



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

NAIC Group Code 2838 (Current) (Prior) NAIC Company Code 85855 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 08/27/1998 Commenced Business 04/01/1997

Statutory Home Office 3100 Eastern Square Place Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3100 Eastern Square Place
(Street and Number)
Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)
614-546-3211 (Area Code) (Telephone Number)

Mail Address 3100 Eastern Square Place Columbus, OH, US 43219
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
614-546-3211 (Area Code) (Telephone Number)

Primary Location of Books and Records 3100 Eastern Square Place
(Street and Number)
Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)
614-546-3211 (Area Code) (Telephone Number)

Internet Website Address www.medicall.com

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

OFFICERS

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

OTHER

Trisha Anne Whalstone, Assistant Secretary

DIRECTORS OR TRUSTEES

Contra Mauro Delischer Loraine Lash Lutton Stephen Michael Lundstrom
Joseph Jerome Patrick, Jr. John Charles Randolph Daniel James Wendorf, 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, assessed 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 stated, 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 Joseph Jerome Patrick, Jr. David Lee Via
President & CEO Secretary & Treasurer Vice President & CFO

Subscribed and sworn to before me this 19th day of October, 2022 4. Is this an original filing? Yes Yes ☒ No ☐
Vickie Marie Mowery 5. State the amendment number. _____
6. Date filed 11/16/2022
7. Number of pages attached _____



VICKIE MARIE MOWERY
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
03-29-2025



**Department
of Insurance**

Mike DeWine, Governor
Jan Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company 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: 11/15/2022
☒ 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	Signature	Signature
Date	Date	Date

(Name) John Charles Randolph

(Name) Joseph Jerome Patrick, Jr.

(Name) David Lee Vis

(Title) President & CEO

(Title) Secretary & Treasurer

(Title) Vice President & CFO

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