



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

NAIC Group Code 2838 , 2838 NAIC Company Code 96655 Employer's ID Number 31-471223
(Current Period) (Prior Period)

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

Country of Domicile US

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

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

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

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio, US 43213 (514) 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)
(514) 546-3211
(Area Code) (Telephone Number)

Internet Website Address www.medigold.com

Statutory Statement Contact Martin J. Brill (514) 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 regulations in lieu of or in addition to the enclosed statement.

Edward H. Lamb Dan Powell Michael J. Demand
Edward H. Lamb# Dan Powell# Michael J. Demand#
Board Chair Treasurer President & CEO

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

Sammy Gruen
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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0299998 - Premiums due and unpaid not individually listed	965,603	23,464	11,078	8,294	8,294	1,000,145
0299999 - TOTAL - Group	965,603	23,464	11,078	8,294	8,294	1,000,145
0399999 - Premiums due and unpaid from Medicare entities	5,984,721					5,984,721
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	6,950,324	23,464	11,078	8,294	8,294	6,984,866

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
CVS/Caremark	1,384,891	1,384,891	1,384,890	6,547,882	6,542,811	4,159,743
0199999 - Pharmaceutical Rebate Receivables	1,384,891	1,384,891	1,384,890	6,547,882	6,542,811	4,159,743
Claim Overpayment Receivables						
0299999 - Claim Overpayment Receivables						
Risk Sharing Receivables						
0599998 - Risk Sharing Receivables not Individually Listed				5,122,027	5,122,027	
0599999 - Risk Sharing Receivables				5,122,027	5,122,027	
Other Receivables						
0699998 - Other Receivables not Individually Listed	10,728	10,727				21,455
0699999 - Other Receivables	10,728	10,727				21,455
0799999 - Gross Health Care Receivables	1,395,619	1,395,618	1,384,890	11,669,909	11,664,838	4,181,198

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Column 1 + Column 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	9,363,226	9,398,632	579,913	10,122,641	9,943,139	9,943,139
2. Claim overpayment receivables	153,619				153,619	153,619
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables	98,477		5,122,027		5,220,504	5,220,504
6. Other health care receivables			21,455		21,455	
7. Totals (Line 1 through Line 6)	9,615,322	9,398,632	5,723,395	10,122,641	15,338,717	15,317,262

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid (Reported)						
Caremark	4,639,120					4,639,120
0199999 - Individually listed claims unpaid (Reported)	4,639,120					4,639,120
0499999 - Subtotals	4,639,120					4,639,120
0599999 - Unreported claims and other claim reserves						39,900,000
0799999 - Total claims unpaid						44,539,120
0899999 - Accrued medical incentive pool and bonus amounts						7,500,462

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Exhibit 5, Amounts Due from Parent , Subsidiaries and Affiliates

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payable				
Mount Carmel Health System	General Expenses	11,298,176	11,298,176	
0199999 - Subtotal - Individually listed payable		11,298,176	11,298,176	
0399999 - TOTAL gross payables		11,298,176	11,298,176	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Plan , Inc

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	2,122,917	0.411				2,122,917
4. Total capitation payments	2,122,917	0.411				2,122,917
Other Payments:						
5. Fee-for-service	48,872,726	9.458	X X X	X X X		48,872,726
6. Contractual fee payments	465,712,394	90.131	X X X	X X X	123,248,535	342,463,859
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	514,585,120	99.589	X X X	X X X	123,248,535	391,336,585
13. Total (Line 4 plus Line 12)	516,708,037	100%	X X X	X X X	123,248,535	393,459,502

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Plan , Inc

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	843,427	20,160	823,604	39,983	39,983	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	337,490			337,490	337,490	
6. Total	1,180,917	20,160	823,604	377,473	377,473	



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Plan , Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. OH

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2016

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,042							49,042		
2. First Quarter	54,363							54,363		
3. Second Quarter	54,133							54,133		
4. Third Quarter	54,213							54,213		
5. Current Year	53,960							53,960		
6. Current Year Member Months	650,694							650,694		
Total Member Ambulatory Encounters for Year:										
7. Physician	529,411							529,411		
8. Non-Physician	114,996							114,996		
9. Total	644,407							644,407		
10. Hospital Patient Days Incurred	154,201							154,201		
11. Number of Inpatient Admissions	9,614							9,614		
12. Health Premiums Written (b)	564,947,477							564,947,477		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	563,687,955							563,687,955		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	516,708,037							516,708,037		
18. Amount Incurred for Provision of Health Care Services	527,502,527							527,502,527		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 564,947,477 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Mount Carmel Health Plan , Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. OH

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,042							49,042		
2. First Quarter	54,363							54,363		
3. Second Quarter	54,133							54,133		
4. Third Quarter	54,213							54,213		
5. Current Year	53,960							53,960		
6. Current Year Member Months	650,694							650,694		
Total Member Ambulatory Encounters for Year:										
7. Physician	529,411							529,411		
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	563,687,955							563,687,955		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	516,708,037							516,708,037		
18. Amount Incurred for Provision of Health Care Services	527,502,527							527,502,527		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 564,947,477 .

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

NONE

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health , Non-Affiliates , U.S. Non-Affiliates						
11835	04-1590940	01/01/2016	PartnerRe America Insurance Company	DE	292,640	
1999999 - Accident and Health , Non-Affiliates , U.S. Non-Affiliates					292,640	
2199999 - Accident and Health , Total Non-Affiliates					292,640	
2299999 - Total Accident and Health					292,640	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					292,640	
9999999 - Total (Sum of 1199999 and 2299999)					292,640	

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2015	PartnerRe America Insurance Company	DE	SSL/A/I	MR	1,372,964						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							1,372,964						
1099999 - General Account, Total Authorized Non-Affiliates							1,372,964						
1199999 - Total General Account Authorized							1,372,964						
3499999 - Total General Account Authorized, Unauthorized and Certified							1,372,964						
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 19999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,372,964						
9999999 - TOTAL (Sum of 3499999 and 6899999)							1,372,964						

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

Sch. S, Pt. 4, Bank Footnote
NONE

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

Sch. S, Pt. 5, Bank Footnote
NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare	1,373	1,221	1,135		
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	293	176	170		
9. Experience rating refunds due or unpaid	235	276	126		
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	264,348,747		264,348,747
2. Accident and health premiums due and unpaid (Line 15)	6,984,866		6,984,866
3. Amounts recoverable from reinsurers (Line 16.1)	292,640		292,640
4. Net credit for ceded reinsurance	X X X	(292,640)	(292,640)
5. All other admitted assets (Balance)	6,260,974		6,260,974
6. Total assets (Line 28)	277,887,227	(292,640)	277,594,587
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	44,539,120	(292,640)	44,246,480
8. Accrued medical incentive pool and bonus payments (Line 2)	7,500,462		7,500,462
9. Premiums received in advance (Line 8)	113,442		113,442
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	76,906,656		76,906,656
15. Total liabilities (Line 24)	129,059,680	(292,640)	128,767,040
16. Total capital and surplus (Line 33)	148,827,547	X X X	148,827,547
17. Total liabilities, capital and surplus (Line 34)	277,887,227	(292,640)	277,594,587
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	(292,640)		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	(292,640)		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized insurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance	(292,640)		

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Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (ies) / Person (s)	Is An SCA Filing Required? (Y/N)	*
2838	Mount Carmel Health Syste	13123	25-1912781				Mount Carmel Health Insurance Company	OH	IA	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	N	
2838	Mount Carmel Health Syste	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH	RE	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	N	

Asterisk	Explanation
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NONE

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95655	31-1471299	Mount Carmel Health Plan					(131,167,027)				(131,167,027)	
	31-1147122	Mount Carmal Health System					10,171,399				10,171,399	
13123	25-1912781	Mount Carmel Health Insurance Company					(5,354,946)				(5,354,946)	
	20-1983271	Mount Carmel Health Providers II LLC					7,281,184				7,281,184	
	20-4145781	Urgent Care of MCHP LLC					39,106				39,106	
	26-2037946	Diley Medical Group, LLC					182,541				182,541	
	26-2729300	Mount Carmel Home Care					7,227,930				7,227,930	
	31-1382442	Mount Carmel Health Providers Inc					4,026,067				4,026,067	
	31-1439334	Mount Carmel Health System Physicians					106,954,244				106,954,244	
	31-4379602	Mount Carmel Health					70				70	
	34-2032340	Diley Ridge Medical Center					639,432				639,432	
9999999 - CONTROL TOTALS												

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

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.....
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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







SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 222:	

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

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 360:	
<div>956552016360000000</div> 	
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 205:	
<div>956552016205000000</div> 	
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 207:	
<div>956552016207000000</div> 	
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 420:	
<div>956552016420000000</div> 	
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 371:	
<div>956552016371000000</div> 	
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 370:	
<div>956552016370000000</div> 	


SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES


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

MARCH FILING		RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 365:	956552016365000000	
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 224:	956552016224000000	
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 225:	956552016225000000	
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 226:	956552016226000000	
APRIL FILING		
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 306:	956552016306000000	
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 211:	956552016211000000	
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 213:	956552016213000000	
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 216:	956552016216000000	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING		RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION:		
N/A		
BARCODE:		
Document Identifier 217:	9 5 6 5 5 2 0 1 6 2 1 7 0 0 0 0 0	
		

AUGUST FILING		
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?		NO
EXPLANATION:		
N/A		
BARCODE:		
Document Identifier 223:	9 5 6 5 5 2 0 1 6 2 2 3 0 0 0 0 0	
		

Health

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