



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021  
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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

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

Incorporated/Organized 11/21/2007 Commenced Business 01/01/2008

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

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

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

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

Internet Website Address www.medigold.com

Statutory Statement Contact David Lee Vis, 614-546-3211  
(Name) (Area Code) (Telephone Number)  
David.Vis@medigold.com, 614-546-3131  
(E-mail Address) (FAX Number)

### OFFICERS

Board Chair Daniel James Wendorff, MD Secretary & Treasurer Joseph Jerome Patrick Jr.  
 President & CEO John Charles Randolph Assistant Secretary Trisha Anne Whetstone

### OTHER

David Lee Vis, Vice President & CEO

### DIRECTORS OR TRUSTEES

<u>Cynthia Mauro Dellecker</u>	<u>Sister Barbara Ann Hahl, CSC</u>	<u>Lorraine Leigh Lutton</u>
<u>Stephen Michael Lundregan</u>	<u>Joseph Jerome Patrick, Jr</u>	<u>John Charles Randolph</u>
<u>Daniel James Wendorff, MD Chairperson</u>	<u>Todd Daniel Fox</u>	

State of Ohio SS  
 County of Franklin

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

John Charles Randolph  
President & CEO

Joseph Jerome Patrick, Jr.  
Secretary & Treasurer

David Lee Vis  
Vice President & CFO

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
 b. If no,  
 1. State the amendment number.....  
 2. Date filed .....03/01/2022  
 3. Number of pages attached.....





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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from 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 .....	379,966	282,852	0	146,281	379,966	198,046
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)	379,966	282,852	0	146,281	379,966	198,046

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

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**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	162,791					162,791
0199999. Individually listed claims unpaid	162,791	0	0	0	0	162,791
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	162,791	0	0	0	0	162,791
0599999. Unreported claims and other claim reserves						505,559
0699999. Total amounts withheld						
0799999. Total claims unpaid						668,350
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						155,355





**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
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	31,051	0.4	624	103.1		31,051
3. All other providers .....	0	0.0	0	0.0		0
4. Total capitation payments .....	31,051	0.4	624	103.1	0	31,051
<b>Other Payments:</b>						
5. Fee-for-service .....	606,337	8.8	XXX	XXX		606,337
6. Contractual fee payments .....	6,046,032	87.5	XXX	XXX	791,521	5,254,511
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	228,664	3.3	XXX	XXX		228,664
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 .....	6,881,033	99.6	XXX	XXX	791,521	6,089,512
13. TOTAL (Line 4 plus Line 12)	6,912,084	100%	XXX	XXX	791,521	6,120,563

**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, Inc. ....	21,794	1,816		
	Spectera, Inc. ....	9,257	771		
9999999 Totals		31,051	XXX	XXX	XXX

**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 .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2021 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

NAIC Group Code	2838	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year .....	662							662				
2. First Quarter .....	614							614				
3. Second Quarter .....	603							603				
4. Third Quarter .....	602							602				
5. Current Year	605							605				
6. Current Year Member Months	7,287							7,287				
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	5,690							5,690				
8. Non-Physician .....	1,897							1,897				
9. Total	7,587	0	0	0	0	0	0	7,587	0	0		
10. Hospital Patient Days Incurred	981							981				
11. Number of Inpatient Admissions	119							119				
12. Health Premiums Written (b) .....	7,402,391							7,402,391				
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	7,385,245							7,385,245				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services .....	6,912,084							6,912,084				
18. Amount Incurred for Provision of Health Care Services	6,889,933							6,889,933				

(a) For health business: number of persons insured under PPO managed care products .....605 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 \$ .....7,402,391

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ANNUAL STATEMENT FOR THE YEAR 2021 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

NAIC Group Code	2838	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR				2021		NAIC Company Code	13123
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	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 .....	662	0	0	0	0	0	0	662	0	0		
2. First Quarter .....	614	0	0	0	0	0	0	614	0	0		
3. Second Quarter .....	603	0	0	0	0	0	0	603	0	0		
4. Third Quarter .....	602	0	0	0	0	0	0	602	0	0		
5. Current Year	605	0	0	0	0	0	0	605	0	0		
6. Current Year Member Months	7,287	0	0	0	0	0	0	7,287	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	5,690	0	0	0	0	0	0	5,690	0	0		
8. Non-Physician .....	1,897	0	0	0	0	0	0	1,897	0	0		
9. Total	7,587	0	0	0	0	0	0	7,587	0	0		
10. Hospital Patient Days Incurred	981	0	0	0	0	0	0	981	0	0		
11. Number of Inpatient Admissions	119	0	0	0	0	0	0	119	0	0		
12. Health Premiums Written (b) .....	7,402,391	0	0	0	0	0	0	7,402,391	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 .....	7,385,245	0	0	0	0	0	0	7,385,245	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 .....	6,912,084	0	0	0	0	0	0	6,912,084	0	0		
18. Amount Incurred for Provision of Health Care Services	6,889,933	0	0	0	0	0	0	6,889,933	0	0		

(a) For health business: number of persons insured under PPO managed care products .....605 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 \$ .....7,402,391

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ANNUAL STATEMENT FOR THE YEAR 2021 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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
9999999 - Totals												



ANNUAL STATEMENT FOR THE YEAR 2021 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
93440	06-1041332	01/01/2021	Hill Life Insurance Company	PA	SSL/I	CIM	17,146						
0899999	General Account - Authorized U.S. Non-Affiliates						17,146	0	0	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						17,146	0	0	0	0	0	0
1199999	Total General Account Authorized						17,146	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						17,146	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)						17,146	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						17,146	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Insurance Company

**SCHEDULE S - PART 6**

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

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	0	0	0	0
2. Title XVIII - Medicare .....	17	21	23	18	20
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 .....	27	0	23	0	178
9. Experience rating refunds due or unpaid .....			0		
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 .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

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**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) .....	5,818,313		5,818,313
2. Accident and health premiums due and unpaid (Line 15) .....	10,235		10,235
3. Amounts recoverable from reinsurers (Line 16.1) .....	26,898		26,898
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	2,255,748		2,255,748
6. Total assets (Line 28) .....	8,111,194	0	8,111,194
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	668,350		668,350
8. Accrued medical incentive pool and bonus payments (Line 2) .....	155,355		155,355
9. Premiums received in advance (Line 8) .....	1,459		1,459
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		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	1,053,713		1,053,713
15. Total liabilities (Line 24) .....	1,878,877	0	1,878,877
16. Total capital and surplus (Line 33) .....	6,232,316	XXX	6,232,316
17. Total liabilities, capital and surplus (Line 34) .....	8,111,193	0	8,111,193
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	0		

Schedule T - Part 2 - Interstate Compact

**N O N E**







ANNUAL STATEMENT FOR THE YEAR 2021 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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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

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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. 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
14. 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
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. 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
17. 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
18. 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
<b>APRIL FILING</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
21. 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
22. 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
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	YES

<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:	
10. N/A	
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	
24. N/A	

Bar Codes:	
10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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



20. Life Supplement [Document Identifier 211]



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

