



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

NAIC Group Code	2838 (Current)	2838 (Prior)	NAIC Company Code	95655	Employer's ID Number	31-1471229
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	08/07/1996		Commenced Business	04/01/1997		
Statutory Home Office	6150 East Broad Street, EE320 (Street and Number)		Columbus , OH, US 43213 (City or Town, State, Country and Zip Code)			
Main Administrative Office	6150 East Broad Street, EE320 (Street and Number)		Columbus , OH, US 43213 (City or Town, State, Country and Zip Code)			
			614-546-3211 (Area Code) (Telephone Number)			
Mail Address	6150 East Broad Street, EE320 (Street and Number or P.O. Box)		Columbus , OH, US 43213 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	6150 East Broad Street, EE320 (Street and Number)		Columbus , OH, US 43213 (City or Town, State, Country and Zip Code)			
			614-546-3211 (Area Code) (Telephone Number)			
Internet Website Address	www.medigold.com					
Statutory Statement Contact	Juan Manuel Fraiz (Name)		614-546-3211 (Area Code) (Telephone Number)			
	Juan.Fraiz@mchs.com (E-mail Address)		614-546-3131 (FAX Number)			

OFFICERS

Board Chair Edward H. Lamb Secretary Sister Barbara Ann Hahl
President & CEO Michael James Demand Treasurer Paul G. Morris

OTHER

DIRECTORS OR TRUSTEES

State of Ohio County of Franklin SS:

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

Edward H. Lamb
Board Chair

Michael James Demand
President & CEO

Sister Barbara Ann Hahl
Secretary

Subscribed and sworn to before me this
_____ day of _____

a. Is this an original filing? Yes [] No []
b. If no,
1. State the amendment number.....
2. Date filed 03/01/2018
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	984,717	9,999	3,454	254	3,708	994,717
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	984,717	9,999	3,454	254	3,708	994,717

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Caremark						
Caremark	1,323,362	1,323,801	1,326,849	2,881,930	442,868	6,413,074
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	1,323,362	1,323,801	1,326,849	2,881,930	442,868	6,413,074
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	1,323,362	1,323,801	1,326,849	2,881,930	442,868	6,413,074

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables	3,597,863	16,449,510	268,906	6,587,036	3,866,769	10,702,554
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	5,122,028	(5,166)	0		5,122,028	5,122,027
6. Other health care receivables	21,455				21,455	21,455
7. Totals (Lines 1 through 6)	8,741,346	16,444,344	268,906	6,587,036	9,010,252	15,846,036

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

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
Claims Unpaid (Reported)						
Caremark	4,512,532					4,512,532
OSU	788,475					788,475
Memorial		33,205				33,205
0199999. Individually listed claims unpaid	5,301,007	33,205	0	0	0	5,334,212
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	5,301,007	33,205	0	0	0	5,334,212
0599999. Unreported claims and other claim reserves						36,968,899
0699999. Total amounts withheld						
0799999. Total claims unpaid						42,303,111
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0899999 Accrued medical incentive pool and bonus amounts						9,524,467

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Mount Carmel Health System	404,792	0	0	0	0	404,792	0
Mount Carmel Health Insurance Company	150,216	0	0	71,857	0	150,216	71,857
0199999. Individually listed receivables	555,008	0	0	71,857	0	555,008	71,857
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	555,008	0	0	71,857	0	555,008	71,857

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Mount Carmel Health Insurance Co.	Intercompany Expenses	87,696	87,696	0
Mount Carmel Health System	Intercompany Expenses	6,163,299	6,163,299	0
Health Partners	Intercompany Expenses	618,907	597,071	21,836
0199999. Individually listed payables		6,869,902	6,848,066	21,836
0299999. Payables not individually listed		0		
0399999 Total gross payables		6,869,902	6,848,066	21,836

ANNUAL STATEMENT FOR THE YEAR 2017 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	0	0.0			0.0	
2. Intermediaries	0	0.0			0.0	
3. All other providers	4,358,598	0.8	54,283	100.0		4,358,598
4. Total capitation payments	4,358,598	0.8	54,283	100.0	0	4,358,598
Other Payments:						
5. Fee-for-service	52,998,496	.10.3	XXX	XXX		52,998,496
6. Contractual fee payments	452,837,264	88.2	XXX	XXX	120,084,439	332,752,825
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,100,000	0.6	XXX	XXX		3,100,000
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		0
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	508,935,760	99.2	XXX	XXX	120,084,439	388,851,321
13. TOTAL (Line 4 plus Line 12)	513,294,358	100%	XXX	XXX	120,084,439	393,209,919

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
9999999 Totals		0	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,199,568		919,789	279,779	279,779	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment		46,499	22,260	24,239	24,239	
6. Total	1,199,568	46,499	942,049	304,018	304,018	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR						NAIC Company Code	95655	
				1	2	3	4	5	6	7	8	9
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		10
Total Members at end of:												
1. Prior Year		53,960	0	0	0	0	0	0	53,960	0	0	0
2. First Quarter		54,991							54,991			
3. Second Quarter		54,752							54,752			
4. Third Quarter		54,539							54,539			
5. Current Year		54,283							54,283			
6. Current Year Member Months		665,308							665,308			
Total Member Ambulatory Encounters for Year:												
7 Physician		498,464							498,464			
8. Non-Physician		112,716							112,716			
9. Total		611,180	0	0	0	0	0	0	611,180	0	0	0
10. Hospital Patient Days Incurred		229,244							229,244			
11. Number of Inpatient Admissions		19,807							19,807			
12. Health Premiums Written (b)		606,838,297							606,838,297			
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		605,270,276							605,270,276			
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		513,294,358							513,294,358			
18. Amount Incurred for Provision of Health Care Services		522,064,575							522,064,575			

(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 \$ 606,838,297



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				2017	NAIC Company Code	95655	
			1	Comprehensive (Hospital & Medical)	4	5	6	7				
		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		53,960	0	0	0	0	0	0	53,960	0	0	0
2. First Quarter		54,991	0	0	0	0	0	0	54,991	0	0	0
3. Second Quarter		54,752	0	0	0	0	0	0	54,752	0	0	0
4. Third Quarter		54,539	0	0	0	0	0	0	54,539	0	0	0
5. Current Year		54,283	0	0	0	0	0	0	54,283	0	0	0
6. Current Year Member Months		665,308	0	0	0	0	0	0	665,308	0	0	0
Total Member Ambulatory Encounters for Year:												
7 Physician		498,464	0	0	0	0	0	0	498,464	0	0	0
8. Non-Physician		112,716	0	0	0	0	0	0	112,716	0	0	0
9. Total		611,180	0	0	0	0	0	0	611,180	0	0	0
10. Hospital Patient Days Incurred		229,244	0	0	0	0	0	0	229,244	0	0	0
11. Number of Inpatient Admissions		19,807	0	0	0	0	0	0	19,807	0	0	0
12. Health Premiums Written (b)		606,838,297	0	0	0	0	0	0	606,838,297	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		605,270,276	0	0	0	0	0	0	605,270,276	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		513,294,358	0	0	0	0	0	0	513,294,358	0	0	0
18. Amount Incurred for Provision of Health Care Services		522,064,575	0	0	0	0	0	0	522,064,575	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 606,838,297

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
11835 ...04-1590940 ...01/01/2017 ...PartnerRe Amer Ins Co				DE	2,133,975	
1999999. Accident and Health - U.S. Non-Affiliates					2,133,975	0
2199999. Total Accident and Health - Non-Affiliates					2,133,975	0
2299999. Total Accident and Health					2,133,975	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,133,975	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					2,133,975	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
.....11835 ..04-1590940 ..01/01/2017 ..PartnerRe American Insurance Company	DE	SSL/A/I	MR				1,324,549						
0899999. General Account - Authorized U.S. Non-Affiliates							1,324,549	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							1,324,549	0	0	0	0	0	0
1199999. Total General Account Authorized							1,324,549	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							1,324,549	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,324,549	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							1,324,549	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Com- pany Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- ciliary Juris- diction	6 Certified Rein- surer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collat- eral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recover- able (Debit)	11 Other Debits	12 Total Recover- able/ Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellane- ous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Collateral							23 Percent of Collateral Provided for Net Obliga- tion Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	24 Percent Credit Allowed on Net Obliga- tion Subject to Collateral (Col. 23 / Col. 24)	25 Amount of Credit Allowed for Net Obliga- tion Subject to Collateral (Col. 22 / Col. 14)	26 Liability for Reins- urance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)	
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agree- ments	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
0399999. Total General Account - Life and Annuity U.S. Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
0799999. Total General Account - Life and Annuity Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
1199999. Total General Account Life and Annuity					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
1899999. Total General Account - Accident and Health Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
2299999. Total General Account Accident and Health					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
2399999. Total General Account					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
2699999. Total Separate Accounts - U.S. Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
3099999. Total Separate Accounts - Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
3399999. Total Separate Accounts - Non-Affiliates					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
3499999. Total Separate Accounts					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0
9999999 - Totals					0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	0	0	0

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....	.0	0	0	.0	0
2. Title XVIII - Medicare	1,325	1,373	1,221	1,135	0
3. Title XIX - Medicaid .....	.0	0	0	.0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable .....	.0	0	0	.0	0
8. Reinsurance recoverable on paid losses	2,134	293	176	170	0
9. Experience rating refunds due or unpaid		235	276	126	0
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) .....	.0	0	0	.0	0
14. Letters of credit (L) .....	.0	0	0	.0	0
15. Trust agreements (T) .....	.0	0	0	.0	0
16. Other (O) .....	.0	0	0	.0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	.0	0	0	.0	0
18. Funds deposited by and withheld from (F) .....	.0	0	0	.0	0
19. Letters of credit (L) .....	.0	0	0	.0	0
20. Trust agreements (T) .....	.0	0	0	.0	0
21. Other (O)	0	0	0	0	0

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, Col. 3)			
1. Cash and invested assets (Line 12)	294,419,929		294,419,929
2. Accident and health premiums due and unpaid (Line 15)	994,717		994,717
3. Amounts recoverable from reinsurers (Line 16.1)	2,133,976	(2,133,976)	0
4. Net credit for ceded reinsurance	XXX	2,133,976	2,133,976
5. All other admitted assets (Balance)	7,446,432		7,446,432
6. Total assets (Line 28)	304,995,054	0	304,995,054
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	42,303,109		42,303,109
8. Accrued medical incentive pool and bonus payments (Line 2)	9,524,467		9,524,467
9. Premiums received in advance (Line 8)	119,431		119,431
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	52,969,908		52,969,908
15. Total liabilities (Line 24)	104,916,915	0	104,916,915
16. Total capital and surplus (Line 33)	200,078,139	XXX	200,078,139
17. Total liabilities, capital and surplus (Line 34)	304,995,054	0	304,995,054
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		0
19. Accrued medical incentive pool	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	2,133,976		2,133,976
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	2,133,976		2,133,976
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	2,133,976		2,133,976

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y

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

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.

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

JUNE FILING

8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

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
---	-----

The following supplemental reports are required to be filed as part of your annual 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

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. 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
18. 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
19. 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

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
--	-----

Explanations:

11. N/A
12. N/A
13. N/A
14. N/A
15. N/A
16. N/A
17. N/A
18. N/A
19. N/A
20. N/A
21. N/A

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



12. Life Supplement [Document Identifier 205]



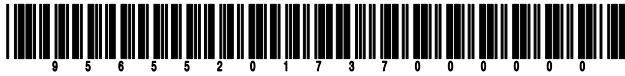
13. SIS Stockholder Information Supplement [Document Identifier 420]



14. Participating Opinion for Exhibit 5 [Document Identifier 371]



15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



16. Medicare Part D Coverage Supplement [Document Identifier 365]



17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



19. Relief from the Requirements for Audit Committees [Document Identifier 226]



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Mount Carmel Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



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