



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE
Mount Carmel Health Plan, Inc.

NAIC Group Code	2838 (Current)	2838 (Prior)	NAIC Company Code	95655	Employer's ID Number	31-1471229
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	08/07/1996		Commenced Business	04/01/1997		
Statutory Home Office	6150 East Broad Street, EE320 (Street and Number)		Columbus, OH, US 43213 (City or Town, State, Country and Zip Code)			
Main Administrative Office	6150 East Broad Street, EE320 (Street and Number)		614-546-3707 (Area Code) (Telephone Number)			
Mail Address	6150 East Broad Street, EE320 (Street and Number or P.O. Box)		Columbus, OH, US 43213 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	6150 East Broad Street, EE320 (Street and Number)		614-546-3707 (Area Code) (Telephone Number)			
Internet Website Address	www.medicold.com					
Statutory Statement Contact	Fatou Kine Ndoye (Name)		614-546-3707 (Area Code) (Telephone Number)			
	Fatou.ndoye@mchsa.com (E-mail Address)		614-546-3131 (FAX Number)			

OFFICERS

President	John Charles Randolph	Secretary & Treasurer	Joseph Jerome Patrick Jr.
Board Chair	Daniel James Wendorff MD	Assistant Treasurer	Fatou Kine Ndoye #

OTHER

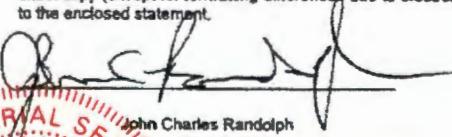
Trisha Anne Whetstone #, Assistant Secretary

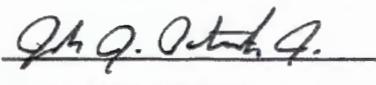
DIRECTORS OR TRUSTEES

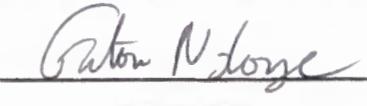
Cynthia Mauro Dellecker	Sister Barbara Ann HaH, CSC	Lorraine Leigh Lutton
Stephen Michael Lindregan	Joseph Jerome Patrick, Jr.	John Charles Randolph
Daniel James Wendorff, MD Chairperson	Todd Daniel Fox	

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


Joseph Jerome Patrick, Jr.
Secretary & Treasurer


Fatou Kine Ndoye
Assistant Treasurer

a. Is this an original filing? _____ Yes [X] No []
 b. If no,
 1. State the amendment number. _____
 2. Date filed. _____ 08/15/2021



NOTARY PUBLIC
State of Ohio
Comm. Expires
03-29-2025

Ohio**Department
of Insurance**Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity AffidavitOffice of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.govOhio Domestic Insurers OnlyCompany Name: Mount Carmel Health Plan, Inc.NAIC No. 95655

We, the undersigned executive officers of Mount Carmel Health Plan, Inc. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other _____

Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing(s)," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail."

Date of filing with the NAIC: _____ An original jurat page is attached.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.

Date of filing with the NAIC: _____ An original, notarized signature page is attached.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."

Date of filing with the NAIC: _____

List of supplemental documents included in this Affidavit:

All original notarized signature pages are attached, as applicable.

Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.

Date of filing with the NAIC: 8/15/2021

Original filing. Amended filing.

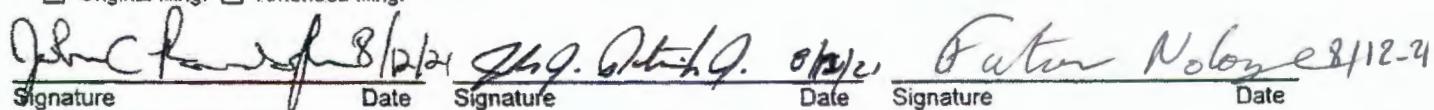
The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.

Date of filing with the NAIC: _____

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June PDF Filing," which includes "the Audited Financial Statements" due June 1.

Date of filing with the NAIC: _____

Original filing. Amended filing.


Signature Date Signature Date Signature Date

(Name) John Charles Randolph(Title) President & CEO(Name) Joseph Jerome Patrick, Jr.(Title) Secretary & Treasurer(Name) Fatou Kine Ndoye(Title) Assistant Treasurer

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)