



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Insurance Company

NAIC Group Code28382838NAIC Company Code13123Employer's ID Number25-1912781  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized11/21/2007Commenced Business01/01/2008

Statutory Home Office6150 East Broad Street, EE320Columbus, OH, US 43213  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office6150 East Broad Street, EE320Columbus, OH, US 43213614-546-3211  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address6150 East Broad Street, EE320Columbus, OH, US 43213  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records6150 East Broad Street, EE320Columbus, OH, US 43213614-546-3211  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.medigold.com

Statutory Statement ContactJuan Manuel Fraiz614-546-3211  
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OFFICERS

Board ChairEdward H. LambVice President & CFOSister Barbara Ann Hahl, CSC, Secretary

President & CEOMichael James DemandTreasurerPaul Gregory Morris

OTHER

Sister Barbara Ann Hahl, CSC, Secretary

DIRECTORS OR TRUSTEES

Edward H. LambMartin John BrillCynthia Mauro Dellecker

Michael James DemandSistar Barbara Ann Hahl, CSCStephen Michael Lundregan

Paul Gregory MorrisJoseph Jerome Patrick, JrDaniel James Wendorff MD

State ofOhioSS:

County ofFranklin

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. LambMichael James DemandSister Barbara Hahl, CSC  
Board ChairPresident & CEOSecretary

Subscribed and sworn to before me this27day ofFebruary 2019

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....03/01/2019  
3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	2,809,352		2,809,352	2,818,770
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....			0	0
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....			0	0
encumbrances) .....				
4.3 Properties held for sale (less \$ .....				
encumbrances) .....			0	0
5. Cash (\$ .....48,740 , Schedule E - Part 1), cash equivalents				
(\$ .....1,637,652 , Schedule E - Part 2) and short-term				
investments (\$ ....., Schedule DA) .....	1,686,392		1,686,392	4,456,821
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	4,495,744	0	4,495,744	7,275,591
13. Title plants less \$ ..... charged off (for Title insurers				
only) .....			0	0
14. Investment income due and accrued .....	14,622		14,622	14,198
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	14,906		14,906	16,379
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$ .....				
earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and				
contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	177,601
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	2,502,398		2,502,398	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets				
(\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	33,400		33,400	0
24. Health care (\$ .....190,771 ) and other amounts receivable .....	194,818	4,047	190,771	135,108
25. Aggregate write-ins for other than invested assets .....	0	0	0	54,872
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	7,255,888	4,047	7,251,841	7,673,749
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....			0	0
28. Total (Lines 26 and 27) .....	7,255,888	4,047	7,251,841	7,673,749
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Miscellaneous receivable related to Coverage Gap Discount Program .....			0	54,872
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	54,872

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	729,131		729,131	631,998
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	11,552		11,552	12,671
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	4,493		4,493	2,227
9. General expenses due or accrued .....	85,592		85,592	78,625
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	111,423		111,423	146,921
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	533,919
24. Total liabilities (Lines 1 to 23) .....	942,191	0	942,191	1,406,361
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	11,000,000	11,000,000
29. Surplus notes .....	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(5,690,350)	(5,732,612)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	6,309,650	6,267,388
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	7,251,841	7,673,749
DETAILS OF WRITE-INS				
2301. Due to Centers for Medicare & Medicaid Services .....			0	523,613
2302. Retroactivity due to Centers for Medicare & Medicaid Services .....			0	9,475
2303. Other miscellaneous liabilities .....			0	831
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	0	0	0	533,919
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	9,430	8,690
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	8,665,629	7,991,375
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	63,010
8. Total revenues (Lines 2 to 7) .....	XXX	8,665,629	8,054,385
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		4,173,043	3,970,352
10. Other professional services .....		2,359,094	2,487,158
11. Outside referrals .....		0	
12. Emergency room and out-of-area .....		0	
13. Prescription drugs .....		1,073,757	1,425,486
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		0	
16. Subtotal (Lines 9 to 15) .....	0	7,605,894	7,882,996
<b>Less:</b>			
17. Net reinsurance recoveries .....		(4,521)	504,046
18. Total hospital and medical (Lines 16 minus 17) .....	0	7,610,415	7,378,950
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....242,050 cost containment expenses .....		518,571	449,786
21. General administrative expenses .....		464,931	349,858
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	(74,000)
23. Total underwriting deductions (Lines 18 through 22).....	0	8,593,917	8,104,594
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	71,712	(50,209)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		46,585	48,111
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	46,585	48,111
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 .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	118,297	(2,098)
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	118,297	(2,098)
<b>DETAILS OF WRITE-INS</b>			
0601. Other revenue – contractual adjustments .....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. Other non-health revenue .....	XXX		63,010
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	63,010
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. ....			0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	6,267,388	5,350,233
34. Net income or (loss) from Line 32 .....	118,297	(2,098)
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	14,167	305,206
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	0	500,000
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 .....	(90,202)	114,046
48. Net change in capital and surplus (Lines 34 to 47) .....	42,262	917,154
49. Capital and surplus end of reporting period (Line 33 plus 48)	6,309,650	6,267,388
DETAILS OF WRITE-INS		
4701. SSAP No. 3 – Adjustment for prior years' Centers for Medicare & Medicaid overpayments .....	(90,202)	114,046
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(90,202)	114,046

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	8,669,421	8,270,317
2. Net investment income .....	57,950	60,429
3. Miscellaneous income .....	(48,050)	444,005
4. Total (Lines 1 through 3) .....	8,679,321	8,774,751
5. Benefit and loss related payments .....	7,335,681	8,902,120
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,480,052	706,406
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	10,815,733	9,608,526
11. Net cash from operations (Line 4 minus Line 10) .....	(2,136,412)	(833,775)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	575,000	100,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	575,000	100,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	577,369	149,850
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	577,369	149,850
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(2,369)	(49,850)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	500,000
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(631,648)	(189,756)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(631,648)	310,246
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(2,770,429)	(573,379)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	4,456,821	5,030,200
19.2 End of year (Line 18 plus Line 19.1) .....	1,686,392	4,456,821

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				0
2. Medicare Supplement .....				0
3. Dental only .....				0
4. Vision only .....				0
5. Federal Employees Health Benefits Plan .....	0			0
6. Title XVIII - Medicare .....	8,683,205		17,576	8,665,629
7. Title XIX - Medicaid .....	0			0
8. Other health .....				0
9. Health subtotal (Lines 1 through 8) .....	8,683,205	0	17,576	8,665,629
10. Life .....	0			0
11. Property/casualty .....	0			0
12. Totals (Lines 9 to 11)	8,683,205	0	17,576	8,665,629



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	7,556,811						7,556,811			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	173,080						173,080			
1.4 Net .....	7,383,731	.0	.0	.0	.0	.0	7,383,731	.0	.0	.0
2. Paid medical incentive pools and bonuses .....	.0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	729,131	.0	.0	.0	.0	.0	729,131	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net .....	729,131	.0	.0	.0	.0	.0	729,131	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	.0									
4.2 Reinsurance assumed .....	.0									
4.3 Reinsurance ceded .....	.0									
4.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year .....	.0									
6. Net healthcare receivables (a) .....	48,050						48,050			
7. Amounts recoverable from reinsurers December 31, current year .....	.0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	631,998	.0	.0	.0	.0	.0	631,998	.0	.0	.0
8.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net .....	631,998	.0	.0	.0	.0	.0	631,998	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	.0									
9.2 Reinsurance assumed .....	.0									
9.3 Reinsurance ceded .....	.0									
9.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year .....	177,601						177,601			
12. Incurred Benefits:										
12.1 Direct .....	7,605,894	.0	.0	.0	.0	.0	7,605,894	.0	.0	.0
12.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded .....	(4,521)	.0	.0	.0	.0	.0	(4,521)	.0	.0	.0
12.4 Net .....	7,610,415	0	0	0	0	0	7,610,415	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ .0 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 (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	237,551						237,551			
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	237,551	0	0	0	0	0	237,551	0	0	0
2. Incurred but Unreported:										
2.1 Direct .....	491,580						491,580			
2.2 Reinsurance assumed .....	0									
2.3 Reinsurance ceded .....	0									
2.4 Net .....	491,580	0	0	0	0	0	491,580	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0									
3.2 Reinsurance assumed .....	0									
3.3 Reinsurance ceded .....	0									
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	729,131	0	0	0	0	0	729,131	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	729,131	0	0	0	0	0	729,131	0	0	0

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	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	562,596	6,950,686	411	728,720	563,007	631,998
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	562,596	6,950,686	411	728,720	563,007	631,998
10. Healthcare receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	562,596	6,950,686	411	728,720	563,007	631,998

(a) Excludes \$ 0 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 - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	626	2,469	2,469	2,469	2,469
2.	2014 .....	13,200	14,239	14,273	14,273	14,273
3.	2015 .....	XXX	15,262	17,070	17,056	17,053
4.	2016 .....	XXX	XXX	24,462	26,721	26,718
5.	2017 .....	XXX	XXX	XXX	7,310	8,233
6.	2018 .....	XXX	XXX	XXX	XXX	6,951

Section B - Incurred Health Claims - Title XVIII

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	543	543	543	543	543
2.	2014 .....	12,296	14,252	14,286	14,286	14,273
3.	2015 .....	XXX	16,767	18,575	17,056	17,053
4.	2016 .....	XXX	XXX	26,752	26,725	26,718
5.	2017 .....	XXX	XXX	XXX	8,297	8,234
6.	2018 .....	XXX	XXX	XXX	XXX	7,679

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2014 .....	12,456	14,273	287	2.0	14,560	116.9			14,560	116.9
2. 2015 .....	14,168	17,053	292	1.7	17,345	122.4			17,345	122.4
3. 2016 .....	24,859	26,718	915	3.4	27,633	111.2			27,633	111.2
4. 2017 .....	7,974	8,233	437	5.3	8,670	108.7		1	8,671	108.7
5. 2018 .....	8,666	6,951	519	7.5	7,470	86.2	729	11	8,210	94.7

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	626	2,469	2,469	2,469	2,469
2.	2014 .....	13,200	14,239	14,273	14,273	14,273
3.	2015 .....	XXX	15,262	17,070	17,056	17,053
4.	2016 .....	XXX	XXX	24,462	26,721	26,718
5.	2017 .....	XXX	XXX	XXX	7,310	8,233
6.	2018 .....	XXX	XXX	XXX	XXX	6,951

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior .....	543	543	543	543	543
2.	2014 .....	12,296	14,252	14,286	14,286	14,273
3.	2015 .....	XXX	16,767	18,575	17,056	17,053
4.	2016 .....	XXX	XXX	26,752	26,725	26,718
5.	2017 .....	XXX	XXX	XXX	8,297	8,234
6.	2018 .....	XXX	XXX	XXX	XXX	7,679

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2014 .....	12,456	14,273	287	2.0	14,560	116.9	0	0	14,560	116.9
2. 2015 .....	14,168	17,053	292	1.7	17,345	122.4	0	0	17,345	122.4
3. 2016 .....	24,859	26,718	915	3.4	27,633	111.2	0	0	27,633	111.2
4. 2017 .....	7,974	8,233	437	5.3	8,670	108.7	0	1	8,671	108.7
5. 2018 .....	8,666	6,951	519	7.5	7,470	86.2	729	11	8,210	94.7

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 (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....									
5. Aggregate write-ins for other policy reserves .....									
6. Totals (gross) .....									
7. Reinsurance ceded .....									
8. Totals (Net)(Page 3, Line 4) .....									
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)									
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....									
0599. Totals (Lines 0501 thru 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 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....					0
2. Salary, wages and other benefits .....					0
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....					0
4. Legal fees and expenses .....	(1,841)		570		(1,271)
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services ....	17,764	3,350	99,894		121,008
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....	104	41	71,522		71,667
10. Printing and office supplies .....	1		5,741		5,742
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....	224,122	273,054	249,944	2,500	749,620
15. Boards, bureaus and association fees .....	1,900	76	195		2,171
16. Insurance, except on real estate .....			1,112		1,112
17. Collection and bank service charges .....			10		10
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			14,433		14,433
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....			20,596		20,596
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	914	0	914
26. Total expenses incurred (Lines 1 to 25) .....	242,050	276,521	464,931	2,500	(a) 986,002
27. Less expenses unpaid December 31, current year ..		11,552	85,592		97,144
28. Add expenses unpaid December 31, prior year .....		12,671	78,625		91,296
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	242,050	277,640	457,964	2,500	980,154
<b>DETAILS OF WRITE-INS</b>					
2501. Other Administrative Expenses .....			914		914
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	914	0	914

(a) Includes management fees of \$ .....861,365 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....8,365	.....8,365
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....38,409	.....38,899
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) .....1,550	.....1,821
7	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	48,324	49,085
11.	Investment expenses .....		(g) .....2,500
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....2,500
17.	Net investment income (Line 10 minus Line 16)		46,585
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....37 accrual of discount less \$ .....11,826 amortization of premium and less \$ .....321 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 investme					
7.	Derivative instruments .....					
8.	Other invested assets .....					
9.	Aggregate write-ins for capital gains (losses) .....					
10.	Total capital gains (losses)					
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....					
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					



EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....		54	54
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	4,047	11,660	7,613
25. Aggregate write-ins for other than invested assets .....	0	6,500	6,500
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	4,047	18,214	14,167
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	4,047	18,214	14,167
DETAILS OF WRITE-INS			
1101. ....		0	0
1102. ....		0	0
1103. ....		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. ....		0	0
2502. Prepaid expenses .....	0	6,500	6,500
2503. ....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	6,500	6,500

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	758	797	788	778	780	9,430
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	758	797	788	778	780	9,430
DETAILS OF WRITE-INS						
0601. ....	0					
0602. ....	0					
0603. ....	0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

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:

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	118,297	(2,098)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	118,297	(2,098)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	6,309,650	6,267,388
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	6,309,650	6,267,388

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 that 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 advanced 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 and other cost adjustments based on CMS provisions of the Part D Pharmacy benefit program.

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 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 factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current period 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 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.

D. Going Concern

After evaluating the entity’s ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity’s ability to continue as a going concern as of the date of the filing of this statement. As a condition of the Company receiving licensure approval from ODI and in accordance with section 3901.32 of the Ohio Revised Code, Parent has agreed to guarantee the amount of the Company’s capital and surplus at the greater of ( i.) minimum capital requirements of \$5,000,000, (ii.) the amount of the Company’s Action Level RBC of 400% or (iii.) an amount as reasonably determined by the Superintendent of Insurance,

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company  
State of Ohio in relation to the level of the Company’s enrollees and its outstanding liabilities.

2. Accounting Changes and Correction of Errors
- None.
3. Business Combinations and Goodwill
- A. Statutory Purchase Method

Not Applicable

B. Statutory merger

Not Applicable

C. Assumption Reinsurance

Not Applicable

D. Impairment Loss

Not Applicable
4. Discontinued Operations
- A – D 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. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

G. Reverse Repurchase Agreement Transactions Accounted for as Secured Borrowing

Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

I. Reserve Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

J. Real Estate

Not Applicable

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown .....			0		0	0.000	0.000
b. Collateral held under security lending agreements .....			0		0	0.000	0.000
c. Subject to repurchase agreements .....			0		0	0.000	0.000
d. Subject to reverse repurchase agreements .....			0		0	0.000	0.000
e. Subject to dollar repurchase agreements .....			0		0	0.000	0.000
f. Subject to dollar reverse repurchase agreements ...			0		0	0.000	0.000
g. Placed under option contracts .....			0		0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock .....			0		0	0.000	0.000
i. FHLB capital stock .....			0		0	0.000	0.000
j. On deposit with states .....	445,936	2,886,786	(2,440,850)	0	445,936	6.174	6.178
k. On deposit with other regulatory bodies .....			0		0	0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements) .....			0		0	0.000	0.000
m. Pledged as collateral not captured in other categories .....			0		0	0.000	0.000
n. Other restricted assets .....			0		0	0.000	0.000
o. Total Restricted Assets .....	445,936	2,886,786	(2,440,850)	0	445,936	6.174	6.178

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Description of Assets						
Total (a)	0	0	0	0	0.000	0.000

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Description of Assets						
Total (a)	0	0	0	0	0.000	0.000

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted)*	4 % of BACV to Total Admitted Assets **
Collateral Assets				
a. Cash, Cash Equivalents and Short-Term Investments ...			0.000 %	0.000 %
b. Schedule D, Part 1 .....			0.000 %	0.000 %
c. Schedule D, Part 2, Section 1 .....			0.000 %	0.000 %
d. Schedule D, Part 2, Section 2 .....			0.000 %	0.000 %
e. Schedule B .....			0.000 %	0.000 %
f. Schedule A .....			0.000 %	0.000 %
g. Schedule BA, Part 1 .....			0.000 %	0.000 %
h. Schedule DL, Part 1 .....			0.000 %	0.000 %
i. Other .....			0.000 %	0.000 %
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i) .....	0	0	0.000 %	0.000 %

\* Column 1 divided by Asset Page, Line 26 (Column 1)

\*\* Column 1 divided by Asset Page, Line 26 (Column 3)

	1 Amount	2 % of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset .....		0.000 %

\* Column 1 divided by Liability Page, Line 24(Column 3)

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets			
Due from Centers for Medicare & Medicaid Services	2,868,639	366,240	2,502,399
Due from Mount Carmel Health Plan	91,542	91,542	0
Due from Mount Carmel Health System & Affiliates	40,181	7,418	33,400

\* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(2) Liabilities			
Due from Centers for Medicare & Medicaid Services	366,240	366,240	0
Due from Mount Carmel Health Plan	202,964	91,542	111,422
Due from Mount Carmel Health System & Affiliates	7,418	7,418	0

\* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

O. Structured Notes

Not Applicable

P. 5GI Securities

Not Applicable

Q. Short Sales

Not Applicable

R. Prepayment Penalty and Acceleration Fees

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-.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

8. Derivative Investments

A - H 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, 2018 or 2017. The Company does not have any material uncertain tax positions as of December 31, 2018 or 2017.

10. Information Concerning Parent, Subsidiaries & Affiliates

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 \$861,365 and \$727,131 in 2018 and 2017, respectively.

Medical expenses incurred by the Company provided by Mount Carmel Health System (MCHS) were \$1,464,642 and \$1,443,822 in 2018 and 2017, respectively.

D. The Company was due \$33,400 from Mount Carmel Health System (MCHS) and its affiliates as of December 31, 2018 and owed \$131,797 to Mount Carmel Health System (MCHS) and its affiliates as of December 31, 2017.

The Company owed MCHP \$111,423 and \$15,124 as of December 31, 2018 and 2017, respectively.

E. Not Applicable

F. Mount Carmel Health Plan (MCHP), a sister company to MCHIC, has agreed to provide administrative services to MCHIC related to the operation of Medicare Advantage products offered by MCHIC.

G. All outstanding shares of the Company are owned by MCHS, a non-profit corporation domiciled in the State of Ohio. In addition, MCHS is sole owner of MCHP.

H. Not Applicable

I. Not Applicable

J. Not Applicable

K. Not Applicable

L. Not Applicable

M. Not Applicable

N. Not Applicable

O. Not applicable

11. Debt – Not Applicable

A. Debt Including Capital Notes

The company has no outstanding debt with third parties during 2018 and 2017.

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 \$630,965 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) The State of Ohio Department of Insurance has established a restriction on the Company's surplus that it must be at least \$5 million.

(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 Company did not have unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses.

(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) The Company did not have any quasi-reorganizations.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company is subject to various contingencies, including legal and compliance actions and proceedings that arise in the ordinary course of its business. Due to the complex nature of these actions and proceedings, the timing of the ultimate resolution of these matters is uncertain. One of the hospital providers in the Company's narrow network, with whom the Company contracts to provide services discovered sentinel events relating to a clinical practice of one of the hospital's physicians and the related conduct of certain of such hospital's staff. This hospital has been fully cooperating with authorities on this investigation and has implemented action plans to ensure these events do not happen again. Based on information received to date, management of the Company, after consultation with legal counsel, does not believe that the ultimate resolution of these matters will have a material adverse effect on the Company's future financial position or results of operations.

B. Assessments

Not Applicable

C. Gain Contingencies

Not Applicable

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

(1)  
Direct

(1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits ..... 0

E. Joint and Several Liabilities

Not Applicable

F. All Other Contingencies

The Company is subject to various contingencies, including legal and compliance actions and proceedings that arise in the ordinary course of its business. Due to the complex nature of these actions and proceedings, the timing of the ultimate resolution of these matters is uncertain. One of the hospital providers in the Company's narrow network, with whom the Company contracts to provide services, discovered sentinel events relating to a clinical practice of one of the hospital's physicians and the related conduct of certain of such hospital's staff, and this matter has been reported to the authorities. This hospital has been fully cooperative with the investigations and has implemented action plans to ensure these events do not happen again. Based on information received to date, management of the Company, after consultation with legal counsel, does not believe that the ultimate resolution of these matters will have a material adverse effect on the Company's future financial position or results of operations.

The Company is not aware of any other material contingent liabilities as of December 31, 2018.

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 Extinguishment 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 2018 and 2017, consisted of \$8,122,446 and \$7,435,368, respectively for medical and hospital related services and \$893,469 and \$736,101, respectively for administrative expenses.
- (2) As of December 31, 2018 and 2017, the Company has recorded receivables from CMS of \$2,274,722 and \$159,384 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 \$-0- at December 31, 2018 and 2017, respectively.

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
Extend Health, Inc. - 10975 Sterling View Drive, Suite 1A, South Jordan, UT 84095	.....26-0775680 .....	..... NO .....	Medicare .....	.....B.....	..... 207,928
Seniority Benefit Group, Inc. - 6365 Riverside Drive, Dublin, OH 43017	.....45-2611056 .....	..... NO .....	Medicare .....	.....B.....	..... 1,580
Total	XXX	XXX	XXX	XXX	209,508

C - Claims Payment  
CA - Claims Adjustment  
R - Reinsurance Ceding

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

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

B - Binding Authority  
P - Premium Collection  
U – Underwriting

20. Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Total assets at fair value/NAV	.....0	.....0	.....0	.....0	.....0

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	.....0	.....0	.....0	.....0	.....0

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Description	Beginning Balance at 01/01/2018	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2018
a. Assets										
Total Assets	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

Description	Beginning Balance at 01/01/2018	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2018
b. Liabilities										
Total Liabilities	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds .....	2,775,127	2,809,352	583,894	2,191,234			
Cash & Cash Equivalents .....	1,686,391	1,686,391	1,686,391				

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
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D. Not applicable

21. Other Items

A. Extraordinary Item

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

The Company operates in a health care environment that is subject to numerous and complex laws and regulations, which include but are not limited to the ODI, CMS, and other regulatory agencies. The Company is required to report to respective regulatory agencies certain types of operating or regulatory deficiencies; including compliance with Medicare Advantage regulations, and State of Ohio Insurance regulations each of which may ultimately have a possible impact on the Company's future financial position or results of operations.

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

Not Applicable

H. Insurance-Linked Securities (ILS) Contracts

Not Applicable

22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 28, 2019 for the statutory statement filed on March 1, 2019.

The Company is not aware of any events or transactions that provide additional evidence with respect to conditions that existed at December 31, 2017, which would have a material effect on its financial condition.

Type II – Nonrecognized Subsequent Events:



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

Subsequent events have been considered through February 28, 2019 for the statutory statement filed on March 1, 2019.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2018 but arose after that date, which would have a material effect on its financial condition.

23. Reinsurance – Not Applicable

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 owed 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 any reason 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? \$-0-.

- (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. \$\_\_\_\_\_.

- (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. Communication of Ceded Reinsurance

Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

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, 2018 and 2017 that are subject to retrospective rating features was \$8,122,446 and \$7,435,368, respectively. That represented 94% and 93% of the total net premiums written, respectively. No other net premiums written by the Company are subject to retrospective rating features.

- D. Not applicable

- E. Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$631,998. As of December 31, 2018, \$562,596 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$411 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$68,991 favorable prior-year development since December 31, 2017 to December 31, 2018.

26. Intercompany Pooling Arrangements

- A. – G. Not Applicable

27. Structured Settlements

The Company has no structured statements

28. Health Care Receivables

A. Pharmaceutical Rebate Receivable

Date	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
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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

Date	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
.. 12/31/2018 .	.....105,089	..... 0	.....0	.....0	.....0
.. 09/30/2018 .	.....119,228	.....119,228	.....33,545	.....0	.....0
.. 06/30/2018 .	.....124,821	.....124,821	.....30,364	.....93,422	.....0
.. 03/31/2018 .	.....128,247	.....128,247	.....82,926	.....44,660	.....(232)
.. 12/31/2017 .	.....81,221	.....85,730	.....33,839	.....49,087	.....2,150
.. 09/30/2017 .	.....80,128	.....80,128	.....26,241	.....52,436	.....1,183
.. 06/30/2017 .	.....73,722	.....73,722	.....26,742	.....45,700	.....1,207
.. 03/31/2017 .	.....65,725	.....65,725	.....28,839	.....18,763	.....16,819
.. 12/31/2016 .	.....211,912	.....201,206	.....78,812	.....108,117	.....14,039
.. 09/30/2016 .	.....211,912	.....209,025	.....85,137	.....108,798	.....14,692
.. 06/30/2016 .	.....264,523	.....269,166	.....127,845	.....106,025	.....35,234
.. 03/31/2016 .	.....243,278	.....255,391	.....69,280	.....145,320	.....40,805

B. Not applicable

29. Participating Policies – Not Applicable

The Company has no participating policies

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves ..... 0
2. Date of the most recent evaluation of this liability .....12/31/2018
3. Was anticipated investment income utilized in the calculation? ..... Yes [ ] No [ X ]

31. Anticipated Salvage and Subrogation – Not Applicable

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?  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [ X ] No [ ]

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

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ] No [ X ]

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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 that 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?  
4.12 renewals?

Yes [ ] No [ X ]  
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?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]

5.2

If yes, provide the name of the entity, 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 Name of Entity	2 NAIC Company Code	3 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 or government, manager or attorney in fact).

%

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

GENERAL INTERROGATORIES

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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,180 East Broad Street, Suite 1400, Columbus, OH 43215

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 the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]

10.6

If the response to 10.5 is no or n/a, please explain

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?

Deloitte Consulting LLP  
111 S. Wacker Dr  
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 [ ]

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?

Yes [ ] No [ ]

(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.

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 [ ]

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 [ ]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

GENERAL INTERROGATORIES

- 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 the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2  Issuing or Confirming Bank Name	3  Circumstances That Can Trigger the Letter of Credit	4  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 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\$0

20.12 To stockholders not officers\$0

20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$0

20.22 To stockholders not officers\$0

20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 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\$0

21.22 Borrowed from others\$0

21.23 Leased from others\$0

21.24 Other\$0
- 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\$0

22.22 Amount paid as expenses\$0

22.23 Other amounts paid\$0
- 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:\$33,400

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 [ ] No [ X ]
- 24.02 If no, give full and complete information relating thereto  
Funds on deposit with the Ohio Department of Insurance (see 25.2 below)
- 24.03 For 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 the 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 ]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

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 ☒ 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	\$	445,936
		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 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐ N/A ☒

If no, attach a description with this statement.

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 ☒

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 ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 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 Name(s)	2 Location(s)	3 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 ☒

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

GENERAL 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 Name of Firm or Individual	2 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
151829 .....	PNC Capital Advisors LLC .....	.....	SEC .....	DS.....
.....	.....	.....	.....	.....

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 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	2,809,352	2,775,127	(34,225)
30.2 Preferred stocks .....	0		0
30.3 Totals	2,809,352	2,775,127	(34,225)

30.4 Describe the sources or methods utilized in determining the fair values:  
.....

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:  
.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

GENERAL INTERROGATORIES

33.

By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? .....

Yes [ ] No [ X ]
34.

By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? .....

Yes [ ] No [ X ]

OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

35.2 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 Name	2 Amount Paid
.....	.....

36.1 Amount of payments for legal expenses, if any? .....\$ .....0

36.2 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 Name	2 Amount Paid
.....	.....

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

37.2 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 Name	2 Amount Paid
.....	.....



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

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 .....

\$ .....

0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance. ....

\$ .....

0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned .....

\$ .....

0

1.62

Total incurred claims .....

\$ .....

0

1.63

Number of covered lives .....

.....

0

All years prior to most current three years:

1.64

Total premium earned .....

\$ .....

0

1.65

Total incurred claims .....

\$ .....

0

1.66

Number of covered lives .....

.....

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned .....

\$ .....

0

1.72

Total incurred claims .....

\$ .....

0

1.73

Number of covered lives .....

.....

0

All years prior to most current three years:

1.74

Total premium earned .....

\$ .....

0

1.75

Total incurred claims .....

\$ .....

0

1.76

Number of covered lives .....

.....

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator .....

8,665,629

7,991,375

2.2

Premium Denominator .....

8,665,629

7,991,375

2.3

Premium Ratio (2.1/2.2) .....

1.000

1.000

2.4

Reserve Numerator .....

729,131

631,998

2.5

Reserve Denominator .....

729,131

631,998

2.6

Reserve Ratio (2.4/2.5) .....

1.000

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 [ ]

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 .....

\$ .....

300,000

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 .....

7,601

8.2

Number of providers at end of reporting year .....

8,801

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 .....

\$ .....

28

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

GENERAL INTERROGATORIES

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

\$

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 [ X ] No [ ]

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 [ X ] No [ ]

11.6

If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Brown County Ohio
Butler County Ohio
Clark County Ohio
Clermont County Ohio
Deleware County Ohio
Fairfield County Ohio
Franklin County Ohio
Greene County Ohio
Hamilton County Ohio
Licking County Ohio
Madison County Ohio
Montgomery County Ohio
Warren County Ohio

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 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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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 Premium 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 guranteee)
Universal Life (with or without secondary guranteee)
Variable Universal Life (with or without secondary guranteee)

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ ] No [ X ]

16.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [ X ]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	7,251,841	7,673,749	8,973,322	6,600,036	7,273,832
2. Total liabilities (Page 3, Line 24) .....	942,191	1,406,361	3,623,089	2,982,632	1,404,230
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33) .....	6,309,650	6,267,388	5,350,233	3,617,404	5,869,602
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	8,665,629	8,054,385	24,806,255	14,167,638	12,455,842
6. Total medical and hospital expenses (Line 18) .....	7,610,415	7,378,950	23,423,179	14,234,781	12,181,424
7. Claims adjustment expenses (Line 20) .....	518,571	449,786	914,926	291,844	286,986
8. Total administrative expenses (Line 21) .....	464,931	349,858	1,707,488	954,603	1,018,119
9. Net underwriting gain (loss) (Line 24) .....	71,712	(50,209)	(1,313,338)	(1,313,590)	(1,030,687)
10. Net investment gain (loss) (Line 27) .....	46,585	48,111	41,686	51,329	62,132
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	118,297	(2,098)	(1,271,652)	(1,262,261)	(968,555)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(2,136,412)	(833,775)	(139,431)	(1,374,179)	(564,326)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	6,309,650	6,267,388	5,350,233	3,617,404	5,869,602
15. Authorized control level risk-based capital .....	514,938	503,851	1,560,770	955,845	916,280
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	780	758	2,462	1,437	1,370
17. Total members months (Column 6, Line 7) .....	9,430	8,690	29,711	17,010	16,062
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	87.8	92.3	94.2	100.5	97.8
20. Cost containment expenses .....	2.8	2.4	0.2	0.1	0.1
21. Other claims adjustment expenses .....	3.2	3.2	3.5	1.9	2.2
22. Total underwriting deductions (Line 23) .....	99.2	101.4	105.1	109.3	108.3
23. Total underwriting gain (loss) (Line 24) .....	0.8	(0.6)	(5.3)	(9.3)	(8.3)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	563,007	1,733,315	1,826,664	1,188,087	625,064
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	631,998	2,292,649	1,518,140	1,189,374	739,657
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0		0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....			0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....			0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....		0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 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										
			1	Direct Business Only						
				2	3	4	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
States, etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX				
1.	Alabama	AL	N							.0
2.	Alaska	AK	N							.0
3.	Arizona	AZ	N							.0
4.	Arkansas	AR	N							.0
5.	California	CA	N							.0
6.	Colorado	CO	N							.0
7.	Connecticut	CT	N							.0
8.	Delaware	DE	N							.0
9.	District of Columbia	DC	N							.0
10.	Florida	FL	N							.0
11.	Georgia	GA	N							.0
12.	Hawaii	HI	N							.0
13.	Idaho	ID	N							.0
14.	Illinois	IL	N							.0
15.	Indiana	IN	N							.0
16.	Iowa	IA	N							.0
17.	Kansas	KS	N							.0
18.	Kentucky	KY	N							.0
19.	Louisiana	LA	N							.0
20.	Maine	ME	N							.0
21.	Maryland	MD	N							.0
22.	Massachusetts	MA	N							.0
23.	Michigan	MI	N							.0
24.	Minnesota	MN	N							.0
25.	Mississippi	MS	N							.0
26.	Missouri	MO	N							.0
27.	Montana	MT	N							.0
28.	Nebraska	NE	N							.0
29.	Nevada	NV	N							.0
30.	New Hampshire	NH	N							.0
31.	New Jersey	NJ	N							.0
32.	New Mexico	NM	N							.0
33.	New York	NY	N							.0
34.	North Carolina	NC	N							.0
35.	North Dakota	ND	N							.0
36.	Ohio	OH	L		8,683,205					8,683,205
37.	Oklahoma	OK	N							.0
38.	Oregon	OR	N							.0
39.	Pennsylvania	PA	N							.0
40.	Rhode Island	RI	N							.0
41.	South Carolina	SC	N							.0
42.	South Dakota	SD	N							.0
43.	Tennessee	TN	N							.0
44.	Texas	TX	N							.0
45.	Utah	UT	N							.0
46.	Vermont	VT	N							.0
47.	Virginia	VA	N							.0
48.	Washington	WA	N							.0
49.	West Virginia	WV	N							.0
50.	Wisconsin	WI	N							.0
51.	Wyoming	WY	N							.0
52.	American Samoa	AS	N							.0
53.	Guam	GU	N							.0
54.	Puerto Rico	PR	N							.0
55.	U.S. Virgin Islands	VI	N							.0
56.	Northern Mariana Islands	MP	N							.0
57.	Canada	CAN	N							.0
58.	Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal		XXX	.0	8,683,205	.0	.0	.0	8,683,205	.0
60.	Reporting entity contributions for Employee Benefit Plans		XXX							.0
61.	Total (Direct Business)		XXX	0	8,683,205	0	0	0	8,683,205	0
DETAILS OF WRITE-INS										
58001.			XXX							
58002.			XXX							
58003.			XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 R - Registered - Non-domiciled RRGs.....0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by state, etc.  
Allocation based on premiums written in the state.

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART I – ORGANIZATIONAL CHART

### Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)

Tri-Hospital Emergency Medical Services; FEIN: 38-2485700 (33.33% Controlled by Immediate Parent)

THRE Services LLC; FEIN: 45-2603654 (100% Controlled by Immediate Parent)

Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation)

Michigan Co-Tenancy Laboratory (Trinity Health Corporation Partnership)

Mount Carmel Health System (Ohio); FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)

Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel West (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel New Albany Surgical Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel Care Continuum Services Corporation (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel Urgent Care (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel Sleep Medicine (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)

Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent)

Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)

Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 wholly owned subsidiary of Mount Carmel Health Plan, Inc. (100% Controlled by Immediate Parent)

Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent)

Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)

Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent)

Cornerstone Medical Services of Columbus LLC; FEIN: 26-3869158 (50% Controlled by Immediate Parent)

OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)

Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent)

Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)

Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent)

Central Ohio Medical Textiles Inc.; FEIN: 38-3643188 (50% Controlled by Immediate Parent)

Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent)

Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)

Mount Carmel HealthProviders III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)

St. Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.14% Controlled by Immediate Parent; 6.27% Controlled by Mt. Carmel Health Providers, Inc.)

Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)

MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent)

Taylor Station Surgical Center Ltd; FEIN: 31-1459910 (40% Controlled by Immediate Parent)

Columbus Cyberknife LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)

Eye Center of Columbus LLC; FEIN: 01-0702725 (2.694% Controlled by Immediate Parent)

New Albany Surgery Center LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent)

MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)

St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (46.75% Controlled by Immediate Parent)

Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Controlled by Immediate Parent)

Medilucant MOB I Limited Partnership; FEIN: 20-4913370 (25% Controlled by Immediate Parent)

Mount Carmel Home Care, LLC dba Trinity Home Health; FEIN: 26-2729300 (50% Controlled by Immediate Parent)

Eastwind Surgical, LLC; FEIN: 90-0739342 (31.41% Controlled by Immediate Parent)

Health Collaborative of Central Ohio, LLC; FEIN: 46-5603895 (100% Controlled by Immediate Parent)

HealthSouth Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation, in Partnership with HealthSouth, LLC; FEIN: 47-4200156 (20.4% Controlling Interest held by Immediate Parent)

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

Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)

Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)

Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)

Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)

Holy Cross Private Home Services Corporation; FEIN: 52-1986562 (100% Controlled by Immediate Parent)

Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)

Chesapeake Potomac Regional Cancer Center, LLC; FEIN: 20-3762277 (20% Controlled by Immediate Parent)

Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (20% Controlled by Immediate Parent)

Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN: 22-3476498 (25% Controlled by Immediate Parent)

Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent)

The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)

Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent)

Holy Cross Health Partners, LLC; FEIN: 82-2391212 (100% Controlled by Immediate Parent)

Mercy Health Network, Inc. FEIN: 42-1478417 (50% Controlled by Immediate Parent; 50% Controlled by Catholic Health Initiatives) (Iowa/Nebraska)

Wellmark Value Health Plan, Inc.; FEIN: 42-1264647 (50% Controlled by Mercy Health Network, Inc.)

Mercy Community Health Group, LLC; FEIN: 35-2473948 (100% Controlled by Immediate Parent)

Central Community Hospital; FEIN: 42-0818642 (100% Controlled by Immediate Parent)

Wheaton Franciscan Healthcare - Iowa, Inc.; FEIN: 42-1177001 (100% Controlled by MHN)

N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Immediate Parent)

Mercy Hospital of Franciscan Sisters, Inc.; FEIN: 42-1178403 (100% Controlled by Immediate Parent)

Covenant Medical Center, Inc.; FEIN: 42-1264647 (100% Controlled by Immediate Parent)

Covenant Foundation, Inc.; FEIN: 42-1295784 (100% Controlled by Immediate Parent)

Sartori Memorial Hospital, Inc.; FEIN: 42-0758901 (100% Controlled by Immediate Parent)

Sartori Health Care Foundation, Inc.; FEIN: 42-1240996 (100% Controlled by Immediate Parent)

Cedar Valley Community Healthcare - Wheaton Iowa, LLC; FEIN: 26-4634545 (100% Controlled by Immediate Parent)

Cedar Valley Community Healthcare LLC; FEIN: 26-1642558 (4% Controlled by Immediate Parent and 13% Controlled by CVCH-W Iowa)

Mercy Health Services - Iowa, Corp. (Iowa/Nebraska); FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation; Subject to Mercy Health Network, Inc. JOA)

Mercy Medical Center - Clinton, Inc.; FEIN: 42-1336618 (100% Controlled by Immediate Parent)

Mercy-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)

Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent)

Stereotactic Biopsy Services, L.C. LC; FEIN: 42-1448735 (11.11% Controlled by Immediate Parent)

Mercy Healthcare Foundation - Clinton; FEIN: 42-1316126 (100% Controlled by Immediate Parent)

Mercy Medical Center - Dyersville (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Mercy Medical Center - Dubuque (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Dubuque Mercy Health Foundation, Inc.; FEIN: 26-2227941 (100% Controlled by Immediate Parent)

Dyersville Health Foundation, Inc.; FEIN: 20-5383271 (100% Controlled by Immediate Parent)

United Clinical Laboratories, Inc.; FEIN: 42-1268486 (33.33% Controlled by Immediate Parent)

Preferred Health Choices, L.L.C.; FEIN: 90-0139311 (50% Controlled by Immediate Parent)

Health Management Services, L.L.C.; FEIN: 46-1861361 (50% Controlled by Mercy Medical Center - Dubuque (dba of Mercy Health Services - Iowa Corp.; FEIN: 31-1373080))

Tri-State Surgery Center, L.L.C.; FEIN: 91-1900559 (100% Controlled by Immediate Parent)

Medical Associates/Mercy Family Care Network, L.L.C.; FEIN: 42-1478444 (100% Controlled by Immediate Parent)

Tri-State Occupational Health, L.L.C.; FEIN: 90-1039315 (100% Controlled by Immediate Parent)

Mercy Medical Center - New Hampton (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Forrest Park Imaging LLC; FEIN: 13-4365966 (52.89% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Surgical Center Building Associates LLC; FEIN: 31-1373080 (35% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

Magnetic Resonance Services LLC; FEIN: 42-1328388 (49% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Mason City Ambulatory Surgery Center LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Mercy Heart Center Outpatient Services, LLC; FEIN: 13-4237594 (51% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Iowa Falls Clinic; FEIN: 42-1467712 (50% Controlled by Mercy Medical Center - North Iowa (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Mercy Medical Center Foundation - North Iowa; FEIN: 42-1229151 (100% Controlled by Immediate Parent)

Hospice of North Iowa; FEIN: 42-1173708 (100% Controlled by Immediate Parent)

Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)

Hawarden Regional Healthcare Clinics, L.L.C.; FEIN: 42-6005851 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Mercy Medical Services, Inc.; FEIN: 42-1283849 (100% Controlled by Immediate Parent)

Mercy Medical Center - Sioux City Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)

Health Incorporated; FEIN: 31-1712115 (50% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Siouxland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)

Siouxland PACE, Inc.; FEIN: 26-1120134 (100% Controlled by Immediate Parent)

Siouxland Regional Cancer Center dba June E. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent)

Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Parent)

Mercy/USP Health Ventures, L.L.C.; FEIN: 47-1290300 (55.71% Controlled by Mercy Medical Center - Sioux City (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))

Siouxland Surgery Center Limited Liability Partnership d/b/a Dunes Surgical Hospital; FEIN: 46-0423353 (55.54% Controlled by Immediate Parent)

Oakland Mercy Hospital; FEIN: 20-8072234 (100% Controlled by Immediate Parent)

Oakland Mercy Hospital Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent)

Baum Harmon Mercy Hospital; FEIN: 42-1500277 (100% Controlled by Immediate Parent)

Baum Harmon Mercy Hospital and Clinics Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent)

Siouxland Medical Education Foundation, Inc. (Trinity Health does not own this corporation and is not obligated corporately for the activities of the entity. Trinity Health does have the ability to appoint Board Members.)

Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% Controlled by Trinity Health)

The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center Plymouth Auxiliary Inc.; FEIN: 35-6043563 (100% Controlled by Immediate Parent)

Alick's Home Medical Equipment Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Parent)

Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% Controlled by Immediate Parent)

Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)

Michiana Health Information Network, LLC; FEIN: 35-2050128 (33.33% Controlled by Immediate Parent)

Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent)

Advantage Health Solutions, Inc.; FEIN: 35-2093565 (15.5% Controlled by Immediate Parent)

Edison Lakes ROC, LLC; FEIN: 27-1778694 (30% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - South Bend Campus, Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent)

Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent)

SIRMC Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)

Michiana Urgent Care Management, LLC; FEIN: 47-4279865 (40% Controlled by Immediate Parent)

Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% Controlled by Trinity Health)

Saint Alphonsus Medical Center - Nampa Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Parent)

MedNow Inc.; FEIN: 82-0389927 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center Nampa Medical Staff (an Unincorporated Nonprofit Association); FEIN: 46-1123092

Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% Controlled by Immediate Parent)

Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Controlled by Immediate Parent)

Life Flight Network LLC; FEIN: 20-5016802 (25% Controlled by Immediate Parent)

Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% Controlled by Immediate Parent)

Emergency Medical Plazas of Idaho, LLC; FEIN: 81-4098266 (50% Controlled by Immediate Parent)

EMP Idaho Nampa, LLC; FEIN: 36-4851679 (100% Controlled by Immediate Parent)

EMP Idaho Boise, LLC; FEIN: 35-2577088 (100% Controlled by Immediate Parent)

EMP Idaho Eagle, LLC; FEIN: (100% Controlled by Immediate Parent)

EMP Idaho Twin Falls, LLC; FEIN: (100% Controlled by Immediate Parent)

Southern Idaho Regional Laboratory, LLC dba Treasure Valley Laboratory; FEIN: 82-0511819 (100% Controlled by Immediate Parent)

Idaho Cytogenetics Diagnostic Laboratory, LLC; FEIN: 33-1012210 (50% Controlled by Immediate Parent)

Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent)

Saint Alphonsus Caldwell Cancer Treatment Center, LLC; FEIN: 82-0526861 (80% Controlled by Immediate Parent)

Eagle ED Real Estate LLC; FEIN: 20-8836798 (100% Controlled by Immediate Parent)

Saint Alphonsus Home Health and Hospice, LLC; FEIN: 20-3942050 (50% Controlled by Immediate Parent)

Saint Alphonsus Professional Medical Services, LLC; FEIN: 46-0500210 (100% Controlled by Immediate Parent)

Saint Alphonsus Building Company, Inc.; FEIN: 82-0401011 (100% Controlled by Immediate Parent)

Saint Alphonsus Specialty Services, Inc.; FEIN: 26-0553931 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center - Ontario Inc.; FEIN: 27-1789847 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center Ontario Volunteers; FEIN: 94-3059469 (100% Controlled by Immediate Parent)

Saint Alphonsus Foundation - Ontario, Inc.; FEIN: 20-2683560 (100% Controlled by Immediate Parent)

Saint Alphonsus Medical Center - Baker City Inc.; FEIN: 27-1790052 (100% Controlled by Immediate Parent)

Saint Alphonsus Foundation - Baker City, Inc.; FEIN: 94-3164869 (100% Controlled by Immediate Parent)

Eastern Oregon Coordinated Care Organization, LLC; FEIN: (10% Controlled by Saint Alphonsus Health System, Inc.)

Saint Alphonsus Health Alliance, Inc.; FEIN: 82-0524649 (100% Controlled by Saint Alphonsus Health System, Inc.)

Health Alliance Integrated Care, LLC; FEIN: 371755768 (100% Controlled by Saint Alphonsus Health System, Inc.)

Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% Controlled by Trinity Health Corporation)

Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

St. Joseph Mercy Chelsea, Inc. (New MI Corporation, Incorporated 1.31.18); FEIN: 82-4757260 (51% Controlled by Immediate Parent; 49% Controlled by University of Michigan)

St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

The Saint Joseph Mercy Health Partners Clinically Integrated Network, LLC; FEIN: 47-1340852 (100% Controlled by Immediate Parent)

St. Mary Mercy Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

Mercy Health Saint Mary's (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% Controlled by Immediate Parent)

Saint Mary's Foundation; FEIN: 38-1779602 (100% Controlled by Immediate Parent)

Mercy Hospital Cadillac Foundation; FEIN: 20-3357131 (100% Controlled by Immediate Parent)

Metro Detroit Area Hospital Service; FEIN: ; (\_\_\_\_% Controlled by Immediate Parent; \_\_\_\_% Controlled by \_\_\_\_)

Health Park Central L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent)

Pennant Health Alliance; FEIN: 27-3618927; (30% Controlled by Immediate Parent; 60% Controlled by UM/Metro; 10% Controlled by MFB)

Together Health Network, LLC; FEIN: 47-1573173; (47.5% Controlled by Immediate Parent)

Sixty Fourth Street, LLC; FEIN: 20-2443646; (53.94% Controlled by Immediate Parent)

Washtenaw/Livingston Medical Control Corporation; FEIN: 38-2843970 (52.5% Controlled by Immediate Parent)

Hospice of Washtenaw II; FEIN: 38-3320707; (100% Controlled by Immediate Parent)

Mission Health Corporation; FEIN: 38-3181557 (50% Controlled by Immediate Parent)

Center for Digestive Care, LLC; FEIN: 03-0447062 (51% Controlled by Immediate Parent)

Huron Arbor Corporation; FEIN: 38-2475644 (100% Controlled by Immediate Parent)

Parkpop, LLC; FEIN: 27-3074736 (100% Controlled by Immediate Parent)

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART I – ORGANIZATIONAL CHART

Probability Therapy Services; FEIN: 20-2020239 (100% Controlled by Immediate Parent)  
SJ-UM LLC; FEIN: 46-2847401 (50% Controlled by Immediate Parent)  
Advantage Health/St. Mary's Medical Group d/b/a Mercy Health Physician Partners; FEIN: 27-2491974 (100% Controlled by Immediate Parent)  
Advent Rehabilitation LLC; FEIN: 38-3306673 (50% Controlled by Immediate Parent)  
Life Circles; FEIN: 26-0170498 (25.5% Controlled by Immediate Parent)  
Woodland Imaging Center, LLC dba Avant Imaging; FEIN: 76-0820959 (51% Controlled by Immediate Parent);  
IHA Health Services Corporation; FEIN: 38-3316559 (100% Controlled by Immediate Parent)  
Huron Valley CT Center, LLC; FEIN: (100% Controlled by Immediate Parent)  
IHA Affiliation Corp.; FEIN: 38-3188895 (100% Controlled by Immediate Parent)  
McAuley Health Partners ACO, LLC; FEIN: (100% Controlled by Immediate Parent)  
Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% Controlled by Immediate Parent)  
The Care Alliance, LLC; FEIN: 46-5648536 (100% Controlled by Immediate Parent)  
Western Care Alliance, LLC; FEIN: 46-5620128 (100% Controlled by Immediate Parent)  
Oakland Accountable Care, LLC; FEIN: 45-5589234 (100% Controlled by Immediate Parent)  
The Waterford Surgical Center, LLC; FEIN: 27-1110813 (25% Controlled by Immediate Parent)  
Physicians Direct Accountable Care Organization; FEIN: (25% Controlled by Immediate Parent)  
Oakland Health Alliance, LLC; FEIN: 82-2021072 (50% Controlled by Immediate Parent)  
Southeast Michigan Clinical Network, LLC; FEIN: 47-3856789 (100% Controlled by Immediate Parent)  
Frances Warde Medical Laboratory (Trinity Health - Michigan Partnership); FEIN: 38-2648446 (66.6% Controlled by Immediate Parent)  
Mercy Health Partners; FEIN: 38-2589966 (100% Controlled by Immediate Parent)  
Mercy Health Mercy Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent)  
Mercy Health Hackley Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent)  
Mercy Health Lakeshore Campus (dba of Mercy Health Partners); FEIN: 38-2589966 (100% Controlled by Immediate Parent)  
Westshore Health Network dba Affinia Health Network - Lakeshore; FEIN: 38-3280200 (100% Controlled by Immediate Parent)  
MRI Mobile Services of West Michigan; FEIN: 38-3073745 (100% Controlled by Immediate Parent)  
Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent)  
Muskegon SC LLC; FEIN: 20-3244346 (35.7% Controlled by Immediate Parent)  
West Shore Professional Building Condominium Association; FEIN: 38-2700166 (96% Controlled by Immediate Parent)  
Professional Med Team; FEIN: 38-2638284 (100% Controlled by Immediate Parent)  
Mobile Health Resources LLC; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent)  
Mercy Health Clinically Integrated Network LLC dba Affinia Health Network; FEIN: 47-2070753 (100% Controlled by Immediate Parent)  
Western Michigan Associates JV; FEIN: 38-2960292 (14.06% Controlled by Immediate Parent)  
Western Michigan Shared Hospital Laundry; FEIN: 38-2026913 (14.06% Controlled by Immediate Parent)  
Hackley Health Ventures, Inc.; FEIN: 38-2589959 (100% Controlled by Immediate Parent)  
Hackley Health Management Inc. dba Mercy Health Partners-Health Management Inc.; FEIN: 38-2961814 (100% Controlled by Immediate Parent)  
Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp; FEIN: 38-2578569 (100% Controlled by Immediate Parent)  
Hackley Healthcare Equipment Corp. dba Mercy Health Partners-Healthcare Equipment and Pharmacy; FEIN: 38-2578569 (100% Controlled by Immediate Parent)  
Hackley Healthcare Equipment Corp dba Axiom Health (Grand Rapids); FEIN: 38-2578569 (100% Controlled by Immediate Parent)  
Hackley Professional Pharmacy Inc. dba Mercy Health Partners-Pharmacy Inc.; FEIN: 38-2447870 (100% Controlled by Immediate Parent)  
Workplace Health of Grand Haven Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent)  
Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent)  
Northern Michigan Supply Alliance; FEIN: 38-3453378 (50% Controlled by Immediate Parent)  
1440 East Sherman, LLC; FEIN: (100% Controlled by Immediate Parent)  
Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Controlled by Trinity Health Corporation)  
Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Controlled by Immediate Parent)  
Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Controlled by Immediate Parent)  
Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Controlled by Immediate Parent)  
Gottlieb Community Health Services Corporation dba MacNeal Hospital; FEIN: 36-3332852 (100% Controlled by Immediate Parent)  
L. Medicine Labs, LLC; FEIN: 37-1878743 (100% Controlled by Immediate Parent)  
NOMC/MacNeal Radiation Therapy Joint Venture, L.L.C.; FEIN: 20-0812600 (45% Controlled by GCHSC)  
Primary Care Physicians Center, L.L.C.; FEIN: 36-4038505 (94% Controlled by GCHSC)  
Chicago Health System ACO, LLC; FEIN: 45-3020116 (100% Controlled by GCHSC)  
MacNeal Health Providers, Inc. dba Chicago Health System, Inc.; FEIN: 36-3361297 (100% Controlled by GCHSC)  
Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Controlled by Immediate Parent)  
Loyola University Medical Center; FEIN: 36-4015560 (100% Controlled by Immediate Parent)  
Loyola Ambulatory Centers, LLC; FEIN: 36-4321058 (100% Controlled by Immediate Parent)  
Loyola Ambulatory Surgery Center at Oakbrook LP; FEIN: 36-4119522 (49% Controlled by Immediate Parent)  
RMLHP Corporation; FEIN: 36-4160869 (50% Controlled by Immediate Parent)  
Loyola Medicine Transport, LLC; FEIN: 47-4147171 (51% Controlled by Immediate Parent)  
L. Medicine Physician Group, LLC; FEIN: 32-0552496 (100% Controlled by LUMC)  
South Campus Partners, Inc.; FEIN: 32-0517854 (49% Controlled by LUMC)  
Palos Health Surgery Center, LLC; FEIN: Not Yet Filed (100% Controlled by South Campus Partners, Inc.)  
Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Controlled by Immediate Parent)  
Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Controlled by Trinity Health)  
Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Immediate Parent)  
Mercy Advanced MRI, LLC; FEIN: 26-2116721 (100% Controlled by Immediate Parent)  
Mercy Foundation, Inc.; FEIN: 36-3227350 (100% Controlled by Immediate Parent)  
Mercy Services Corporation; FEIN: 36-3227348 (100% Controlled by Immediate Parent)  
Mercy Quality Health Partners ACO, LLC, an Illinois limited liability company; FEIN: 38-3971072 (100% Controlled by Immediate Parent)  
Mercy Quality Health Partners, LLC, an Illinois limited liability company; FEIN: 36-4798692 (100% Controlled by Immediate Parent)  
Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% Controlled by Trinity Health)  
Saint Agnes Medical Foundation dba Saint Agnes Care; Saint Agnes Care Center-Northwest; and Saint Agnes Urgent Care; FEIN: 94-2839324 (100% Controlled by Immediate Parent)  
Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder licensed physicians appointed by SAMC - No Controlled by SAMC)  
California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Controlled by Immediate Parent)  
California Healthcare Management Partners, Inc.; FEIN: 82-0961647 (66.6% Controlled by Immediate Parent)  
Central Valley Health Plan, Inc.; FEIN: 61-1846844 (100% Controlled by Immediate Parent)  
Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% Controlled by Trinity Health)  
Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% Controlled by Trinity Health)  
Mercy Life Center Corporation; FEIN: 25-1604115 (100% Controlled by Immediate Parent)  
McAuley Ministries; FEIN: 94-3436142 (100% Controlled by Immediate Parent)  
Bethlehem Haven of Pittsburgh, Inc.; FEIN: 25-1436685 (100% Controlled by Immediate Parent)  
BH Venture Mgmt LLC; FEIN: 83-2416426 (100% Controlled by Bethlehem Haven of Pittsburgh, Inc.)  
BH Venture One LP; FEIN: 38-4098074 (99% Controlled by Limited Partner Bethlehem Haven of Pittsburgh, Inc. and 1% Controlled by General Partner BH Venture Mgmt, LLC)  
Living Independence for the Elderly - Pittsburgh, Inc. d/b/a LIFE Pittsburgh; FEIN: 25-1815436 (50% Controlled by Immediate Parent)  
Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % Controlled by Trinity Health Corporation)  
Trinity Senior Services Management, Inc.; FEIN: 37-1572595 (100% Controlled by Trinity Continuing Care Services/Trinity Health)  
Holy Cross CareNet Inc.; FEIN: 52-1945054 (100% Controlled by Trinity Health)  
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% Controlled by Immediate Parent)  
Mercy Services for Aging Nonprofit Housing Corporation; FEIN: 38-2719605 (100% Controlled by Immediate Parent)  
Trinity Continuing Care Services - Indiana; FEIN: 93-0907047 (100% Controlled by Immediate Parent)  
Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Parent)  
Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Parent)  
LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Parent)  
Mercy Community Health, Inc.; FEIN: 06-1492707 (100% Controlled by Immediate Parent)  
Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Controlled by Immediate Parent)  
McAuley Center, Incorporated; FEIN: 06-1058086 (100% Controlled by Immediate Parent)  
Mount St. Joseph; FEIN: 01-0274998 (100% Controlled by Immediate Parent)

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent)  
 Caring Partners Home Health, Inc.; FEIN: 20-1681131 (100% Controlled by Immediate Parent)  
 Glacier Hills Foundation; FEIN: 20-8072723 (100% Controlled by Immediate Parent)  
 Trinity Continuing Care Services - Massachusetts; FEIN: 82-4005577 (100% Controlled by Immediate Parent)  
Trinity Home Health Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation)  
 Cranbrook Hospice Care; FEIN: 38-3320699 (100% Controlled by Immediate Parent)  
 Hospice of Muskegon County, Inc.; FEIN: 38-2415247 (20% Controlled by Trinity Home Health Services)  
 Mercy Amicare Home Healthcare, Oakland; FEIN: 38-3320698 (100% Controlled by Immediate Parent)  
 Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% Controlled by Immediate Parent)  
 Mount Carmel Home Care LLC; FEIN: 26-2729300 (50% Controlled by Immediate Parent)  
 Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent)  
Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michigan)  
 Saint Joseph PACE Inc.; FEIN: 47-3129127 (100% Controlled by Immediate Parent)  
 Trinity Health LIFE Pennsylvania, Inc. dba Mercy LIFE - West Philadelphia; FEIN: 47-5244984 (100% Controlled)  
 Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Controlled by Immediate Parent)  
 Mercy LIFE, Inc.; FEIN: 45-3086711 (100% Controlled by Immediate Parent)  
Trinity Health Partners, L.L.C. ; FEIN: 47-2798085 (100% Controlled by Trinity Health)  
 Trinity Health Partners - Michigan, L.L.C.; FEIN: 35-2534698 (100% Controlled by Immediate Parent)  
 Trinity Health Partners - Idaho, L.L.C.; FEIN: 30-0875741 (100% Controlled by Immediate Parent)  
 Trinity Health Partners - Illinois, L.L.C.; FEIN: 39-1828147 (100% Controlled by Immediate Parent)  
 Trinity Health Partners - New Jersey, L.L.C.; FEIN: 36-4838390 (100% Controlled by Immediate Parent)  
Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% Controlled by Trinity Health)  
 Trinity Integrated Care, L.L.C.; FEIN: 81-2772183 (100% Controlled by Immediate Parent)  
 Trinity Accountable Care, Inc.; FEIN: 81-2780900 (100% Controlled by Immediate Parent)  
Mercy Health System of Southeastern Pennsylvania [Pennsylvania]; FEIN: 23-2212638 (100% Controlled by Trinity Health)  
 Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Controlled by Immediate Parent)  
 Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Controlled by Immediate Parent)  
 Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Immediate Parent)  
 Mercy Health System of Southeastern Pennsylvania  
 Mercy Philadelphia Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Immediate Parent)  
 Mercy Health System of Southeastern Pennsylvania  
 Mercy Suburban Hospital, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Controlled by Immediate Parent)  
 Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent)  
 Nazareth Health Care Foundation; FEIN: 23-2300951 (100% Controlled by Immediate Parent)  
 Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (63.85% Controlled by Immediate Parent)  
 St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Controlled by Immediate Parent)  
 St Agnes Continuing Care Foundation; FEIN: 23-2415137 (100% Controlled by Immediate Parent)  
 Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)  
 Mercy Accountable Care, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)  
 Mercy Health Plan; FEIN: 22-2483605 (100% Controlled by Immediate Parent)  
 Gateway Health Plan, LP (50% Controlled by Immediate Parent); FEIN: 25-1691945  
 Gateway Health Plan, Inc.; FEIN: 25-1505506 (100% Controlled by Immediate Parent)  
 Gateway Health Plan of Ohio, Inc.; FEIN: 30-0282076 (100% Controlled by Immediate Parent)  
 Mercy Home Health Services; FEIN: 23-2325058 (100% Controlled by Immediate Parent)  
 Mercy Home Health; FEIN: 23-1352099 (100% Controlled by Immediate Parent)  
 Mercy Family Support; FEIN: 23-2325059 (100% Controlled by Immediate Parent)  
 Mercy Physician Network; FEIN: 46-1187365 (100% Controlled by Immediate Parent)  
 Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent)  
 N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Controlled by Immediate Parent)  
 East Norriton Physicians Services, Inc. (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-2515999 (100% Controlled by Immediate Parent)  
 Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent)  
 Mercy/Manor Partnership (50% Controlled by Immediate Parent); FEIN: 52-1931012  
 Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Controlled by Immediate Parent)  
St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% Controlled by Trinity Health)  
 Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Parent)  
 St. Mary Medical Center Foundation; FEIN: 23-2567468 (100% Controlled by Immediate Parent)  
 LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)  
 St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent)  
 St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent)  
 Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent)  
 Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent)  
 Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Controlled by Immediate Parent)  
 Langhorne MOB Partners, LP; FEIN: 23-2622772 (39.08% Controlled by Immediate Parent)  
 The Ambulatory Surgery Center at St. Mary LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent) SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (65.75% Controlled by Immediate Parent)  
 Quality Health Alliance, LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent)  
 Quality Health Alliance - ACO, LLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent)  
 Endoscopy Center at St. Mary; FEIN: 20-5253361 (16.349% Controlled by Immediate Parent)  
 St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC)  
 Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC)  
St. Mary's Health Care System, Inc. [Georgia] dba St. Mary's Hospital; FEIN: 58-0566223 (100% Controlled by Trinity Health)  
 St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Controlled by Immediate Parent)  
 St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; FEIN: 47-3752176 (100% Controlled by Immediate Parent)  
 Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Controlled by Immediate Parent)  
 Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Immediate Parent)  
 Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Immediate Parent)  
 St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Controlled by Immediate Parent)  
 St. Mary's Highland Hills Village, Inc.; FEIN: 58-2276801 (100% Controlled by Immediate Parent)  
 St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled by Immediate Parent)  
 St. Mary's Highland Hills, Inc. dba St. Mary's Highland Hills Village and dba Highland Hills Village; FEIN: 02-0576648 (100% Controlled by Immediate Parent)  
 Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Immediate Parent)  
St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% Controlled by Trinity Health)  
 St. Francis Foundation; FEIN: 51-0374158 (100% Controlled by Immediate Parent)  
 LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent)  
 Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent)  
 Delaware Care Collaboration ("DCC") LLC; FEIN: 47-4069475 (100% Controlled by Immediate Parent)  
Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Controlled by Trinity Health)  
St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health)  
 St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Controlled by Immediate Parent)  
 LIFE St Francis, a New Jersey Non-Profit Corporation (PACE); FEIN: 22-2797282 (100% Controlled by Immediate Parent)  
 LifeCare Physicians Professional Corporation (Managed and Controlled but not Controlled by St. Francis Medical Center); FEIN: 26-1649038  
 St. Francis Community Health Services, LLC; FEIN: 46-1801229 (100% Controlled by Immediate Parent)  
 Central New Jersey Heart Services, LLC; FEIN: 20-8525458 (59.76% Controlled by St. Francis Medical Center)  
Our Lady of Lourdes Health Care Services, Inc. [New Jersey]; FEIN: 22-2568528 (100% Controlled by Maxis Health System [PA] which is 100% Controlled by Trinity Health)  
 Our Lady of Lourdes Health Foundation, Inc.; FEIN: 22-2351960 (100% Controlled by Immediate Parent)  
 Lourdes Medical Center of Burlington County, a New Jersey Nonprofit Corporation; FEIN: 22-3612265 (100% Controlled by Immediate Parent)



# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART I – ORGANIZATIONAL CHART

Our Lady of Lourdes Medical Center, Inc.; FEIN: 21-0635001 (100% Controlled by Immediate Parent)  
Centennial Surgunit, LLC JV (51% Controlled by Immediate Parent); FEIN: 22-3580847  
Our Lady of Lourdes School of Nursing, Inc.; FEIN: 21-0635001 (100% Controlled by Immediate Parent)  
Lourdes Cardiac Surgery, LLC; FEIN: 27-4357794 (100% Controlled by Immediate Parent)  
Lourdes Cardiology Services, P.C.; FEIN: 27-4357794 (Captive Professional Corporation with Single Shareholder who is a Physician Executive of Lourdes; OLLMC Does Not Own but Does Control this Entity)  
Lourdes Ancillary Services, Inc.; FEIN: 22-2568525 (100% Controlled by Immediate Parent)  
Health Management Services Organization, Inc.; FEIN: 22-3366580 (100% Controlled by Immediate Parent)  
Lourdes Specialty Hospital of Southern New Jersey LLC JV (20% Controlled by Immediate Parent); FEIN: 86-1139477  
Tyler Dialysis, LLC JV (19% Controlled by Immediate Parent); FEIN: 45-4079716  
Lourdes Medical Associates, P.A.; FEIN: 22-3361862 (Captive Professional Corporation with Single Shareholder who is a Physician Executive of Lourdes; OLLMC Does Not Own but Does Control this Entity)  
LIFE at Lourdes Inc.; FEIN: 26-1854750 (100% Controlled by Immediate Parent)  
Lourdes Urgent Care Services PC; FEIN: 46-4188202 (Captive Professional Corporation with Single Shareholder who is a Physician Executive of Lourdes; OLLMC Does Not Own but Does Control this Entity)  
LHS Health Network, LLC; FEIN: 46-2820519 (100% Controlled by Immediate Parent)  
St. Peter's Health Partners [New York]; FEIN: 45-3570715 (100% Controlled by Trinity Health)  
Innovative Health Alliance of New York IPA, LLC (100% Controlled by Immediate Parent); FEIN: 46-5676066  
St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Controlled by Immediate Parent)  
Manning Medical, PLLC (Nominally Controlled 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 controls 44.65%; Albany Radiology Partners, PLLC controls 55.35%); FEIN: 14-1813068  
St. Peter's Health Partners Medical Associates, PC; FEIN: 46-1177336 (100% Controlled by Immediate Parent)  
St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Controlled by Immediate Parent)  
Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Controlled by Immediate Parent)  
St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892  
Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Controlled by Immediate Parent)  
The Community Hospice, Inc.; FEIN: 14-1608921 (100% Controlled by Immediate Parent)  
The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Controlled by Immediate Parent)  
Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Controlled by Immediate Parent)  
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  
Memorial Hospital, Albany, NY dba Albany Memorial Hospital; FEIN: 14-1338457 (100% Controlled by Immediate Parent)  
The Northeast Health Foundation, Inc.; 22-2743478 (100% Controlled by Immediate Parent)  
Samaritan Child Care Center, Inc.; FEIN: 14-1710225 (100% Controlled by Immediate Parent)  
Sunnyview Hospital and Rehabilitation Center; FEIN: 14-1338386 (100% Controlled by Immediate Parent)  
Sunnyview Hospital and Rehabilitation Center Foundation, Inc.; FEIN: 22-2505127 (100% Controlled by Immediate Parent)  
LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Controlled by Immediate Parent)  
The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Parent)  
Capital Region Geriatric Center, Inc. dba Eddy Village Green at Cohoes; FEIN: 14-1701597 (100% Controlled by Immediate Parent)  
Heritage House Nursing Center, Inc. dba Eddy Heritage House; FEIN: 14-1725101 (100% Controlled by Immediate Parent)  
Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Controlled by Immediate Parent)  
Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Controlled by Immediate Parent)  
Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Controlled by Immediate Parent)  
Glen Eddy, Inc.; FEIN: 14-1794150 (100% Controlled by Immediate Parent)  
The Glen at Hiland Meadows, Inc.; FEIN: 16-1529639 (50% Controlled by Immediate Parent)  
Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Controlled by Immediate Parent)  
The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885 (100% Controlled by Immediate Parent)  
Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Controlled by Immediate Parent)  
Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Controlled by Immediate Parent)  
Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Controlled by Immediate Parent)  
Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Controlled by Immediate Parent)  
Seton Health System, Inc. dba St. Mary's Hospital; FEIN: 14-1776186 (100% Controlled by Immediate Parent) Merger into Samaritan Hospital of Troy, New York filed 12.10.18; effective 1.1.2019  
Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home; FEIN: 14-1756230 (100% Controlled by Immediate Parent)  
St. James Mercy Health System (New York); FEIN: 22-3127184 (100% Controlled by Trinity Health)  
SJM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by Immediate Parent)  
Catholic Health System, Inc. (JOA - 50% Controlled by Trinity Health) [New York]; FEIN: 22-2565278  
Sisters of Charity Hospital of Buffalo NY; FEIN: 16-0743187 (100% Controlled by Immediate Parent)  
Sisters Hospital Foundation; FEIN: 22-2283077 (100% Controlled by Immediate Parent)  
Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Controlled by Immediate Parent)  
Kenmore Mercy Foundation, Inc.; FEIN: 16-1162971 (100% Controlled by Immediate Parent)  
KMH Homes, Inc.; FEIN: 16-1387890 (100% Controlled by Immediate Parent; Operationally Inactive)  
Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Controlled by Immediate Parent)  
Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Controlled by Immediate Parent)  
Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Controlled by Immediate Parent)  
Alsace Abbott Corporation; FEIN: 16-1355092 (100% Controlled by Immediate Parent)  
Aurora Mercy Corp.; FEIN: 16-1354302 (100% Controlled by Immediate Parent)  
Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Controlled by Immediate Parent)  
Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Controlled by Immediate Parent)  
Mount St. Mary's Hospital Foundation, Inc.; FEIN: 16-1360884 (100% Controlled by Immediate Parent)  
Mount St. Mary's Child Care Center, Inc.; FEIN: 16-1523352 (100% Controlled by Immediate Parent)  
The Board of Associates of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 16-1582926 (100% Controlled by Immediate Parent)  
The St. Francis Guild of Mount St. Mary's Hospital of Niagara Falls, Inc.; FEIN: 51-0217790 (100% Controlled by Immediate Parent)  
Niagara Medicine, PC; FEIN: 45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreement)  
Nazareth, Inc.; FEIN: 16-0813142 (100% Controlled by Immediate Parent; Operationally Inactive)  
WNY Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Controlled by Immediate Parent); FEIN: 16-1434368  
Niagara Homemaker Services, Inc.; FEIN: 16-1317960 (100% Controlled by Immediate Parent)  
St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Controlled by Immediate Parent; Operationally Inactive)  
St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Controlled by Immediate Parent; Operationally Inactive)  
McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Controlled by Immediate Parent)  
St. Francis Geriatric and Healthcare Services, Inc.; FEIN: 16-1523535 (100% Controlled by Immediate Parent)  
St. Clare Apartments (50% Controlled by Immediate Parent); FEIN: 16-0782647  
Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Controlled by Immediate Parent)  
Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Controlled by Immediate Parent)  
Catholic Health Home Respiratory, LLC (50% Controlled by Immediate Parent; Operationally Inactive); FEIN: 45-4134007  
Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Controlled by Immediate Parent)  
Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Controlled by Immediate Parent)  
Our Lady of Victory Housing Development Fund Corp. (100% Controlled by Immediate Parent); FEIN: 14-1930644  
Smithtown GP, LLC (100% Controlled by Immediate Parent); FEIN: 57-3192758  
Victory Ridge Apartments, LP (80% Controlled by Immediate Parent); FEIN: 57-1219731  
McAuley Mercy Corporation (Inactive as of 1/28/2015); FEIN: 16-1279834 (100% Controlled by Immediate Parent)  
Trinity Medical WNY, PC; FEIN: 27-2576645 (Captive PC)  
Salus Medical PC; FEIN: (100% Controlled by Immediate Parent)  
Catholic Medical Partners; FEIN: (% Controlled by Immediate Parent)  
St. Francis Home of Williamsville, NY (Inactive); FEIN: 16-0743153 (100% Controlled by Immediate Parent)

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART I – ORGANIZATIONAL CHART

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

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% Controlled by Immediate Parent)

Trustees of Mease Hospital, Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)

Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)

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

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

Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Controlled 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 Baycare Physician Partners; FEIN: 45-2908908 (100% Controlled 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% Controlled by Immediate Parent)

BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc.); FEIN: 59-3140335 (100% Controlled by Immediate Parent)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

St. Anthony's Hospital Auxiliary, Inc.; FEIN: 59-0201974 (100% Controlled by Immediate Parent)

St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Controlled by Immediate Parent)

St. Anthony's Primary Care, LLC; FEIN: 03-0575868 (100% Controlled by Immediate Parent)

St. Anthony's Specialists, LLC; FEIN: 74-3168197 (100% Controlled by Immediate Parent)

St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Controlled by Immediate Parent)

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

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

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

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

Mercy Senior Care, Inc. dba Mercy Care Rome; FEIN: 58-1366508 (100% Controlled by Immediate Parent)

Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Controlled by Immediate Parent)

Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Controlled by Immediate Parent)

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

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

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

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

Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent)

Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Parent)

Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Controlled by Immediate Parent)

Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Controlled by Immediate Parent)

Physicians Outpatient Surgery Center, LLC (JV with Physician Members - 71% Controlled by HCH); FEIN: 35-2325646

Atlantic Coast Health Network, Inc. (JV with Atlantic Coast Holdings, Inc. - 50% Controlled by HCH); FEIN: 47-4756582

St. Joseph's Health, Inc. [New York]; FEIN: 47-4754987 (100% Controlled by Trinity Health)

St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Controlled by Immediate Parent)

S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Controlled 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% Controlled by Immediate Parent)

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

Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Controlled by Immediate Parent)

Mandoria Gardens Housing Development Fund Company, Inc. (50% PNH, 50% Loretto Geriatric); FEIN: 27-3993174

Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Parent)

Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Controlled 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 (Not Controlled by Immediate Parent, but maintains a right to one less than one half of the Board Seats)

CNY AIM IPA, LLC; FEIN: 81-5385690 (100% Controlled by Immediate Parent)

CNY AIM, LLC; FEIN: 81-1461678 (100% Controlled by Immediate Parent)

St. Joseph's Health Accountable Care Organization, LLC; FEIN: 47-4081578 (100% Controlled by Immediate Parent)

St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Controlled by Immediate Parent)

St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled 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% Controlled by Immediate Parent)

FHS Services, Inc. d/b/a Oneida Lifeline, Franciscan Lifeline; FEIN: 27-2995699 (100% Controlled by Immediate Parent)

Franciscan Management Services, Inc.; FEIN: 16-1351193 (100% Controlled by Immediate Parent)

St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-1540486

Lourdes Health Support, LLC (40% FMS, 60% Lourdes Health System); FEIN: 16-1611707

Central New York 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% Controlled 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% Controlled by Immediate Parent)

Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Controlled by Immediate Parent)

Near Northside Holdings, LLC; FEIN: Not Yet Applied For (100% Controlled by Immediate Parent)

Embracing Age, Inc.; FEIN: 46-1051881 (100% Controlled by Immediate Parent)

Oswego Health Home Care, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-2463736

St. Joseph's Physician Health, PC; FEIN: 16-1516863 (Captive PC)

St. Joseph's Medical, PC; FEIN: 27-3899821 (Captive PC)

St. Joseph's Imaging, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-1104293

Concordia Healthcare Network, LLC; FEIN: (50% Controlled by Immediate Parent)

Trinity Health Of New England Corporation, Inc. (formerly Trinity Health - New England, Inc.) (Connecticut); FEIN: 06-1491191 (100% Controlled by Trinity Health)

Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent)

Woodland Surgery Center, LLC; FEIN: (35% Controlled by Saint Francis Hospital and 65% by Orthopedic Physicians)

Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Controlled by Immediate Parent)

Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Parent)

Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Parent)

Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Parent)

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART I – ORGANIZATIONAL CHART

Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278  
Greater Hartford Lithotripsy, LLC (34.2% SFHMC); FEIN: 06-1578891  
Medworks, LLC (51% SFHMC); FEIN: 06-1490483  
Masonicare Partners Home Health and Hospice, Inc. (35% SFHMC); FEIN: 26-0758992  
Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Controlled by Immediate Parent)  
Saint Francis Care Medical Group, PC (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Parent)  
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Parent)  
SFH/FF, LLC (100% Controlled by MSRH); FEIN: 06-1489749  
Trinity Health Of New England Provider Network Organization, Inc. (formerly Trinity Health-New England Physician Network Organization;  
FEIN: 06-1450168 (100% Controlled by Immediate Parent)  
Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Controlled by Immediate Parent)  
Total Health Connecticut, LLC; FEIN: 47-4070024 (40% Controlled by THONE)  
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled 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% Controlled by Immediate Parent)  
Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Controlled by Immediate Parent)  
Southern New England Health Care Organization, LLC (formerly The Connecticut Care Alliance, LLC); FEIN: 81-3460138 (100% Controlled by Immediate Parent)  
Connecticut Affiliated Physicians Purchasing Group, LLC; FEIN: 81-4362177 (100% Controlled by Immediate Parent)  
Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (50% Controlled by THONE; 20% Controlled by JMMC)  
Johnson Memorial Hospital, Inc.; FEIN: 47-5676956 (100% Controlled by Immediate Parent)  
Tolland Imaging Center, LLC; FEIN: 20-8688982 (15% Controlled by Immediate Parent)  
Northeast Regional Radiation Oncology Network, Inc.; FEIN: 06-1426856 (25% Controlled by Immediate Parent)  
Assets Transferred to THHS, but entity remains: Home & Community Health Services, Inc.; FEIN: 81-0723591 (100% Controlled 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% Controlled by Immediate  
Parent)  
Assets Transferred to THHS, but entity remains: Providence HomeCare, Inc. dba Mercy Home Care, Inc.; FEIN: 04-3317426 (100% Controlled by Immediate Parent)  
Mercy Inpatient Medical Associates, Inc. dba Breast Care Center; dba MercyCare - Forest Park; dba Providence Prenatal Center of Holyoke; FEIN: 04-3029929 (100% Controlled by Immediate  
Parent)  
System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Controlled by Immediate Parent)  
Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Controlled by Immediate Parent)  
Catherine Horan Building Associates Limited Partnership; FEIN: 04-2723429 (100% Controlled by Immediate Parent)  
The Life Path Partners, LLC (JV with NEPA; 50% Controlled by Immediate Parent); FEIN: 26-0021080  
Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Controlled by System Coordinated Services)  
Accountable Care Organization of New England, LLC; FEIN: 45-4565187 (100% Controlled by Immediate Parent)  
Mercy Health Accountable Care Organization, LLC; FEIN: 82-1007572 (100% Controlled by Immediate Parent)  
Mercy Physicians, P.C.; FEIN: 000857412 (100% Controlled by Immediate Parent)  
Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)  
Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)  
Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Controlled by Immediate Parent)  
Mercy Specialist Physicians, Inc.; FEIN: 26-4033168 (100% Controlled by Immediate Parent)  
Mercy Medical Group, Inc.; FEIN: 45-4884805 (100% Controlled by Immediate Parent)  
Farren Care Center, Inc.; FEIN: 04-2501711 (100% Controlled by Immediate Parent)  
Physician Practice Partners, LLC; FEIN: 04-3473929 (JV with Riverbend; 50% Controlled by Immediate Parent)  
Riverbend Medical Group, Inc.; FEIN: 81-1807730 (100% Controlled by Immediate Parent)  
Sisters of Providence Care Centers, Inc.; FEIN: 22-2541103 (100% Controlled by Immediate Parent)  
Saint Mary's Hospital, Inc.; FEIN: 06-0646844 (100% Controlled by Immediate Parent)  
The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Controlled by Immediate Parent)  
Heart Center of Greater Waterbury, Inc.; FEIN: 83-0416893 (50% Controlled by Immediate Parent)  
Franklin Medical Group, PC; FEIN: 06-1470493 (Nominee Shareholder of Physician Group)  
Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Controlled by Immediate Parent)  
Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (78.3% Controlled by Immediate Parent)  
Saint Mary's Physician Partners, LLC; FEIN: 46-5760769 (100% Controlled by Immediate Parent)  
Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled by Immediate Parent)

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