

MOUNT CARMEL HEALTH PLAN, INC.
NAIC CODE 95655
AMENDEMENTS TO 2019 ANNUAL FILING MARCH AND APRIL

Notes to the Financials - Page 26.5 Item 10 A-C. The amount related to services provided by the Company to MCHIC should have been \$859,048 and \$435,714 in 2019 and 2018 respectively. In addition, the electronic version of Note 15 - Leases was amended to add 62,779 which was missing from our original filing. This results in the amended filing of 29 pages.

Page 33 Reinsurance Schedule S - Part 3 - Section 2 was amended to reflect the Code of SSL/I in Column 7. The code was missing from our original filing. This results in the amended filing of 1 page.

Schedule D - Part 2 -Section 2 was amended to change Page E12.3 to reflect a code of O in Column 3 and add the Cusip number for Row 9299999 to 62080#-10-9. Mount Carmel Health Plan of Idaho, Inc. is an affiliate and should not have been included in Securities on Deposit. This results in the amended filing of 14 pages.

Page E29 Schedule E - Part 3 - Specials Deposits was amended to exclude the affiliate Mount Carmel Health Plan of Idaho, Inc. from Row 37 Ohio Columns 3 and 4. This results in the amended filing of 1 page.



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

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

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

Licensed as business type: _____ Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 08/07/1996 Commenced Business 04/01/1997

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

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

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

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

Internet Website Address www.medigold.com

Statutory Statement Contact Juan Manuel Fraiz, 614-546-3211
(Name) (Area Code) (Telephone Number)
Juan.Fraiz@mchs.com, 614-546-3131
(E-mail Address) (FAX Number)

OFFICERS

Board Chair Daniel James Wendorff MD Vice President & CFO Juan Manuel Fraiz
President & CEO Cynthia Mauro Dellecker #

OTHER

Martin John Brill	DIRECTORS OR TRUSTEES	Cynthia Mauro Dellecker #	Michael Wallace Englehart
Sister Barbara Ann Hahl, CSC		Stephen Michael Lundregan	Joseph Jerome Patrick Jr.
Daniel James Wendorff MD			

State of Ohio SS: _____
County of Franklin

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

Cynthia Mauro Dellecker #
President & CEO

Juan Manual Fraiz
Vice President & CFO

Sister Barbara Hahl, CSC
Secretary

Subscribed and sworn to before me this
_____ day of _____

a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number.....1
2. Date filed08/14/2020
3. Number of pages attached..... 36

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.
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 #	2019	2018
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	..... 44,733,421	..... 45,180,606
(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	..... 44,733,421	..... 45,180,606
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	..... 289,864,268	..... 238,402,878
(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	..... 289,864,268	..... 238,402,878

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.

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) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

(7) The Company carries its investment in Mount Carmel Health Plan of Idaho, Inc. (MCHP-ID) at its statutory capital plus surplus value.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

(8) The Company does not have any joint venture investments.

(9) The Company does not have any derivatives.

(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 amount of billed rebates provided by its Pharmacy Benefit Manager, adjusted for 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.

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

D. Loan-Backed Securities

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			
a. Intent to sell .....	.....	.....	0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	.....	.....	0
c. Total 1st Quarter	0	0	0
OTTI recognized 2nd Quarter			
d. Intent to sell .....	.....	.....	0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	.....	.....	0
f. Total 2nd Quarter	0	0	0
OTTI recognized 3rd Quarter			
g. Intent to sell .....	.....	.....	0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	.....	.....	0
i. Total 3rd Quarter	0	0	0
OTTI recognized 4th Quarter			
j. Intent to sell	0	0	0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0
l. Total 4th Quarter	0	0	0
m. Annual Aggregate Total .....	.....	0	

(3)

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than- Temporary Impairment	5 Amortized Cost After Other-Than- Temporary Impairment	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
Total	XXX	XXX	0	XXX	XXX	XXX

(4)

a. The aggregate amount of unrealized losses:	
1. Less than 12 Months .....	..... 2,174
2. 12 Months or Longer .....	..... 181
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months .....	..... 3,035,252
2. 12 Months or Longer .....	..... 492,905

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

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	482,006	471,597	10,409	.....	482,006	0.130	0.131
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	482,006	471,597	10,409	0	482,006	0.130	0.131

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

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

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

Description of Assets	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
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)

Description of Assets	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
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.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

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

Collateral Assets	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 **
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 and Medicaid Services	11,580,147	11,580,147	0

* 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 to Centers for Medicare and Medicaid Services	18,259,848	11,580,147	6,679,701

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

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

General Account

1. Number of CUSIPs	4
2. Aggregate Amount of Investment Income	64,113

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:

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

All investment income due and accrued with amounts that are over 90 days past due.

B. The total amount excluded was \$-0-.

8. Derivative Investments

A - B 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, 2019 or 2018. The Company does not have any material uncertain tax positions as of December 31, 2019 or 2018.

10. Information Concerning Parent, Subsidiaries & Affiliates

A- C. The Company leases the services of certain employees and its office space from Mount Carmel Health System ("MCHS"). Additionally, MCHS also provides certain management and administrative services to the Company. Expenses related to services provided by MCHS were \$6,105,752 and \$7,642,199 on December 31, 2019 and 2018, respectively. Medical expenses incurred by the Company provided by MCHS were \$109,721,479 and 120,785,777 on December 31, 2019 and 2018, respectively.

The Company also provides by agreement certain management, administrative, and marketing services to Mount Carmel Health Insurance Company ("MCHIC"). Amount related to services provided by the Company to MCHIC were \$859,048 and \$435,714 in 2019 and 2018, respectively. In the past, these reimbursements were book in miscellaneous revenues. After internal review, such amounts are reported as contra expenses in this annual filing.

In 2018, the Company made a capital contribution of \$2,124,262 to Mount Carmel Health Plan of Idaho, Inc. (MCHP of Idaho), a wholly owned subsidiary. As of December 31, 2019, the investment in MCHP of Idaho is valued at \$2,173,821.

D. The Company owed \$5,937,806 and \$5,535,232 to Mount Carmel Health System (MCHS) and its affiliates as of December 31, 2019 and 2018, respectively.

E. Not Applicable

F. Mount Carmel Health Plan (MCHP), a sister company to MCHIC, has agreed to provide administrative services to MCHIC and to MCHP subsidiary related to the operation of Medicare Advantage products offered by MCHIC. In addition, MCHP is absorbing startup cost related to getting its subsidiaries MCHP-ID operational on January 1, 2020. Such cost incurred through December 31, 2019 are \$406,078.

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 MCHIC and MCHP of Idaho.

H. Not Applicable

I. Not Applicable

J. Not Applicable

K. Not Applicable

L. Not Applicable

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Mount Carmel Health Plan of Idaho, Inc.	100.0	2,173,821	2,173,821	0
Total SSAP No. 97 8a Entities	XXX	2,173,821	2,173,821	0
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	0	0	0
c. SSAP No. 97 8b(iii) Entities				
Total SSAP No. 97 8b(iii) Entities	XXX	0	0	0
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX	0	0	0
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	0	0	0
f. Aggregate Total (a+ e)	XXX	2,173,821	2,173,821	0

(2) NAIC Filing Response Information

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing *	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmissi on Required Y/N	Code **
a. SSAP No. 97 8a Entities Mount Carmel Health Plan of Idaho, Inc. Mount Carmel Health Plan of Idaho, Inc.	S1 .. S2 ..	02/13/2019 08/13/2019	..... 0 2,141,652	..... Y Y	..... N N	..... I I
Total SSAP No. 97 8a Entities	XXX	XXX	..... 2,141,652	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	..... 0	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	..... 0	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	..... 0	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	..... 0	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	..... 2,141,652	XXX	XXX	XXX

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

** I - Immaterial or M - Material

N. Investment in Insurance SCAs

Not Applicable

O. SCA or SSAP 48 Entity Loss Tracking

Not Applicable

11. Debt – Not Applicable

A. Debt Including Capital Notes

Not Applicable

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 no shares authorized, issued and outstanding.

(2) The Company has no preferred stock outstanding.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

(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 \$44,733,421 an amount that is based on restrictions relating to net income and statutory surplus.

(4) No dividends were paid by the Company.

(5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) The total amount of advances to surplus not repaid is \$0-.

(8) The Company did not hold stock, including stock of affiliated companies, for special purposes of conversion of preferred stock, employee stock options, or stock purchase warrants.

(9) There were no changes in balances of special surplus funds from the prior year.

(10) The 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.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable

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. Based on information received through the submission date of these statutory financial statements, 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, 2019.

15. Leases

A.

(1) The Company leases postage mail equipment under a non-cancelable operating lease agreement that expires September 2023. Rental expense for 2019 and 2018 was \$16,741, and \$17,773, respectively.

(2)

At December 31, 2019, the minimum aggregate rental commitments are as follows:

1. 2020	16,741
2. 2021	16,741
3. 2022	16,741
4. 2023	12,556
5. 2024	0
6. Total	62,779

(3) The Company is not involved in any leaseback transactions.

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.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

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 Advantage (or similarly structured cost based reimbursement contract) contract for the years 2019 and 2018, consisted of \$444,575,013 and \$455,956,883, respectively for medical and hospital related services and \$55,571,877 and \$59,075,686, respectively for administrative expenses.

(2) As of December 31, 2019 and 2018, the Company has recorded receivables from CMS of \$-0- and \$-0-, respectively, related to the low-income member cost share and catastrophic reinsurance components of administered Medicare products. The Company also has recorded payables of \$637,021 as of December 31, 2019 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, 2019 and 2018, 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
Cornerstone Senior Marketing, 9482 Wedgewood BLVD, suite 130, Powell, OH 43026	32-0567215 .....	....NO	Medicare .....	....B ....	.... 99,180
Seniority Benefit Group, Inc. - 6365 Riverside Drive, Dublin, OH 43017	45-2611056 .....	....NO	Medicare .....	....B ....	.... 4,752
TLC Insurance Group, 8700 East Market St, suite 8, Warren OH 44484	27-1035647 .....	....NO	Medicare .....	....B ....	.... 1,562
Extend Health, Inc., 10975 Sterling View Drive, suite 1A, South Jordan, UT 84095	26-0775680 .....	....NO	Medicare .....	....B ....	.... 1,451,485
United Christian Advisors, 6640 Poe Avenue, suite 450, Dayton, OH 45414	47-4428807 .....	....NO	Medicare .....	....B ....	.... 46,834
Total	XXX	XXX	XXX	XXX	1,603,813

C - Claims Payment

CA - Claims Adjustment

R - Reinsurance Ceding

B - Binding Authority

P - Premium Collection

U - Underwriting

20. Fair Value Measurement

(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					
Cash and cash Equivalents	80,722,450	0	0	0	80,722,450
Common Stock	59,106,206	6,728,550	0	0	65,834,756
Total assets at fair value/NAV	139,828,656	6,728,550	0	0	146,557,206

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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 01/01/2019	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 12/31/2019
a. Assets										
Total Assets	0	0	0	0	0	0	0	0	0	0

Description	Beginning Balance at 01/01/2019	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 12/31/2019
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)
Cash and cash Equivalents	114,720,674	114,719,375	85,649,910	29,070,764	0	0	0
Short Term	33,010,868	33,000,642	2,800,000	30,210,868	0	0	0
Common Stock	65,834,756	65,834,756	59,106,206	6,728,550	0	0	0
Bonds	143,711,318	140,294,346	57,165,869	86,545,448	0	0	0

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Mount Carmel Health Plan of Idaho, Inc.	2,173,821	.....	.....	Carrying this common stock at a net equity value ..

21. Other Items

A. Extraordinary Item

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

Not Applicable

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable

G. Retained Assets

Not Applicable

H. Insurance-Linked Securities (ILS) Contracts

Not Applicable

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not Applicable

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22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 20, 2020 for the statutory statement filed on February 28, 2020.

The Company is not aware of any events or transactions that provide additional evidence with respect to conditions that existed at December 31, 2019, which would have a material effect on its financial condition.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 20, 2020 for the statutory statement filed on February 28, 2020.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2019, but arose after that date, which would have a material effect on its financial condition.

23. Reinsurance – Not Applicable

A. Ceded Reinsurance Report

Not Applicable

B. Uncollectible Reinsurance

The Company has \$227,558 in reinsurance balances due during the current year. 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, 2019 and 2018 that are subject to retrospective rating features was \$514,554,413 and \$537,051,688, respectively. That represented 92% and 92% of the total net premiums written, respectively. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio

Not Applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2018 were \$36,403,247. As of December 31, 2019, \$38,461,562 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$(9,684) as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,067,999 unfavorable prior-year development since December 31, 2018.

26. Intercompany Pooling Arrangements

A. – G. Not Applicable

27. Structured Settlements

The Company has no structured statements

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28. Health Care Receivables

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
12/31/2019	6,090,241	0	0	0	0
09/30/2019	7,249,568	7,249,575	1,257,755	0	0
06/30/2019	7,441,120	7,441,370	6,019,902	869,591	0
03/31/2019	7,841,678	7,831,548	5,186,747	2,595,955	487
12/31/2018	6,029,925	6,543,448	5,800,575	709,868	(993)
09/30/2018	6,972,362	6,972,362	1,667,334	5,233,661	7,819
06/30/2018	7,148,697	7,148,697	1,752,261	5,335,223	0
03/31/2018	7,453,934	7,453,934	1,495,720	5,930,162	(50,918)
12/31/2017	3,974,012	4,215,769	1,861,726	2,308,602	36,005
09/30/2017	3,993,227	3,993,227	1,554,164	2,414,088	18,702
06/30/2017	3,913,680	3,913,680	1,659,967	2,202,274	33,849
03/31/2017	4,311,810	4,311,810	1,566,126	1,855,995	825,302

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves..... 0

2. Date of the most recent evaluation of this liability 12/31/2019

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-.