



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
Mount Carmel Health Insurance Company

NAIC Group Code 2838 2838 NAIC Company Code 13123 Employer's ID Number 25-1912781
(Current) (Prior) _____
Organized under the Laws of Ohio State of Domicile or Port of Entry OH

Licensed as business type: **Life, Accident & Health**

Is HMO Federally Qualified? Yes [] No []

(Street and Number) _____ (City or Town, State, Country and Zip Code) _____

Main Administrative Office 6150 East Broad Street, EE320

6150 East Broad Street, EE320 , Columbus, OH, US 43213

(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

614-546-3211
Columbus, OH, US 43213
(Street and Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Statutory Statement Contact: Juan Manuel Fraiz, 614-546-3211

OFFICERS

Board Chair Daniel James Wendorff, MD Vice President, CFO & Assistant Secretary Juan Manuel Fraiz
President & CEO John Charles Randolph # Secretary & Treasurer Joseph Jerome Patrick Jr.

OTHERS

OTHER

DIRECTORS OR TRUSTEES

Cynthia Mauro Dellecker
Stephen Michael Lundregan
Daniel James Wendorf, MD Chairperson

Sister Barbara Ann Hahl, CSC
Joseph Jerome Patrick, Jr
Todd Daniel Fox #

Lorraine Leigh Lutton
John Charles Randolph #

State of Ohio County of Franklin SS:

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

John Charles Randolph
President & CEO #

Juan Manuel Fraiz
Vice President & CFO

Joseph Jerome Patrick, Jr.
Secretary & Treasurer

Subscribed and sworn to before me this
_____ day of _____

a. Is this an original filing? Yes [] No []
b. If no,
1. State the amendment number.....
2. Date filed03/01/2020
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2020 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.....	11,229	177	120	57	57	11,525
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)	11,229	177	120	57	57	11,525

ANNUAL STATEMENT FOR THE YEAR 2020 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	95,676	88,466	9,130	4,774	13,904	184,142
0199999. Total Pharmaceutical Rebate Receivables	95,676	88,466	9,130	4,774	13,904	184,142
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	95,676	88,466	9,130	4,774	13,904	184,142

ANNUAL STATEMENT FOR THE YEAR 2020 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	535,884	238,228	0	198,046	535,884	248,566
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)	535,884	238,228	0	198,046	535,884	248,566

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 2020 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	160,638					160,638
0199999. Individually listed claims unpaid	160,638	0	0	0	0	160,638
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	160,638	0	0	0	0	160,638
0599999. Unreported claims and other claim reserves						420,370
0699999. Total amounts withheld						
0799999. Total claims unpaid						581,008
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						291,744

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Mount Carmel Health Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 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 Plan, Inc		101,902	101,902	
Mount Carmel Health System		78,813	78,813	
0199999. Individually listed payables		180,715	180,715	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		180,715	180,715	0

ANNUAL STATEMENT FOR THE YEAR 2020 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	34,458	0.5	662	100.0		34,458
3. All other providers	0	0.0	0	0.0		0
4. Total capitation payments	34,458	0.5	662	100.0		34,458
Other Payments:						
5. Fee-for-service	740,406	.11.7	XXX	XXX		740,406
6. Contractual fee payments	5,434,434	85.8	XXX	XXX	901,635	4,532,799
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	122,132	1.9	XXX	XXX		122,132
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	6,296,972	99.5	XXX	XXX	901,635	5,395,337
13. TOTAL (Line 4 plus Line 12)	6,331,430	100%	XXX	XXX	901,635	5,429,795

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
	Dental Benefit Providers	24,063	2,005		
	Spectera	10,396	866		
99999999 Totals		34,459	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 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 2020 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	Comprehensive (Hospital & Medical)	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year		769							769		
2. First Quarter		697							697		
3. Second Quarter		679							679		
4. Third Quarter		673							673		
5. Current Year		662							662		
6. Current Year Member Months		8,186							8,186		
Total Member Ambulatory Encounters for Year:											
7 Physician		13,582							13,582		
8. Non-Physician		4,527							4,527		
9. Total		18,109	0	0	0	0	0	0	18,109	0	0
10. Hospital Patient Days Incurred		886							886		
11. Number of Inpatient Admissions		119							119		
12. Health Premiums Written (b)		7,676,642							7,676,642		
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		7,655,642							7,655,642		
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		6,331,430							6,331,430		
18. Amount Incurred for Provision of Health Care Services		6,307,691							6,307,691		

(a) For health business: number of persons insured under PPO managed care products 662 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 \$ 7,676,642



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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
Total Members at end of:											
1. Prior Year		769	0	0	0	0	0	0	769	0	0
2. First Quarter		697	0	0	0	0	0	0	697	0	0
3. Second Quarter		679	0	0	0	0	0	0	679	0	0
4. Third Quarter		673	0	0	0	0	0	0	673	0	0
5. Current Year		662	0	0	0	0	0	0	662	0	0
6. Current Year Member Months		8,186	0	0	0	0	0	0	8,186	0	0
Total Member Ambulatory Encounters for Year:											
7 Physician		13,582	0	0	0	0	0	0	13,582	0	0
8. Non-Physician		4,527	0	0	0	0	0	0	4,527	0	0
9. Total		18,109	0	0	0	0	0	0	18,109	0	0
10. Hospital Patient Days Incurred		886	0	0	0	0	0	0	886	0	0
11. Number of Inpatient Admissions		119	0	0	0	0	0	0	119	0	0
12. Health Premiums Written (b)		7,676,642	0	0	0	0	0	0	7,676,642	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		7,655,642	0	0	0	0	0	0	7,655,642	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		6,331,430	0	0	0	0	0	0	6,331,430	0	0
18. Amount Incurred for Provision of Health Care Services		6,307,691	0	0	0	0	0	0	6,307,691	0	0

(a) For health business: number of persons insured under PPO managed care products 662 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 \$ 7,676,642

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Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 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.....01/01/2020.....PartnerRe American Insurance Company.....DE.....SSL/I.....CMM.....							21,000						
0899999. General Account - Authorized U.S. Non-Affiliates							21,000	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							21,000	0	0	0	0	0	0
1199999. Total General Account Authorized							21,000	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
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							21,000	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							21,000	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							21,000	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 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums .....	.0	0	0	.0	0
2. Title XVIII - Medicare	21	23	18	20	63
3. Title XIX - Medicaid .....	.0	0	0	.0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable .....	.0	0	0	.0	0
8. Reinsurance recoverable on paid losses .....	.0	23	0	178	241
9. Experience rating refunds due or unpaid		0			10
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	.0	0	0	.0	0
14. Letters of credit (L) .....	.0	0	0	.0	0
15. Trust agreements (T) .....	.0	0	0	.0	0
16. Other (O) .....	.0	0	0	.0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					0
18. Funds deposited by and withheld from (F)					0
19. Letters of credit (L)					0
20. Trust agreements (T)					0
21. Other (O)					0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Mount Carmel Health Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	6,639,805		6,639,805
2. Accident and health premiums due and unpaid (Line 15)	11,525	0	11,525
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	725,247	0	725,247
6. Total assets (Line 28)	7,376,577	0	7,376,577
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	581,008		581,008
8. Accrued medical incentive pool and bonus payments (Line 2)	291,744		291,744
9. Premiums received in advance (Line 8)	1,197		1,197
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)	264,189		264,189
15. Total liabilities (Line 24)	1,138,138	0	1,138,138
16. Total capital and surplus (Line 33)	6,238,439	XXX	6,238,439
17. Total liabilities, capital and surplus (Line 34)	7,376,577	0	7,376,577
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		0	0
19. Accrued medical incentive pool		0	0
20. Premiums received in advance		0	0
21. Reinsurance recoverable on paid losses		0	0
22. Other ceded reinsurance recoverables		0	0
23. Total ceded reinsurance recoverables		0	0
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		0	0

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 2020 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 2020 OF THE Mount Carmel Health Insurance Company

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2020 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
	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
	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	
23.	N/A	
24.	N/A	
25.	N/A	
26.	N/A	
	Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 3 1 2 3 2 0 2 0 3 6 0 0 0 0 0 0
12.	Life Supplement [Document Identifier 205]	 1 3 1 2 3 2 0 2 0 2 0 5 0 0 0 0 0
13.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 3 1 2 3 2 0 2 0 4 2 0 0 0 0 0 0
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 3 1 2 3 2 0 2 0 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 2 0 3 7 0 0 0 0 0 0
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 3 1 2 3 2 0 2 0 3 6 5 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 2 0 2 2 4 0 0 0 0 0
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 3 1 2 3 2 0 2 0 2 2 5 0 0 0 0 0

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]

