



## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	14,695				0	14,695
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	14,695	0	0	0	0	14,695

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	118,974	111,302	0	18,289	18,289	230,276
0199999. Total Pharmaceutical Rebate Receivables	118,974	111,302	0	18,289	18,289	230,276
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	118,974	111,302	0	18,289	18,289	230,276

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	179,250	238,947	4,470	244,096	183,720	194,818
2. Claim overpayment receivables .....					0	0
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables .....					0	0
7. Totals (Lines 1 through 6)	179,250	238,947	4,470	244,096	183,720	194,818

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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

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

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Caremark .....	231,290					231,290
0199999. Individually listed claims unpaid	231,290	0	0	0	0	231,290
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	231,290	0	0	0	0	231,290
0599999. Unreported claims and other claim reserves						604,710
0699999. Total amounts withheld						
0799999. Total claims unpaid						836,000
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						29,938

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Mount Carmel Health Plan, Inc .....	5,584					5,584	
0199999. Individually listed receivables	5,584	0	0	0	0	5,584	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	5,584	0	0	0	0	5,584	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Mount Carmel Health System .....		64,311	64,311	
0199999. Individually listed payables		64,311	64,311	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		64,311	64,311	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0			0.0	
2. Intermediaries .....	29,301	0.4	127	16.5		29,301
3. All other providers .....	0	0.0		0.0		0
4. Total capitation payments .....	29,301	0.4	127	16.5	0	29,301
Other Payments:						
5. Fee-for-service .....	1,098,586	.13.4	XXX	XXX		1,098,586
6. Contractual fee payments .....	7,047,951	86.2	XXX	XXX	1,209,103	5,838,848
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	8,146,537	99.6	XXX	XXX	1,209,103	6,937,434
13. TOTAL (Line 4 plus Line 12)	8,175,838	100%	XXX	XXX	1,209,103	6,966,735

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
54402	Delta Dental .....	29,301	2,442	200,292,851	14,811,129
99999999 Totals		29,301	XXX	XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total						

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Mount Carmel Health Insurance Company

2. Columbus, OH

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR					NAIC Company Code	13123	
				1	2	3	4	5			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		780							780		
2. First Quarter		785							785		
3. Second Quarter		777							777		
4. Third Quarter		773							773		
5. Current Year		769							769		
6. Current Year Member Months		9,342							9,342		
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		21,026							21,026		
8. Non-Physician		7,007							7,007		
9. Total		28,033	0	0	0	0	0	0	28,033	0	0
10. Hospital Patient Days Incurred		1,713							1,713		
11. Number of Inpatient Admissions		130							130		
12. Health Premiums Written (b)		8,727,679							8,727,679		
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		8,884,193							8,884,193		
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		8,175,837							8,175,837		
18. Amount Incurred for Provision of Health Care Services		8,437,535							8,437,535		

(a) For health business: number of persons insured under PPO managed care products .....769 and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....8,727,679



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Mount Carmel Health Insurance Company

2. Columbus, OH

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	13123	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		780	0	0	0	0	0	0	780	0	0
2. First Quarter		785	0	0	0	0	0	0	785	0	0
3. Second Quarter		777	0	0	0	0	0	0	777	0	0
4. Third Quarter		773	0	0	0	0	0	0	773	0	0
5. Current Year		769	0	0	0	0	0	0	769	0	0
6. Current Year Member Months		9,342	0	0	0	0	0	0	9,342	0	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		21,026	0	0	0	0	0	0	21,026	0	0
8. Non-Physician		7,007	0	0	0	0	0	0	7,007	0	0
9. Total		28,033	0	0	0	0	0	0	28,033	0	0
10. Hospital Patient Days Incurred		1,713	0	0	0	0	0	0	1,713	0	0
11. Number of Inpatient Admissions		130	0	0	0	0	0	0	130	0	0
12. Health Premiums Written (b)		8,727,679	0	0	0	0	0	0	8,727,679	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		8,884,193	0	0	0	0	0	0	8,884,193	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		8,175,837	0	0	0	0	0	0	8,175,837	0	0
18. Amount Incurred for Provision of Health Care Services		8,437,535	0	0	0	0	0	0	8,437,535	0	0

(a) For health business: number of persons insured under PPO managed care products .....769 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....8,727,679

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**SCHEDULE S - PART 1 - SECTION 2**

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

**NON**

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
11835 ...04-1590940 ...01/01/2017 ...PartnerRe American Insurance Company				DE	22,593	
1999999. Accident and Health - U.S. Non-Affiliates					22,593	0
2199999. Total Accident and Health - Non-Affiliates					22,593	0
2299999. Total Accident and Health					22,593	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					22,593	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					22,593	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
.....11835 ..04-1590940 ..01/01/2017 ..PartnerRe-American Insurance Company .....	DE	.....SSL/I.....	.....CMM.....				23,493						
0899999. General Account - Authorized U.S. Non-Affiliates							23,493	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							23,493	0	0	0	0	0	0
1199999. Total General Account Authorized							23,493	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							23,493	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							23,493	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							23,493	0	0	0	0	0	0

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

**SCHEDULE S - PART 6**

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	.0	0	0	.0	0
2. Title XVIII - Medicare .....	23	18	20	63	52
3. Title XIX - Medicaid .....	.0	0	0	.0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	.0	0	0	.0	0
8. Reinsurance recoverable on paid losses .....	23	0	178	241	0
9. Experience rating refunds due or unpaid .....	.0			10	16
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	.0	0	0	.0	0
14. Letters of credit (L) .....	.0	0	0	.0	0
15. Trust agreements (T) .....	.0	0	0	.0	0
16. Other (O) .....	.0	0	0	.0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....				.0	0
18. Funds deposited by and withheld from (F) .....				.0	0
19. Letters of credit (L) .....				.0	0
20. Trust agreements (T) .....				.0	0
21. Other (O) .....				.0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	3,513,386		3,513,386
2. Accident and health premiums due and unpaid (Line 15) .....	14,695		14,695
3. Amounts recoverable from reinsurers (Line 16.1) .....	22,593	(22,593)	0
4. Net credit for ceded reinsurance .....	XXX	22,593	22,593
5. All other admitted assets (Balance) .....	3,415,901		3,415,901
6. Total assets (Line 28)	6,966,575	0	6,966,575
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	836,000		836,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....	29,938		29,938
9. Premiums received in advance (Line 8) .....	4,936		4,936
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	156,830		156,830
15. Total liabilities (Line 24) .....	1,027,704	0	1,027,704
16. Total capital and surplus (Line 33) .....	5,938,871	XXX	5,938,871
17. Total liabilities, capital and surplus (Line 34)	6,966,575	0	6,966,575
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....		0	0
19. Accrued medical incentive pool .....		0	0
20. Premiums received in advance .....		0	0
21. Reinsurance recoverable on paid losses .....		22,593	22,593
22. Other ceded reinsurance recoverables .....		0	0
23. Total ceded reinsurance recoverables .....		22,593	22,593
24. Premiums receivable .....		0	0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....		0	0
26. Unauthorized reinsurance .....		0	0
27. Reinsurance with Certified Reinsurers .....		0	0
28. Funds held under reinsurance treaties with Certified Reinsurers .....		0	0
29. Other ceded reinsurance payables/offsets .....		0	0
30. Total ceded reinsurance payables/offsets .....		0	0
31. Total net credit for ceded reinsurance		22,593	22,593

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

4

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company

## SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Mount Carmel Health Insurance Company  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Responses

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**AUGUST FILING**

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
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The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

**APRIL FILING**

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES

**AUGUST FILING**

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanations:

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

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]   
1 3 1 2 3 2 0 1 9 3 6 0 0 0 0 0
12. Life Supplement [Document Identifier 205]   
1 3 1 2 3 2 0 1 9 2 0 5 0 0 0 0 0
13. SIS Stockholder Information Supplement [Document Identifier 420]   
1 3 1 2 3 2 0 1 9 4 2 0 0 0 0 0 0
14. Participating Opinion for Exhibit 5 [Document Identifier 371]   
1 3 1 2 3 2 0 1 9 3 7 1 0 0 0 0 0
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]   
1 3 1 2 3 2 0 1 9 3 6 5 0 0 0 0 0
16. Medicare Part D Coverage Supplement [Document Identifier 365]   
1 3 1 2 3 2 0 1 9 2 2 4 0 0 0 0 0
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]   
1 3 1 2 3 2 0 1 9 2 2 5 0 0 0 0 0
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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



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



21. Life Supplement [Document Identifier 211]



26 Management's Report of Internal Control Over Financial Reporting  
[Document Identifier 223]



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