



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

NAIC Group Code 2838 2838 NAIC Company Code 95655 Employer's ID Number 31-1471229
(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: 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, 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

President John Charles Randolph Secretary & Treasurer Joseph Jerome Patrick Jr.
Board Chair Daniel James Wendorff MD Vice President & CFO David Lee Vis

OTHER

Trisha Anne Whetstone, Assistant Secretary

DIRECTORS OR TRUSTEES

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

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 filed03/01/2022
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	6
	1	2	3	4	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	16,879,636	23,341,047	0	11,671,146	16,879,636	13,912,895
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)	16,879,636	23,341,047	0	11,671,146	16,879,636	13,912,895

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

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	3,466,456		1,854,412	1,612,044	1,612,044	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	3,466,456	0	1,854,412	1,612,044	1,612,044	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

NAIC Group Code	2838	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Iowa		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		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	220							220				
3. Second Quarter	237							237				
4. Third Quarter	254							254				
5. Current Year	270							270				
6. Current Year Member Months	2,868							2,868				
Total Member Ambulatory Encounters for Year:												
7. Physician	1,550							1,550				
8. Non-Physician	517							517				
9. Total	2,067	0	0	0	0	0	0	2,067	0	0		
10. Hospital Patient Days Incurred	271							271				
11. Number of Inpatient Admissions	32							32				
12. Health Premiums Written (b)	2,131,864							2,131,864				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,122,738							2,122,738				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	1,737,812							1,737,812				
18. Amount Incurred for Provision of Health Care Services	1,884,659							1,884,659				

(a) For health business: number of persons insured under PPO managed care products 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 \$2,131,864

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

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									
Total Members at end of:												
1. Prior Year	42,849							42,849				
2. First Quarter	42,799							42,799				
3. Second Quarter	42,424							42,424				
4. Third Quarter	42,055							42,055				
5. Current Year	41,528							41,528				
6. Current Year Member Months	508,170							508,170				
Total Member Ambulatory Encounters for Year:												
7. Physician	351,418							351,418				
8. Non-Physician	117,139							117,139				
9. Total	468,557	0	0	0	0	0	0	468,557	0	0		
10. Hospital Patient Days Incurred	83,058							83,058				
11. Number of Inpatient Admissions	9,419							9,419				
12. Health Premiums Written (b)	562,539,217							562,539,217				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	561,309,012							561,309,012				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	499,173,604							499,173,604				
18. Amount Incurred for Provision of Health Care Services	484,417,003							484,417,003				

(a) For health business: number of persons insured under PPO managed care products 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 \$562,539,217

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

NAIC Group Code	2838	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR				2021		NAIC Company Code	95655
			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			
Total Members at end of:												
1. Prior Year	42,849	0	0	0	0	0	0	42,849	0	0		
2. First Quarter	43,019	0	0	0	0	0	0	43,019	0	0		
3. Second Quarter	42,661	0	0	0	0	0	0	42,661	0	0		
4. Third Quarter	42,309	0	0	0	0	0	0	42,309	0	0		
5. Current Year	41,798	0	0	0	0	0	0	41,798	0	0		
6. Current Year Member Months	511,038	0	0	0	0	0	0	511,038	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	352,968	0	0	0	0	0	0	352,968	0	0		
8. Non-Physician	117,656	0	0	0	0	0	0	117,656	0	0		
9. Total	470,624	0	0	0	0	0	0	470,624	0	0		
10. Hospital Patient Days Incurred	83,329	0	0	0	0	0	0	83,329	0	0		
11. Number of Inpatient Admissions	9,451	0	0	0	0	0	0	9,451	0	0		
12. Health Premiums Written (b)	564,671,081	0	0	0	0	0	0	564,671,081	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	563,431,750	0	0	0	0	0	0	563,431,750	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	500,911,416	0	0	0	0	0	0	500,911,416	0	0		
18. Amount Incurred for Provision of Health Care Services	486,301,662	0	0	0	0	0	0	486,301,662	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$564,671,081

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Plan, Inc.

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
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Plan, Inc.

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	HM Life Insurance Company	PA	SSL/I	CIM	1,239,331						
0899999			General Account - Authorized U.S. Non-Affiliates				1,239,331	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				1,239,331	0	0	0	0	0	0
1199999			Total General Account Authorized				1,239,331	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				1,239,331	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)				1,239,331	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				1,239,331	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 Plan, Inc.

SCHEDULE S - PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	1,239	1,323	1,490	1,092	1,325
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	391	59	228	340	2,134
9. Experience rating refunds due or unpaid				0	0
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

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)	455,346,694		455,346,694
2. Accident and health premiums due and unpaid (Line 15)	744,518		744,518
3. Amounts recoverable from reinsurers (Line 16.1)	390,625	390,625	781,250
4. Net credit for ceded reinsurance	XXX	(390,625)	(390,625)
5. All other admitted assets (Balance)	13,265,437		13,265,437
6. Total assets (Line 28)	469,747,274	0	469,747,274
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	35,993,862		35,993,862
8. Accrued medical incentive pool and bonus payments (Line 2)	14,549,844		14,549,844
9. Premiums received in advance (Line 8)	127,402		127,402
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)	18,689,014		18,689,014
15. Total liabilities (Line 24)	69,360,122	0	69,360,122
16. Total capital and surplus (Line 33)	400,387,152	XXX	400,387,152
17. Total liabilities, capital and surplus (Line 34)	469,747,274	0	469,747,274
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	(390,625)		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	(390,625)		
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	(390,625)		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	14-1338544	Samaritan Hospital					160				160	
	20-1960348	Mason City Ambulatory Surgery Center					11,634				11,634	
	31-1439334	Mount Carmel Health System					78,715,427				78,715,427	
	20-1983271	Mount Carmel Health Providers II LLC					6,692,799				6,692,799	
	20-4145781	Mount Carmel Health Providers III, LLC					18,168				18,168	
	26-4601285	Patient Transport Services of Columbus LLC					908				908	
	31-1373080	Mercy Health Services - Iowa, Corp					209,934				209,934	
	31-1382442	Mount Carmel Health Providers, Inc					4,659,352				4,659,352	
	31-1459910	Taylor Station Surgical Center					856,008				856,008	
	31-1657206	Madison County Community Hospital					4,605,351				4,605,351	
	35-1142669	Saint Joseph Regional Medical Center					232				232	
	34-2032340	Diley Ridge Medical Center					785,034				785,034	
	38-2621935	Trinity Home Health Services					4,099,743				4,099,743	
	42-1328388	Magnetic Resonance Services Partnership					371				371	
	45-1617821	New Albany Surgery Center					274,645				274,645	
	46-4700223	Orange ASC Ltd					1,265,717				1,265,717	
	47-4200156	Encompass Health Rehabilitation Hospital of Westerville LLC					2,876,835				2,876,835	
	59-0791028	Holy Cross Hospital, Inc					12,963				12,963	
	82-2226975	Mount Carmel Behavioral Healthcare LLC					121,049				121,049	
	90-0739342	Eastwind Surgical					281,222				281,222	
	25-1912781	Mount Carmel Health Insurance Company					(536,110)				(536,110)	
	83-1422704	Mount Carmel Health Plan of Idaho, Inc		1,800,000			(646,781)				1,153,219	
	35-1443425	Trinity Health Corporation					(1,238,218)				(1,238,218)	
	47-3945793	Mercy ACO LLC					26,020				26,020	
	47-1139205	Mount Carmel Health Partners LLC					23,191,861				23,191,861	
	31-1471229	Mount Carmel Health Plan, Inc		(1,800,000)			(126,284,324)				(128,084,324)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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

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	
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
APRIL FILING	
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?	NO

AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
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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]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

