prior Year     |
|-------------------------------|---------------------|---------------------|
| 2.1 Premium Numerator         | \$ ..... 24,855,471 | \$ ..... 14,172,762 |
| 2.2 Premium Denominator       | \$ ..... 24,855,471 | \$ ..... 14,172,762 |
| 2.3 Premium Ratio (2.1 / 2.2) | ..... 1.000         | ..... 1.000         |
| 2.4 Reserve Numerator         | \$ ..... 2,292,649  | \$ ..... 1,518,140  |
| 2.5 Reserve Denominator       | \$ ..... 2,366,649  | \$ ..... 1,518,140  |
| 2.6 Reserve Ratio (2.4 / 2.5) | ..... 0.969         | ..... 1.000         |
- 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 | ..... 5,264 |
|  | 8.2 Number of providers at end of reporting year   | ..... 5,652 |
- 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,               | Yes ( ) No (X) |
|  | 11.13 An Individual Practice Association (IPA), or | Yes ( ) No (X) |
|  | 11.14 A Mixed Model (combination of above)?        | 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

- Brown County, OH .....
- Butler County, OH .....
- Clark County, OH .....
- Clermont County, OH .....
- Delaware County, OH .....
- Fairfield County, OH .....
- Franklin County, OH .....
- Greene County, OH .....
- Hamilton County, OH .....
- Licking County, OH .....
- Madison County, OH .....
- Montgomery County, OH .....
- Warren 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<br>Company Name | 2<br>NAIC<br>Company<br>Code | 3<br>Domiciliary<br>Jurisdiction | 4<br>Reserve<br>Credit | Assets Supporting Reserve Credit |                          |            |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
|                   |                              |                                  |                        | 5<br>Letters of<br>Credit        | 6<br>Trust<br>Agreements | 7<br>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           | 2           | 3           | 4         | 5         |
|---|-------------|-------------|-------------|-----------|-----------|
|   | 2016        | 2015        | 2014        | 2013      | 2012      |
| <b>BALANCE SHEET (Page 2 and Page 3)</b>  |             |             |             |           |           |
| 1. Total admitted assets (Page 2, Line 28)  | 8,973,322   | 6,600,036   | 7,273,832   | 7,890,373 | 7,466,118 |
| 2. Total liabilities (Page 3, Line 24)  | 3,623,089   | 2,982,632   | 1,404,230   | 1,003,744 | 643,770   |
| 3. Statutory minimum capital and surplus requirement  | 2,500,000   | 2,500,000   | 2,500,000   | 5,000,000 | 5,000,000 |
| 4. Total capital and surplus (Page 3, Line 33)  | 5,350,233   | 3,617,404   | 5,869,602   | 6,886,629 | 6,822,348 |
| <b>INCOME STATEMENT (Page 4)</b>  |             |             |             |           |           |
| 5. Total revenues (Line 8)  | 24,806,255  | 14,167,638  | 12,455,842  | 9,287,325 | 7,269,573 |
| 6. Total medical and hospital expenses (Line 18)  | 23,423,179  | 14,234,781  | 12,181,424  | 8,236,075 | 5,658,221 |
| 7. Claims adjustment expenses (Line 20)   | 914,926     | 291,844     | 286,986     | 153,496   | 129,962   |
| 8. Total administrative expenses (Line 21)  | 1,707,488   | 954,603     | 1,018,119   | 826,663   | 588,116   |
| 9. Net underwriting gain (loss) (Line 24)   | (1,313,338) | (1,313,590) | (1,030,687) | 71,091    | 893,274   |
| 10. Net investment gain (loss) (Line 27)  | 41,686      | 51,329      | 62,132      | 58,896    | 63,892    |
| 11. Total other income (Line 28 plus Line 29)   |             |             |             |           |           |
| 12. Net income or (loss) (Line 32)  | (1,271,652) | (1,262,261) | (968,555)   | 129,987   | 957,166   |
| <b>CASH FLOW (Page 6)</b>   |             |             |             |           |           |
| 13. Net cash from operations (Line 11)  | (139,431)   | (1,374,179) | (564,326)   | (191,519) | 596,834   |
| <b>RISK-BASED CAPITAL ANALYSIS</b>  |             |             |             |           |           |
| 14. Total adjusted capital  | 5,350,233   | 3,617,404   | 5,869,602   | 6,886,629 | 6,822,348 |
| 15. Authorized control level risk-based capital   | 1,560,770   | 955,845     | 916,280     | 750,852   | 750,497   |
| <b>ENROLLMENT (Exhibit 1)</b>   |             |             |             |           |           |
| 16. Total members at end of period (Column 5, Line 7)   | 2,462       | 1,437       | 1,370       | 887       | 613       |
| 17. Total members months (Column 6, Line 7)   | 29,711      | 17,010      | 16,062      | 10,253    | 7,356     |
| <b>OPERATING PERCENTAGE (Page 4)</b><br>(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)                                 | 94.2        | 100.5       | 97.8        | 88.7      | 77.8      |
| 20. Cost containment expenses   | 0.2         | 0.1         | 0.1         | 0.5       | 0.5       |
| 21. Other claims adjustment expenses  | 3.5         | 1.9         | 2.2         | 1.1       | 1.2       |
| 22. Total underwriting deductions (Line 23)   | 105.1       | 109.3       | 108.3       | 99.2      | 87.7      |
| 23. Total underwriting gain (loss) (Line 24)  | (5.3)       | (9.3)       | (8.3)       | 0.8       | 12.3      |
| <b>UNPAID CLAIMS ANALYSIS</b><br>(U and I Exhibit, Part 2B)   |             |             |             |           |           |
| 24. Total claims incurred for prior years (Line 13, Column 5)   | 1,826,664   | 1,188,087   | 625,064     | 462,255   | 560,293   |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]                                     | 1,518,140   | 1,189,374   | 739,657     | 516,993   | 832,980   |
| <b>INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES</b>  |             |             |             |           |           |
| 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             |       | Direct Business Only Year to Date |                           |                         |  |   |                                 |                                      |
|---|---------------|-------|-----------------------------------|---------------------------|-------------------------|--|---|---------------------------------|--------------------------------------|
|   | Active Status |       | 2<br>Accident and Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>Federal Employees Health Benefits Plan Premiums | 6<br>Life and Annuity Premiums and Other Considerations | 7<br>Property/Casualty Premiums | 8<br>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     |                                   | 24,918,161                |                         |  |   | 24,918,161                      |                                      |
| 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            | X X X |                                   |                           |                         |  |   |                                 |                                      |
| 59. Subtotal  |               | X X X |                                   | 24,918,161                |                         |  |   | 24,918,161                      |                                      |
| 60. Reporting entity contributions for Employee Benefit Plans |               | X X X |                                   |                           |                         |  |   |                                 |                                      |
| 61. Total (Direct Business)                                   | (a)           | 1     |                                   | 24,918,161                |                         |  |   | 24,918,161                      |                                      |

**DETAILS OF WRITE-INS**

|        |   |  |  |  |  |  |  |  |  |
|--------|---|--|--|--|--|--|--|--|--|
| 58001. |   |  |  |  |  |  |  |  |  |
| 58002. |   |  |  |  |  |  |  |  |  |
| 58003. |   |  |  |  |  |  |  |  |  |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page         |  |  |  |  |  |  |  |  |
| 58999. | Total (Line 58001 through Line 58003 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 premiums written within the state of Ohio.

(a) Insert the number of "L" responses except for Canada and Other Alien.

**ANNUAL STATEMENT FOR THE YEAR 2016 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 East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel New Albany Surgical Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel Care Continuum Services Corporation (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel Urgent Care (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel College of Nursing (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
Mount Carmel Sleep Medicine (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Ownership by Immediate Parent)  
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 dba Columbus Connection; 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 LLC; FEIN: 47-1139205 (100% Ownership by Immediate Parent)  
Central Ohio Medical Textiles Inc.; FEIN: 38-3643188 (50% Ownership by Immediate Parent)  
Mount Carmel HealthProviders Inc. dba Mount Carmel Medical Group; 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)  
    St Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.5% Ownership by Immediate Parent)  
Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Ownership by Immediate Parent)  
    MCHS Big Run Condominium Association; FEIN: 31-1571567 (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)  
Eye Center of Columbus LLC; FEIN: 01-0702725 (2.694% Ownership by Immediate Parent)  
Health Innovations Ohio LLC; FEIN: 46-0902510 (25% Ownership by Immediate Parent)  
New Albany Surgery Center LLC; FEIN: 45-1617821 (35% Ownership by Immediate Parent)  
MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% 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)  
Medilucant MOB I Limited Partnership; FEIN: 20-4913370 (25% Ownership by Immediate Parent)  
Mount Carmel Home Care, LLC dba Trinity Home Health; FEIN: 26-2729300 (50% Ownership by Immediate Parent)  
Eastwind Surgical, LLC; FEIN: 90-0739342 (30% Ownership by Immediate Parent)  
Healthcare Collaborative of Central Ohio, LLC; FEIN: 46-5603895 (100% Ownership by Immediate Parent)  
Mount Carmel EHN, LLC; FEIN: 36-4836987 (49.9% Ownership by Immediate Parent)  
HealthSouth Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation, in Partnership with HealthSouth, LLC; FEIN: 47-4200156 (20.4% Ownership Interest held by Immediate Parent)

Holy Cross Health Inc. (Maryland); FEIN: 52-0738041 (100% ownership by Trinity Health Corporation)

Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Ownership by Immediate Parent)  
Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Ownership by Immediate Parent)  
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 (25% Ownership by Immediate Parent)  
Maryland Care - Medicare, Inc.; FEIN: 20-4771530 (25% 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]

Wheaton Franciscan Healthcare - Iowa; FEIN: 42-1177001 (100% owned by MHN)  
    N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% ownership by Immediate Parent)  
    Mercy Hospital of Franciscan Sister, Inc.; FEIN: 42-1178403 (100% ownership by Immediate Parent)  
    Covenant Medical Center, Inc.; FEIN: 42-1264647 (100% ownership by Immediate Parent)  
    Covenant Foundation, Inc.; FEIN: 42-1295784 (100% ownership by Immediate Parent)  
    Santori Memorial Hospital, Inc.; FEIN: 42-0758901 (100% ownership by Immediate Parent)  
    Santori Health Care Foundation, Inc.; FEIN: 42-1240996 (100% ownership by Immediate Parent)  
    Cedar Valley Community Healthcare - Wheaton Iowa, LLC; FEIN: 26-4634545 (100% ownership by Immediate Parent)  
    Cedar Valley Community Healthcare LLC ; FEIN 26-1642558 (4% ownership by Immediate Parent and 13% ownership by CVCH-W Iowa)

**ANNUAL STATEMENT FOR THE YEAR 2016 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 Health Services - Iowa Corp. [Iowa/Nebraska]; FEIN: 31-1373080 (100% ownership by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JOA)

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, LLC; 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: 31-1373080 (35% ownership by Immediate Parent)  
YMCA and Rehabilitation Center; 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; 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; 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)  
Mercy Medical Center - Sioux City Foundation; FEIN: 14-18800022 (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. Nylen 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 L.L.C. d/b/a Dunes Surgical Hospital; 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 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)  
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)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

---

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)

Health Alliance Integrated Care, LLC (100% 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)

St. Joseph Mercy Chelsea Hospital and Chelsea Community Hospital (dbas of 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)

Probiity 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)

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)

Trinity Assurance, LTD (Cayman Island) (100% Ownership by Trinity Health-Michigan)

Mercy Health Partners; FEIN: 38-2589966 (100% ownership by Immediate Parent)

Mercy Health Mercy Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)

Mercy Health General Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)

Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% ownership by Immediate Parent)

Mercy Health Lakeshore Campus (dba of 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)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

---

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)  
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)  
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)  
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)  
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 (50% 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)  
Saint Agnes Health Partners LLC; FEIN: 38-3880220 (50% ownership by Immediate Parent) (50% ownership)  
Saint Agnes Medical Foundation; FEIN: 94-2839324 (100% 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 licensed physicians appointed by SAMC - No Ownership by SAMC)  
California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Ownership by Immediate Parent)  
Mercy Medical, A Corporation (Alabama); FEIN: 63-6002215 (100% owned by Trinity Health)  
Mercy LIFE of Birmingham; FEIN: 46-1261093 (100% Ownership by Immediate Parent)  
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)  
Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Ownership by Immediate Parent)  
Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (50% Ownership by Immediate Parent)  
Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % ownership by Trinity Health Corporation)  
Trinity Senior Services Management, Inc.; FEIN: 37-1572595 (100% owned by Trinity Continuing Care Services/Trinity Health)  
Holy Cross CareNet Inc.; FEIN: 52-1945054 (100% ownership by Immediate Parent)  
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% ownership by Immediate Parent)  
Mercy Services for Aging Housing 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)  
Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% ownership by Immediate Parent)  
LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% ownership by Immediate Parent)  
Saint Joseph of the Pines Foundation; FEIN: 56-0694200 (100% Ownership by Immediate Parent)  
Mercy Community Health; FEIN: 06-1492707 (100% ownership by Immediate Parent)  
Saint Mary Home, Inc.; FEIN: 06-0646843 (100% ownership by Immediate Parent)  
The McAuley Center; FEIN: 06-1058086 (100% ownership by Immediate Parent)  
Mount St. Joseph; FEIN: 01-0274998 (100% ownership by Immediate Parent)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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Glacier Hills, Inc.; FEIN: 38-1891500 (100% ownership by Immediate Parent)  
Caring Partners Home Health, Inc.; FEIN: 20-1681131 (100% ownership by Immediate Parent)  
Glacier Hills Foundation; FEIN: 20-8072723 (100% ownership by Immediate Parent)  
Trinity Home Health Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% ownership by Trinity Health Corporation)  
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)  
Mount Carmel Home Care LLC; FEIN: 26-2729300 (50% 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: 47-3129127 (100% ownership by Immediate Parent)  
Trinity Health LIFE Pennsylvania, Inc.; FEIN: 47-5244984 (100% Ownership)  
Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Ownership by Immediate Parent)  
Trinity Health Partners, L.L.C.; FEIN: 47-2798085 (100% owned by Trinity Health)  
Trinity Health Partners - Michigan, L.L.C.; FEIN: 35-2534698 (100% ownership by Immediate Parent)  
Trinity Health Partners - Idaho, L.L.C.; FEIN: 30-0875741 (100% ownership by Immediate Parent)  
Trinity Health Partners - Illinois, L.L.C.; FEIN: 39-1828147 (100% ownership by Immediate Parent)  
Trinity Health Partners - New Jersey, L.L.C.; FEIN: 36-4838390 (100% ownership by Immediate Parent)  
Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% owned by Trinity Health)  
Trinity Integrated Care, L.L.C.; FEIN: 81-2772183 (100% ownership by Immediate Parent)  
Trinity Accountable Care, Inc.; FEIN: 81-2780900 (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)  
Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Ownership by Mercy Health System of Southeastern Pennsylvania)  
Mercy Philadelphia Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Ownership by Mercy Health System of Southeastern Pennsylvania)  
Mercy Suburban Hospital, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Owned 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)  
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 Network, 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 Health Plan 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. (Inactive - Assets Sold 2/1/2016 but entity remains); 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)  
Langhorne 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)  
Langhorne Services, Inc.; FEIN: 23-2625981 (100% Ownership by Immediate Parent)  
Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Ownership by Immediate Parent)  
Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Ownership by Immediate Parent)  
Langhorne 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)  
SMMC MOB II, Limited Partnership; 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)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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St. Mary Rehabilitation Hospital; FEIN: 27-3938747 (59% Ownership by SMMC)

Heart Institute at St. Mary, LLC; FEIN: 45-4903701 (10% Ownership by SMMC)

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)

Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Ownership by Immediate Parent)

Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Ownership by Immediate Parent)

Good Samaritan Hospital, Inc.; FEIN: 26-1720984 (100% Ownership by Immediate Parent)

St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (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)

Athens Residential Properties, LLC; FEIN: Not Issued (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 ("DCC") LLC; FEIN: 47-4069475 (100% Ownership by Immediate Parent)

Maxis Health System (Pennsylvania); FEIN: 91-1940902 (100% Ownership by Trinity Health)

St. Francis Medical Center, a New Jersey Nonprofit Corporation (New Jersey); FEIN: 22-3431049 (100% owned by Maxis Health System [PA] which is 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)

Our Lady of Lourdes Health Care Services, Inc. (New Jersey); FEIN: 22-2568528 (100% owned by Maxis Health System [PA] which is 100% owned by Trinity Health)

Our Lady of Lourdes Health Foundation, Inc.; FEIN: 22-2351960 (100% Ownership by Immediate Parent)

Our Lady of Lourdes Hospital 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)

Saint Michael's Medical Center, Inc. (New Jersey) (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); FEIN: 26-2616046 (100% owned by Maxis Health System which is 100% owned by Trinity Health)

Saint James Care, Inc., a New Jersey Nonprofit Corporation (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); FEIN: 26-2616230 (100% Ownership by Immediate Parent)

Columbus Acquisition Corp (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); 26-2616342 (100% Ownership by Immediate Parent)

LIFE at Saint Michael's, Inc. (Excluded from APA Transaction 5/1/16 - Entity Remains) (100% Ownership by Immediate Parent); FEIN: Not yet issued - PACE Program has not yet opened

Saint Michael's Foundation, Inc. (Excluded from APA Transaction 5/1/16 - Entity Remains); 22-3311976 (100% Ownership by Immediate Parent)

University Heights Property Company, Inc., a NJ Nonprofit Corp. (Inactive - Assets Sold per APA Transaction with Prime 5/1/16 - Entity Remains); FEIN: 22-3100162 (100% Ownership by Immediate Parent)

Chestnut Risk Services Ltd (Excluded from APA Transaction 5/1/16 - Entity Remains); 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 Partners 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 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

St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Ownership by Immediate Parent)

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)



**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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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)

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)

The Glen at Hiland 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)

SJM 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)

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)

The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Ownership by Immediate Parent)

The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Ownership by Immediate Parent)

Niagara Medicine, PC; FEIN: 45-3669525 (Captive PC - CHS does not legally own but does control this entity)

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: 16-1523535 (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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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McAuley Mercy Corporation (Inactive as of 1/28/2015); FEIN: 16-1279834 (100% Ownership by Immediate Parent)

Trinity Medical WNY, PC; FEIN: 27-2576645 (100% Ownership by Immediate Parent)

St. Francis Home of Williamsville, NY (Inactive); FEIN: 16-0743153 (100% Ownership by Immediate Parent)

Baycare Health System (JOA - 50.4% ownership by Trinity Health, not all facilities owned; Other Parties to the JOA include Morton Plant Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.) (Florida); FEIN: 59-2796965

Baycare Physician Partners; FEIN: 45-2908908 (100% Ownership by Immediate Parent)

Baycare Physician Partners ACO, LLC; FEIN: 46-5720072 (Members are Baycare Health System and 2 individuals)

Community Health Alliance, Inc.; FEIN: 59-3631620 (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)

St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)

St Joseph's Hospital, Inc.. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)

St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)

St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)

St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Ownership by Trinity Health Corporation)

St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Ownership by Trinity Health Corporation)

St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Ownership by Immediate Parent)

John Knox Village; FEIN: 58-1377711 (100% Ownership by Immediate Parent)

HealthPoint Management Services, Inc.; FEIN: 65-0645457 (100% Ownership by Immediate Parent)

HealthPoint Medical Group, Inc.; FEIN: 59-3244268 (100% Ownership by Immediate Parent)

Franciscan Properties, Inc.; FEIN: 59-2822519 (100% Ownership by Immediate Parent)

St. Joseph's Community Care, Inc.; FEIN: 59-3152608 (100% Ownership by Immediate Parent)

St. Joseph's Enterprises, Inc.; FEIN: 59-2822516 (100% Ownership by Immediate Parent)

St. Anthony's Professional Building and Services, Inc.; FEIN: 59-2018848 (100% Ownership by Immediate Parent)

St. Anthony's Hospital, Inc.; FEIN: 59-2043026 (100% Ownership by Trinity Health Corporation)

St. Anthony's Hospital Auxillary, Inc.; FEIN: 59-0201974 (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)

Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (Entity is a Party to the JOA BayCare Health System; Membership of this entity is a Directors Model - the members of the Board of Directors of Morton Plant Mease Health Care, Inc. are the Members of this Corporation's 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 Dunedin 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)

Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Ownership by Immediate Parent)

South Florida Baptist Hospital, Inc.; FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System; Membership of this entity consists of 21 individuals who are members of Missionary Baptist Churches in FL. 100% Ownership by Immediate Parent)

Allegheny Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% owned by Trinity Health)

Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Ownership by Trinity Health)

Saint Joseph's Health System, Inc. (Georgia); FEIN: 58-1744848 (100% owned by Trinity Health)

Saint Joseph's Mercy Care Services, Inc. dba Mercy Care; FEIN: 58-1752700 (100% Ownership by Immediate Parent)

Mercy Senior Care, Inc. dba Mercy Care Rome; 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)

SIHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Ownership by Immediate Parent)

Emory/Saint Joseph's, Inc. (JOC - 49% owned by SIHS/JOC Holdings, Inc.); FEIN: 45-2721833

Holy Cross Hospital, Inc. (Florida); FEIN: 59-0791028 (100% owned by Trinity Health)

Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Ownership by Immediate Parent)

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

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)

SJLS, LLC (51% SJMCS, 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)

SIPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Ownership by Immediate Parent)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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The Auxiliary of St. Joseph's Hospital Health Center; FEIN: 20-3018640 (100% Ownership by Immediate Parent)  
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)  
Mandoria 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 (50% SJHHC, 50% Crouse Health Hospital, Inc.); FEIN: 16-1536202  
Loretto Independent Living Services, Inc.; FEIN: 16-1470454 (No Ownership by Immediate Parent, but a right to one less than one half of the Board Seats)  
CNY AIM, LLC; FEIN: 81-1461678 (100% Ownership by Immediate Parent)  
St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (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% Cashflo, LLC; 11% FJP Properties, LLC; 34% Burdick Street Properties, LLC); FEIN: 14-1844259  
FHS 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% SIMPC); FEIN: 16-1104293  
Trinity Health - New England, Inc. (formerly Saint Francis Care, Inc. (Connecticut); FEIN: 06-1491191 (100% owned by Trinity Health)  
Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (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  
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  
Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Ownership by Immediate Parent)  
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Ownership by Immediate Parent)  
SFH/FF, LLC (49% MSRH); 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; FEIN: 47-4070024 (40% Ownership by THNE)  
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)  
The Connecticut Care Alliance, LLC; FEIN: 81-3460138 (100% Ownership by Immediate Parent)  
Connecticut Affiliated Physicians Purchasing Group, LLC; FEIN: 81-4362177 (100% Ownership by Immediate Parent)  
Connecticut Surgical Center, LLC; FEIN: 06-1592173 (25% Ownership by Immediate Parent)  
Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (20% Ownership by THNE; 20% Ownership by JMMC)  
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)

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Insurance Company**  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

---

Johnson Health Care, Inc. dba Johnson Occupational Medicine Center; FEIN: 22-2541981 (100% Ownership by Immediate Parent)

Home and Community Health Services, Inc.; FEIN: 06-0646620 (100% Ownership by Immediate Parent)

The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for Maternity, Sister Caritas Cancer Center, WorkWise, Mercy Healthcare for The Homeless; FEIN: 04-3398280 (100% Ownership by Immediate Parent)

Providence HomeCare, Inc. dba Mercy Home Care, Inc.; FEIN: 04-3317426 (100% Ownership by Immediate Parent)

Mercy Inpatient Medical Associates, Inc.; FEIN: 04-3029929 (100% Ownership by Immediate Parent)

System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Ownership by Immediate Parent)

Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Ownership by Immediate Parent)

Catherine Horan Building Associates Limited Partnership; FEIN: 04-2723429 (100% Ownership by Immediate Parent)

The Life Path Partners, LLC (JV with NEPA; 50% Ownership by Immediate Parent); FEIN: 26-0021080

Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Ownership by System Coordinated Services)

Accountable Care Organization of New England, LLC; FEIN: 45-4565187 (100% Ownership by Immediate Parent)

Brightside, Inc.; FEIN: 04-2182395 (100% Ownership by Immediate Parent)

MercyCare Alliance, LLC; FEIN: 47-1561725 (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)

Physician Practice Partners, LLC; FEIN: 04-3473929 (JV with Riverbend; 50% Ownership by Immediate Parent)

Riverbend Medical Group, Inc.; FEIN: 81-1807730 (100% Ownership by Immediate Parent)

Sisters of Providence Care Centers, Inc.; FEIN: 22-2541103 (100% Ownership by Immediate Parent)

Mercy Life, Inc.; FEIN: 45-3086711 (100% Ownership by Immediate Parent)

Saint Mary's Hospital, Inc.; FEIN: 06-0646844 (100% Ownership by Immediate Parent)

The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Ownership by Immediate Parent)

Heart Center of Greater Waterbury, Inc.; FEIN: 83-0416893 (50% Ownership by Immediate Parent)

Saint Mary's Indemnity Company, LLC; FEIN: 30-0829002 (100% Ownership by Immediate Parent)

Franklin Medical Group, PC; FEIN: 06-1470493 (100% Ownership by Immediate Parent)

Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Ownership by Immediate Parent)

Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (80% Ownership by Immediate Parent)

Saint Mary's Physician Partners, LLC; FEIN: 46-5760769 (100% Ownership by Immediate Parent)

Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (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<br>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  |   |      |