



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE  
Mount Carmel Health Plan, Inc.

NAIC Group Code28382838NAIC Company Code95655Employer's ID Number31-1471229  
(Current)(Prior)

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

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

Incorporated/Organized08/07/1996Commenced Business04/01/1997

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  
(Name)(Area Code) (Telephone Number)

Juan.Fraiz@mchs.com614-546-3131  
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OFFICERS

Board ChairDaniel James Wendorff MD #Vice President & CFOJuan Manuel Fraiz

President & CEOMichael James DemandTreasurer

OTHER

Sister Barbara Ann Hahl, CSC, Secretary

DIRECTORS OR TRUSTEES

Martin John BrillMichael James DemandMichael Wallace Englehart #

Sister Barbara Ann Hahl, CSCStephen Michael LundreganJoseph Jerome Patrick Jr.

Daniel 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.

Michael James DemandJuan Manuel FraizSister Barbara Hahl, CSC  
President & CEOVice President & CFOSecretary

Subscribed and sworn to before me thisa. Is this an original filing? ..... Yes [ X ] No [ ]  
day ofb. If no,  
1. State the amendment number.....  
2. Date filed .....02/28/2020  
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) .....	139,295,166		139,295,166	128,234,744
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	65,834,756		65,834,756	50,978,038
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 \$ .....			0	0
encumbrances) .....				
5. Cash (\$ .....				
(2,835,875) , Schedule E - Part 1), cash equivalents				
(\$ .....				
118,154,828 , Schedule E - Part 2) and short-term				
investments (\$ .....	148,719,197		148,719,197	142,750,127
33,400,245 , Schedule DA) .....				
6. Contract loans, (including \$ .....			0	0
premium notes) .....				
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....	39,171		39,171	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) .....	353,888,290	0	353,888,290	321,962,908
13. Title plants less \$ .....			0	0
charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....	946,610		946,610	872,418
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	863,208	110	863,098	876,132
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	0
) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	227,558		227,558	340,465
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 .....			0	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				
(\$ .....	1,943,199	1,943,199	0	0
) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	111,423
24. Health care (\$ .....	12,937,807	855,754	12,082,053	11,334,953
12,082,054 ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	0	0	0	3,662
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	370,806,672	2,799,063	368,007,609	335,501,961
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....			0	0
28. Total (Lines 26 and 27)	370,806,672	2,799,063	368,007,609	335,501,961
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 .....			0	3,662
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	3,662

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	36,070,274		36,070,274	36,403,248
2. Accrued medical incentive pool and bonus amounts .....	21,713,594		21,713,594	20,895,537
3. Unpaid claims adjustment expenses .....	697,931		697,931	715,575
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	0		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 .....	167,076		167,076	161,451
9. General expenses due or accrued .....	6,802,679		6,802,679	12,024,482
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 .....	5,937,806		5,937,806	5,535,230
16. Derivatives .....			0	0
17. Payable for securities .....	27,594		27,594	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) .....	6,726,387	0	6,726,387	21,363,560
24. Total liabilities (Lines 1 to 23) .....	78,143,341	0	78,143,341	97,099,083
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	42,422,534	42,422,534
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	247,441,734	195,980,344
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	289,864,268	238,402,878
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	368,007,609	335,501,961
DETAILS OF WRITE-INS				
2301. Due to CMS RAPS Delete .....	17,772,026		17,772,026	17,772,026
2302. Due from CMS Part D Coverage Gap .....	(2,042,670)		(2,042,670)	2,939,468
2303. FYRA 2018 Liability due to CMS overpayments .....	0		0	6,754,559
2398. Summary of remaining write-ins for Line 23 from overflow page .....	(9,002,969)	0	(9,002,969)	(6,102,493)
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	6,726,387	0	6,726,387	21,363,560
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	549,878	591,364
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	557,327,568	582,089,476
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	
6. Aggregate write-ins for other health care related revenues .....	XXX	0	435,714
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	557,327,568	582,525,190
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		265,870,315	261,858,413
10. Other professional services .....		150,483,921	158,902,992
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		0	0
13. Prescription drugs .....		40,989,180	46,098,695
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		19,135,336	24,303,302
16. Subtotal (Lines 9 to 15) .....	0	476,478,752	491,163,402
<b>Less:</b>			
17. Net reinsurance recoveries .....		771,926	52,522
18. Total hospital and medical (Lines 16 minus 17) .....	0	475,706,826	491,110,880
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....9,057,703 cost containment expenses .....		16,510,367	19,200,560
21. General administrative expenses .....		32,500,308	34,834,488
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	524,717,501	545,145,928
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	32,610,067	37,379,262
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		5,672,892	4,950,547
26. Net realized capital gains (losses) less capital gains tax of \$ .....		6,450,462	2,850,797
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	12,123,354	7,801,344
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	
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	44,733,421	45,180,606
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	44,733,421	45,180,606
<b>DETAILS OF WRITE-INS</b>			
0601. Intercompany management fees .....	XXX	0	435,714
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	435,714
0701. Other non-health related revenue .....	XXX		0
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	0
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. Other revenue .....			0
2902. Other income .....			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.....	238,402,878	200,078,139
34. Net income or (loss) from Line 32 .....	44,733,421	45,180,606
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	6,908,047	(7,991,549)
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(180,078)	(1,740,011)
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	0
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 .....	0	2,875,693
48. Net change in capital and surplus (Lines 34 to 47) .....	51,461,390	38,324,739
49. Capital and surplus end of reporting period (Line 33 plus 48)	289,864,268	238,402,878
DETAILS OF WRITE-INS		
4701. SSAP No. 3 – Adjustment for prior years' Centers for Medicare & Medicaid Services overpayments .....	0	2,875,693
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)	0	2,875,693

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	557,349,195	582,250,711
2. Net investment income .....	5,797,070	5,399,774
3. Miscellaneous income .....	0	435,714
4. Total (Lines 1 through 3) .....	563,146,265	588,086,199
5. Benefit and loss related payments .....	476,483,321	488,553,540
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	54,250,122	53,922,522
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) .....	530,733,443	542,476,062
11. Net cash from operations (Line 4 minus Line 10) .....	32,412,822	45,610,137
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	38,629,826	45,343,656
12.2 Stocks .....	42,029,449	19,972,475
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 .....	5,521	0
12.7 Miscellaneous proceeds .....	27,594	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	80,692,391	65,316,131
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	49,903,818	35,702,231
13.2 Stocks .....	43,517,979	22,928,012
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	39,171	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	93,460,968	58,630,243
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) .....	(12,768,578)	6,685,888
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	0
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) .....	(13,675,173)	(12,630,224)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(13,675,173)	(12,630,224)
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) .....	5,969,071	39,665,802
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	142,750,127	103,084,325
19.2 End of year (Line 18 plus Line 19.1) .....	148,719,198	142,750,127

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

20.0001. SSAP No. 3 - Adjustment for prior year's Centers for Medicare and Medicaid Service overpayments .....	0	2,875,693
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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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. Net premium income .....	557,327,568						557,327,568			
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue .....	0									XXX
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	557,327,568	0	0	0	0	0	557,327,568	0	0	0
8. Hospital/medical benefits .....	265,870,315						265,870,315			XXX
9. Other professional services .....	150,483,921						150,483,921			XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	0									XXX
12. Prescription drugs .....	40,989,180						40,989,180			XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	19,135,336						19,135,336			XXX
15. Subtotal (Lines 8 to 14) .....	476,478,752	0	0	0	0	0	476,478,752	0	0	XXX
16. Net reinsurance recoveries .....	771,926						771,926			XXX
17. Total medical and hospital (Lines 15 minus 16) .....	475,706,826	0	0	0	0	0	475,706,826	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ .....9,057,703 cost containment expenses .....	16,510,366						16,510,366			
20. General administrative expenses .....	32,500,309						32,500,309			
21. Increase in reserves for accident and health contracts .....	0									XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	524,717,501	0	0	0	0	0	524,717,501	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23) .....	32,610,067	0	0	0	0	0	32,610,067	0	0	0
DETAILS OF WRITE-INS .....										XXX
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

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 .....	558,817,275		1,489,707	557,327,568
7. Title XIX - Medicaid .....	0			0
8. Other health .....				0
9. Health subtotal (Lines 1 through 8) .....	558,817,275	0	1,489,707	557,327,568
10. Life .....	0			0
11. Property/casualty .....	0			0
12. Totals (Lines 9 to 11)	558,817,275	0	1,489,707	557,327,568



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 .....	459,050,876						459,050,876			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	884,833						884,833			
1.4 Net .....	458,166,043	.0	.0	.0	.0	.0	458,166,043	.0	.0	.0
2. Paid medical incentive pools and bonuses .....	18,317,279						18,317,279			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	36,070,274	.0	.0	.0	.0	.0	36,070,274	.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 .....	36,070,274	.0	.0	.0	.0	.0	36,070,274	.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 .....	21,713,594						21,713,594			
6. Net healthcare receivables (a) .....	1,374,486						1,374,486			
7. Amounts recoverable from reinsurers December 31, current year .....	227,558						227,558			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	36,403,248	.0	.0	.0	.0	.0	36,403,248	.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 .....	36,403,248	.0	.0	.0	.0	.0	36,403,248	.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 .....	20,895,537						20,895,537			
11. Amounts recoverable from reinsurers December 31, prior year .....	340,465						340,465			
12. Incurred Benefits:										
12.1 Direct .....	457,343,416	.0	.0	.0	.0	.0	457,343,416	.0	.0	.0
12.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded .....	771,926	.0	.0	.0	.0	.0	771,926	.0	.0	.0
12.4 Net .....	456,571,490	.0	.0	.0	.0	.0	456,571,490	.0	.0	.0
13. Incurred medical incentive pools and bonuses .....	19,135,336	.0	.0	.0	.0	.0	19,135,336	.0	.0	.0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (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 .....	4,575,028						4,575,028			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net .....	4,575,028	.0	.0	.0	.0	.0	4,575,028	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct .....	31,495,246						31,495,246			
2.2 Reinsurance assumed .....	.0									
2.3 Reinsurance ceded .....	.0									
2.4 Net .....	31,495,246	.0	.0	.0	.0	.0	31,495,246	.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 .....	36,070,274	.0	.0	.0	.0	.0	36,070,274	.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 .....	36,070,274	0	0	0	0	0	36,070,274	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 .....	38,461,562	418,442,901	(9,684)	36,079,957	38,451,878	36,403,247
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	38,461,562	418,442,901	(9,684)	36,079,957	38,451,878	36,403,247
10. Healthcare receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	12,506,031	5,811,248	6,472,032	15,241,562	18,978,063	20,895,537
13. Totals (Lines 9 - 10 + 11 + 12)	50,967,593	424,254,149	6,462,348	51,321,519	57,429,941	57,298,784

(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 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	123,127	123,694	123,733	123,733	123,733
2.	2015 .....	412,617	498,312	498,581	498,540	498,540
3.	2016 .....	XXX	470,806	544,172	544,110	544,110
4.	2017 .....	XXX	XXX	482,445	554,341	554,373
5.	2018 .....	XXX	XXX	XXX	436,938	518,867
6.	2019 .....	XXX	XXX	XXX	XXX	418,443

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 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	123,326	123,694	123,733	123,733	123,733
2.	2015 .....	496,092	498,855	498,581	498,540	498,540
3.	2016 .....	XXX	559,244	544,172	544,110	544,099
4.	2017 .....	XXX	XXX	566,619	561,261	556,497
5.	2018 .....	XXX	XXX	XXX	494,408	522,953
6.	2019 .....	XXX	XXX	XXX	XXX	475,576

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. 2015 .....	507,919	498,540	15,637	3.1	514,177	101.2			514,177	101.2
2. 2016 .....	563,688	544,100	12,396	2.3	556,496	98.7			556,496	98.7
3. 2017 .....	604,418	554,373	23,547	4.2	577,920	95.6			577,920	95.6
4. 2018 .....	582,089	518,867	19,201	3.7	538,068	92.4	6,462	0	544,530	93.5
5. 2019 .....	558,817	418,443	16,510	3.9	434,953	77.8	51,322	697	486,972	87.1

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 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	123,127	123,694	123,733	123,733	123,733
2.	2015 .....	412,617	498,312	498,581	498,540	498,540
3.	2016 .....	XXX	470,806	544,172	544,110	544,110
4.	2017 .....	XXX	XXX	482,445	554,341	554,373
5.	2018 .....	XXX	XXX	XXX	436,938	518,867
6.	2019 .....	XXX	XXX	XXX	XXX	418,443

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 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	123,326	123,694	123,733	123,733	123,733
2.	2015 .....	496,092	498,855	498,581	498,540	498,540
3.	2016 .....	XXX	559,244	544,172	544,110	544,099
4.	2017 .....	XXX	XXX	566,619	561,261	556,497
5.	2018 .....	XXX	XXX	XXX	494,408	522,953
6.	2019 .....	XXX	XXX	XXX	XXX	475,576

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. 2015 .....	507,919	498,540	15,637	3.1	514,177	101.2	0	0	514,177	101.2
2. 2016 .....	563,688	544,100	12,396	2.3	556,496	98.7	0	0	556,496	98.7
3. 2017 .....	604,418	554,373	23,547	4.2	577,920	95.6	0	0	577,920	95.6
4. 2018 .....	582,089	518,867	19,201	3.7	538,068	92.4	6,462	0	544,530	93.5
5. 2019 .....	558,817	418,443	16,510	3.9	434,953	77.8	51,322	697	486,972	87.1

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.

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) .....			931,595		931,595
2. Salary, wages and other benefits .....	4,436,694	1,358,878	15,925,099		21,720,671
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			1,067,594		1,067,594
4. Legal fees and expenses .....			112,945		112,945
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services ....	10,200		1,605,108		1,615,308
7. Traveling expenses .....	34,397	4,576	279,644		318,617
8. Marketing and advertising .....	17,436		2,370,635		2,388,071
9. Postage, express and telephone .....	1,613	586	1,164,979		1,167,178
10. Printing and office supplies .....	257		143,207		143,464
11. Occupancy, depreciation and amortization .....	118,714		433,689		552,403
12. Equipment .....			4,706		4,706
13. Cost or depreciation of EDP equipment and software .....	322,480		531,295		853,775
14. Outsourced services including EDP, claims, and other services .....	3,738,643	5,665,468	6,908,339	701,685	17,014,135
15. Boards, bureaus and association fees .....	66,587	1,764	3,099		71,450
16. Insurance, except on real estate .....			39,782		39,782
17. Collection and bank service charges .....			(324)		(324)
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 .....			62,072		62,072
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....	286,859	85,845	689,755		1,062,459
23.5 Other (excluding federal income and real estate taxes) .....	21,747	335,547	157,142		514,436
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	2,076	0	69,947	0	72,023
26. Total expenses incurred (Lines 1 to 25) .....	9,057,703	7,452,664	32,500,308	701,685	(a) 49,712,360
27. Less expenses unpaid December 31, current year ..		697,931	6,802,679		7,500,610
28. Add expenses unpaid December 31, prior year .....		715,575	12,024,482		12,740,057
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) .....	9,057,703	7,470,308	37,722,111	701,685	54,951,807
DETAILS OF WRITE-INS					
2501. Books/Subscriptions .....	2,076		11,157		13,233
2502. Other Expenses .....			58,790		58,790
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) .....	2,076	0	69,947	0	72,023

(a) Includes management fees of \$ .....6,105,752 to affiliates and \$ .....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....864,427	.....927,211
1.1	Bonds exempt from U.S. tax .....	(a) .....	
1.2	Other bonds (unaffiliated) .....	(a) .....2,728,287	.....2,737,128
1.3	Bonds of affiliates .....	(a) .....	
2.1	Preferred stocks (unaffiliated) .....	(b) .....	
2.11	Preferred stocks of affiliates .....	(b) .....	
2.2	Common stocks (unaffiliated) .....	.....1,058,269	.....1,068,886
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) .....1,629,176	.....1,631,551
7	Derivative instruments .....	(f) .....	
8.	Other invested assets .....		
9.	Aggregate write-ins for investment income .....	.....9,801	.....9,801
10.	Total gross investment income .....	6,289,959	6,374,577
11.	Investment expenses .....		(g) .....701,685
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) .....		.....701,685
17.	Net investment income (Line 10 minus Line 16)		5,672,892
DETAILS OF WRITE-INS			
0901.	Amounts received from class action suits. ....	.....9,801	.....9,801
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)	9,801	9,801
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 \$ .....135,229 accrual of discount less \$ .....333,599 amortization of premium and less \$ .....160,211 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 \$ .....1,467,240 accrual of discount less \$ .....0 amortization of premium and less \$ .....8,569 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 .....	(11,814)	.....0	(11,814)	.....0	.....0
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....	(3,384)	.....0	(3,384)	.....0	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....7,355,068	(894,928)	.....6,460,140	.....6,875,879	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....32,168	.....0
3.	Mortgage loans .....		.....0	.....0	.....0	.....0
4.	Real estate .....		.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....	.....5,520	.....0	.....5,520	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....		.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	7,345,390	(894,928)	6,450,462	6,908,047	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0



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 .....	110	3,078	2,968
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 .....	1,943,199	2,387,538	444,339
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....		0	0
24. Health care and other amounts receivable .....	855,754	228,369	(627,385)
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,799,063	2,618,985	(180,078)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	2,799,063	2,618,985	(180,078)
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. Prepaid expenses .....		0	0
2502. ....		0	0
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	0	0

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 .....	48,571	46,446	46,005	45,374	44,896	549,878
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	48,571	46,446	46,005	45,374	44,896	549,878
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

# 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
<b>NET INCOME</b>					
(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
<b>SURPLUS</b>					
(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	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
CUSIP						
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

	1	2	3	4
Collateral Assets	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted)*	% 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	2
	Amount	% 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 \$861,365 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, Resub-missi on Required Y/N	Code **
<b>a. SSAP No. 97 8a Entities</b>						
Mount Carmel Health Plan of Idaho, Inc. ....	S1 ..	02/13/2019	..... 0	.... Y ....	.... N ....	.... I ....
Mount Carmel Health Plan of Idaho, Inc. ....	S2 ..	08/13/2019	..... 2,141,652	.... Y ....	.... N ....	.... I ....
<b>Total SSAP No. 97 8a Entities</b>	XXX	XXX	..... 2,141,652	XXX	XXX	XXX
<b>b. SSAP No. 97 8b(ii) Entities</b>						
<b>Total SSAP No. 97 8b(ii) Entities</b>	XXX	XXX	..... 0	XXX	XXX	XXX
<b>c. SSAP No. 97 8b(iii) Entities</b>						
<b>Total SSAP No. 97 8b(iii) Entities</b>	XXX	XXX	..... 0	XXX	XXX	XXX
<b>d. SSAP No. 97 8b(iv) Entities</b>						
<b>Total SSAP No. 97 8b(iv) Entities</b>	XXX	XXX	..... 0	XXX	XXX	XXX
<b>e. Total SSAP No. 97 8b Entities (except 8b entities) (b+c+d)</b>	XXX	XXX	..... 0	XXX	XXX	XXX
<b>f. Aggregate Total (a+e)</b>	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

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

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	
Short Term	33,010,868	33,000,642	2,800,000	30,210,868	0	0	
Common Stock	65,834,756	65,834,756	59,106,206	6,728,550	0	0	
Bonds	143,711,318	140,294,346	57,165,869	86,545,448	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

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

### 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

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

## 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-.

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 ☒ 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 ☒ 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 ☒

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 ☒

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.

12/31/2017

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.

12/31/2017

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).

05/23/2019

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 ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ 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 ☒  
Yes ☐ No ☒

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 ☒  
Yes ☐ No ☒

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 ☒

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 ☒

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 ☒

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 2019 OF THE Mount Carmel Health Plan, Inc.

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 [ X ] No [ ]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ X ]

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 [ X ] 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 [ X ]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]

14.31

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



## GENERAL INTERROGATORIES

- |  |                                      |  |             |
|--|--------------------------------------|--|-------------|
| 1<br>American Bankers Association (ABA) Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>Amount |
|  |                                      |  |             |

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 [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? .....	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]
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 [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]

19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? .....		Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> 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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> X ]	
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....		\$ .....	0	

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 2019 OF THE Mount Carmel Health Plan, Inc.

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 [ X ] No [ ]

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	
		25.28 On deposit with states	\$	482,006
		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 [ X ]

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.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes [ ] No [ X ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
26.42 Permitted accounting practice	Yes [ ] No [ ]
26.43 Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
PNC Bank, NA	249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222

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

GENERAL INTERROGATORIES

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 [ X ]

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

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

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.....
State Street Global Advisors Trust Company .....	U.....
Wellington Management Company LLP .....	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 invested 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 invested 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	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	
151829 .....	PNC Capital Advisors, LLC .....	549300WVB7V48QCY3U49 .....	SEC .....	DS.....
30107 .....	State Street Global Advisors Trust Company .....	549300BYW0XNH286YR10 .....	N/A .....	NO.....
00071052 .....	Wellington Management Company LLP .....	549300YHP12TEZNL CX41 .....	SEC .....	NO.....

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	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		

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

GENERAL INTERROGATORIES

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	2	3
	Statement (Admitted)		Excess of Statement
	Value	Fair Value	over Fair Value (-), or
			Fair Value over
			Statement (+)
30.1 Bonds .....	139,295,166	138,900,957	(394,209)
30.2 Preferred stocks .....	0		0
30.3 Totals	139,295,166	138,900,957	(394,209)

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....

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 ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....45,599

36.2 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	2
Name	Amount Paid
HEALTH PLAN ALLIANCE .....	45,599
.....	

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

GENERAL INTERROGATORIES

37.1 Amount of payments for legal expenses, if any? .....\$ .....112,945

37.2 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
BRICKER ECKLER .....	47,181
RIVKIN RADLER LLP .....	34,219
.....	

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

38.2 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
.....	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$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

557,327,568

582,089,476

2.2

Premium Denominator

557,327,568

582,089,476

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

57,783,868

57,298,784

2.5

Reserve Denominator

57,783,868

57,298,785

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:  
Provider contract with "hold harmless" and no balance billing provision reinsurance coverage.

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

8,801

8.2

Number of providers at end of reporting year

12,768

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

\$0

9.22

Business with rate guarantees over 36 months

\$0

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

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ X ] No [ ]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 21,052,810

10.22

Amount actually paid for year bonuses

\$ 5,811,248

10.23

Maximum amount payable withholds

\$ 0

10.24

Amount actually paid for year withholds

\$ 0

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
Adams
Brown
Butler
Champaign
Clark
Clermont
Clinton
Coshocton
Delaware
Fairfield
Fayette
Franklin
Greene
Guernsey
Hamilton
Highland
Knox
Licking
Madison
Monroe
Montgomery
Morgan
Muskingum
Noble
Perry
Pickaway
Pike
Ross
Union
Warren
Washington

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

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

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 .....\$ .....0

15.2 Total Incurred Claims .....\$ .....0

15.3 Number of Covered Lives .....0

*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 gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

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 2019	2 2018	3 2017	4 2016	5 2015
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	368,007,609	335,501,961	304,995,054	277,887,227	275,250,178
2. Total liabilities (Page 3, Line 24) .....	78,143,341	97,099,083	104,916,915	129,059,680	120,174,383
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	1,500,000	1,500,000
4. Total capital and surplus (Page 3, Line 33) .....	289,864,268	238,402,878	200,078,139	148,827,547	155,075,795
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	557,327,568	582,525,190	607,177,782	566,214,871	509,820,587
6. Total medical and hospital expenses (Line 18) .....	475,706,826	491,110,880	520,112,900	527,072,904	459,331,272
7. Claims adjustment expenses (Line 20) .....	16,510,367	19,200,560	24,435,189	12,395,905	15,637,220
8. Total administrative expenses (Line 21) .....	32,500,308	34,834,488	38,376,556	42,050,373	42,016,800
9. Net underwriting gain (loss) (Line 24) .....	32,610,067	37,379,262	24,253,137	(15,304,311)	(7,164,705)
10. Net investment gain (loss) (Line 27) .....	12,123,354	7,801,344	9,658,000	5,731,682	5,979,605
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	44,733,421	45,180,606	33,911,137	(9,572,629)	(1,185,100)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	32,412,822	45,610,137	42,523,690	3,227,680	17,771,112
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	289,864,268	238,402,878	200,078,139	148,827,547	155,075,795
15. Authorized control level risk-based capital .....	20,548,871	20,707,304	21,183,185	21,815,234	18,940,244
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	44,896	48,571	54,283	53,960	49,042
17. Total members months (Column 6, Line 7) .....	549,878	591,364	665,308	650,694	588,716
<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) .....	85.4	84.4	85.9	93.5	90.4
20. Cost containment expenses .....	1.6	1.9	2.2	0.4	0.6
21. Other claims adjustment expenses .....	1.3	1.4	1.9	1.8	2.5
22. Total underwriting deductions (Line 23) .....	94.1	93.7	96.3	103.2	101.8
23. Total underwriting gain (loss) (Line 24) .....	5.9	6.4	4.0	(2.7)	(1.4)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	57,429,941	48,530,772	41,289,955	46,443,940	35,182,508
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	57,298,784	51,827,576	52,039,582	41,674,715	31,511,786
<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	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	2,173,821	2,141,652		0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	2,173,821	2,141,652	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 [ X    ]  
If no, please explain: Not applicable .....

N/A

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories										
States, etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	
	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
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		558,817,275					558,817,275		
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	.0	.0
59. Subtotal	XXX	.0	558,817,275	.0	.0	.0	.0	558,817,275	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	XXX							.0		
61. Total (Direct Business)	XXX	0	558,817,275	0	0	0	0	558,817,275		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	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	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.  
All premiums are written in the state of Ohio.

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

## 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)

Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: ( ) % Controlled by Trinity Health Corporation)

Tri-Hospital Emergency Medical Services Corporation; 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 Grove City (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 (100% Controlled by Immediate Parent)

Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent)

Mount Carmel Health Insurance Company (IPO); 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)

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; FEIN: 38-3643188 (50% Controlled by Immediate Parent)

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

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

Mount Carmel Health Providers 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)

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)

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

Eastwind Surgical, LLC; FEIN: 90-0739342 (30.77841% Controlled by Immediate Parent)

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

Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; 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 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. d/b/a MercyOne FEIN: 42-1478417 (50% Controlled by Immediate Parent; 50% Controlled by CommonSpirit Health (Catholic Health Initiatives) (Iowa/Nebraska)

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

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

Central Community Hospital dba MercyOne Elkhader Medical Center; FEIN: 42-0818642 (100% Controlled by Immediate Parent)

Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; 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. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Immediate Parent)

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

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

Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Immediate Parent)

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

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. dba MercyOne Clinton Medical Center; FEIN: 42-1336619 (100% Controlled by Immediate Parent)

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

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

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

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

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

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

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

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

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

Tri-State Surgery Center, LLC; 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, LLC; FEIN: 90-1039315 (100% Controlled by Immediate Parent)

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

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

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

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

Forest 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))

Fresenius Kidney Center North Iowa; FEIN: 81-2470407 (20% Controlled by Immediate Parent)

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

Magnetic Resonance Services, LLC; FEIN: 42-1328398 (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))

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

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

Warden Medical Services, Inc. dba MercyOne Medical Group - Siouxland; FEIN: 42-1283849 (100% Controlled by Immediate Parent)

Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland 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 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, LLC; 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; FEIN: 46-0423353 (55.54% Controlled by Immediate Parent)

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

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

Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)

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

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)

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)

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: 47-4279805 (40% Controlled by Immediate Parent)

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

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

### 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)  
Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent)  
Saint Alphonsus Caldwell Cancer Treatment Center, L.L.C.; 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 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. dba St. Joseph Mercy Chelsea Hospital; dba Chelsea Community Hospital, A Member of The Saint Joseph Mercy Health System; dba ChelseaCare; dba ChelseaCare Pharmacy; dba SRSJ; dba St. Joseph Mercy Chelsea-Cancer Center (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)  
St. Mary Mercy Hospital; Saint Mary Mercy Livonia (Division of and dbas 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)  
Metropolitan Detroit Area Hospital Services, Inc.; FEIN: 38-1958953 (A Michigan Non-Profit Co-Op); Members include Trinity Health - Michigan d/b/a Saint Joseph Mercy Health System; Henry Ford Health System, Inc.; and University of Michigan  
Health Park Central, L.L.C.; FEIN: 38-3006501 (10.55% Controlled by Immediate Parent)  
Together Health Network, L.L.C.; 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)  
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)  
Parkprop, LLC; FEIN: 27-3074736 (100% Controlled by Immediate Parent)  
Probability Therapy Services; FEIN: 20-2020239 (100% Controlled by Immediate Parent)  
Advantage Health/ Saint 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: 83-0959900 (100% Controlled by Immediate Parent)  
Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% Controlled by Immediate Parent)  
The Waterford Surgical Center, LLC; FEIN: 27-1110813 (33.02% Controlled by Immediate Parent)  
Physician Direct Accountable Care Organization; FEIN: 45-5589234 (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)  
Total Network, LLC; FEIN: (47.5% Controlled by Trinity Health - Michigan)  
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)  
Muskegon Community Health Project; FEIN: 91-1932918 (100% Controlled by Immediate Parent)  
Muskegon SC, LLC; FEIN: 20-3244346 (34.88% 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, L.L.C.; FEIN: 38-3285823 (14.3% Controlled by Immediate Parent)  
Mercy Health Clinically Integrated Network, LLC dba Affinia Health Networks; FEIN: 47-2070753 (100% Controlled by Immediate Parent)  
Affinia Physician Network, LLC; FEIN: 82-2810979 (100% Controlled by Immediate Parent)  
Western Michigan Associates; FEIN: 38-2960292 (14.06% Controlled by Immediate Parent; 9.34% Controlled by Trinity Health - Michigan)  
West Michigan Shared Hospital Laundry; FEIN: 38-2026912 (14.06% Controlled by Immediate Parent; 9.34% Interest Held by Trinity Health - Michigan)  
Hackley Health Ventures, Inc.; FEIN: 38-2589959 (100% Controlled by Immediate Parent)  
Hackley Professional Pharmacy, Inc. dba Mercy Health Partners-Pharmacy Inc.; dba Mercy Health Pharmacy - Lakes; dba Mercy Health Pharmacy - North Muskegon; FEIN: 38-2447870 (100% Controlled by Immediate Parent)  
Workplace Health of Grand Haven, Inc.; FEIN: 38-3112035 (80% Controlled by Immediate Parent)  
Northern Michigan Supply Alliance, L.L.C.; FEIN: 38-3453378 (50% 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)  
Oakland Health Alliance, LLC; FEIN: 82-2021072 (50% Controlled by Immediate Parent)  
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, L.P.; FEIN: 36-4119522 (49% Controlled by Immediate Parent)  
RMLUP Corporation; FEIN: 36-4160869 (50% Controlled by Immediate Parent)  
Loyola Medicine Transport LLC; FEIN: 47-4147171 (51% Controlled by Immediate Parent)  
Loyola Medical 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: 35-2634975 (48.5% Controlled by Loyola University Medical Center)  
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; FEIN: 38-3971072 (100% Controlled by Immediate Parent)  
Mercy Quality Health Partners, LLC; 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 Management Partners, Inc.; FEIN: 82-0961647 (100% Controlled by Immediate Parent)  
Central Valley Health Plan, Inc.; FEIN: 61-1846844 (100% Controlled by Immediate Parent)  
California Healthcare Capital Partners, LLC; FEIN: 81-2937390 (33% Controlled by Immediate Parent)  
Saint Agnes/USP Surgery Center, L.L.C.; FEIN: (50% Controlled by Saint Agnes Medical Center)

### 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)

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

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

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 Immediate Parent)

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, Inc.; 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) 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 dba Mount Saint Joseph Residence and Rehabilitation; FEIN: 01-0274998 (100% Controlled by Immediate Parent)

Glacier Hills, Inc.; FEIN: 38-1891500 (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)

ASSETS OF THIS ENTITY WERE SOLD 10.31.2017 BUT ENTITY REMAINS - THHS Oakland; FEIN: 38-3320699 (100% Controlled by Immediate Parent)

Hospice of Muskegon County, Inc.; FEIN: 38-2415247 (20% Controlled by Trinity Home Health Services)

Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% 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)

LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (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)

LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey; FEIN: 26-1854750 (100% Controlled by Immediate Parent)

Trinity Health Partners, L.L.C.; FEIN: 47-2798085 (100% Controlled by Trinity Health)

Trinity Health Partners - Michigan; 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, LLC; FEIN: 81-2772183 (100% Controlled by Immediate Parent)

Trinity Accountable Care, LLC; FEIN: 81-2780900 (100% Controlled by Immediate Parent)

Trinity Accountable Care II, LLC; FEIN: 84-2508775 (100% Controlled by Immediate Parent)

Trinity Health of the Mid-Atlantic Region (Effective 7.1.19; formerly 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 Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)

Mercy Philadelphia Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)

Mercy Suburban Hospital (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)

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, L.P. (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 of the Mid-Atlantic Region)

Langhorne Physician Services; FEIN: 23-2571699 (100% Controlled by Immediate Parent)

LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)

St. Mary Emergency Medical Services; FEIN: 46-5345412 (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 MOB Partners, L.P.; 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, LP; 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. Francis Hospital, Inc. (Delaware); FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Region)

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)

**Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016- WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED; Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent)**

Delaware Care Collaboration ("DCC") LLC; FEIN: 47-4069475 (100% Controlled by Immediate Parent)

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 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)

Maxis Health System (Pennsylvania); FEIN: 31-1940902 (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)

St. Francis Medical Associates, P.A.; FEIN: (100% Controlled by Immediate Parent)

St. Peter's Health Partners (New York); FEIN: 45-3570715 (100% Controlled by Trinity Health)

United Laboratory Network IPA, LLC; FEIN: 14-1827292 (SPHP holds 16.5% Interest; Samaritan Hospital of Troy, New York holds 16.5% Interest)

The Burdett Care Center, Inc. d/b/a Burdett Birth Center; FEIN: 27-2153849; (100% Controlled by SPHP)

Capital Region UC LLC d/b/a WellNow; FEIN: 38-4124497; (25% Interest Held by SPHP)

Innovative Health Alliance of New York, 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, P.L.L.C. 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, P.C.; 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)

Everett Road ASC, LLC; FEIN: 83-3542382 (SPHCA holds 20% Interest)

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)

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

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

Samaritan Hospital - St. Mary's Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)

Alliance for Better Health 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: 47-292069

ENTITY MERGED WITH AND INTO SAMARITAN HOSPITAL OF TROY, NEW YORK (Filed 12/26/2019; **Effective 1/1/2020**): Memorial Hospital, Albany, N.Y. 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; FEIN: 14-1701597 (100% Controlled by Immediate Parent)

Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center; 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 at Schuyler Ridge Residential Healthcare dba Schuyler Ridge; 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, New York; FEIN: 16-0743187 (100% Controlled by Immediate Parent)

Sisters Hospital Foundation, Inc.; 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, P.C.; FEIN: 45-3669525 (Captive PC - CHS does not legally own but does control this entity through a Management Agreement)

Assets were sold 4/13/2015 but entity remains with CHS: 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)

Assets were sold 3/7/2016 but entity remains with CHS: St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Controlled by Immediate Parent; Operationally Inactive)

Assets were sold 3/7/2016 but entity still remains with CHS: 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 Housing Development Fund Company, Inc. (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, L.P. (80% Controlled by Immediate Parent); FEIN: 57-1219731

Trinity Medical WNY, P.C.; FEIN: 27-2576645 (Captive PC)

Salus Medical Care, P.C.; FEIN: ( ) (100% Controlled by Immediate Parent)

Catholic Medical Partners-Accountable Care IPA, Inc.; FEIN: ( ) ( % Controlled by Immediate Parent)

CH Emmaus, Inc.; FEIN 82-1852345 (100% Controlled by Immediate Parent)

Assets were sold 3/7/2016 but entity remains with CHS: St. Francis Home of Williamsville, New York (Inactive); FEIN: 16-0743153 (100% Controlled by Immediate Parent)

BayCare Health System, Inc. (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)

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, LLC; 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 Centers 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 of Tampa Bay, Inc.; FEIN: 58-1377711 (100% Controlled by Immediate Parent)

HealthPoint Medical Group, Inc.; FEIN: 59-324268 (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 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/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent)

Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SIHS/JOC 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, LLC (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: 27-1767312 (100% Controlled by Immediate Parent)

SILS, 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)

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

Plaza Corporation of Central New York (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840

Iroquois Nursing Home, Inc.; FEIN: 16-1364582 (100% Controlled by Immediate Parent)

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

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

Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Controlled by Immediate Parent)  
Mandorla 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/PA, 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  
Central New York Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-1559710  
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, P.C.; FEIN: 16-1518863 (Captive PC)  
St. Joseph's Medical, P.C.; FEIN: 27-3898821 (Captive PC)  
St. Joseph's Imaging Associates, 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)  
Trinity Health of New England Urgent Care, LLC; FEIN: 84-2665996 (51% Controlled by Trinity Health of New England Corporation, Inc.; 49% Controlled by Premier Health Consultants, LLC  
Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent)  
Lighthouse Surgery Center, LLC; FEIN: 83-2096116 (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)  
Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278  
Medworks, LLC (51% SFHMC); FEIN: 06-1490483  
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, P.C. (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 Foundation, Inc.; FEIN: 20-8176133 (100% Controlled by Saint Francis HealthCare Partners, Inc.)  
Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Controlled by Immediate Parent)  
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)  
Trinity Health of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)  
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)  
Trinity Health of New England Emergency Medical Services, Inc.; FEIN: (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 Lifepath 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)  
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)  
Trinity Health of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)  
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)  
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, P.C.; 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)  
Trinity Health of New England ACO LLC; FEIN: 83-3165256 (33 1/3% Controlling Interest held by each of Mercy Care Alliance, LLC; Saint Mary's Physician Partners, LLC d/b/a Valley Health Alliance; and Saint Francis Healthcare Partners, Inc.)  
Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled by Immediate Parent)

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

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
2304.	CMS Premium Part C .....	487,822		487,822	483,717
2305.	Other liabilities .....	46,685		46,685	93,490
2306.	Receivable for CMS Risk Revenue for final FYRA estimate of calendar year 2017 .....	0		0	(6,679,700)
2307.	2019 FYRA Risk Revenue .....	(9,537,476)		(9,537,476)	
2397.	Summary of remaining write-ins for Line 23 from overflow page	(9,002,969)	0	(9,002,969)	(6,102,493)



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