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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Insurance Company

NAIC Group Code 2838 (Current) ____ (Prior) NAIC Company Code 13123 Employer's ID Number 25-1912781

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

Main Administrative Office 3100 Easton 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 Easton Square Place (Street and Number or P.O. Box), Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3100 Easton 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.medigold.com

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

DIRECTORS OR TRUSTEES

Cynthia Mauro Dellecker	Lorraine Leigh Lutton	Stephen Michael Lundregan
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	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 .....
3. Number of pages attached.....

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	9,533	295	122	57	57	9,950
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)	9,533	295	122	57	57	9,950

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	88,439	87,775	74,404	107,887	2,493	356,012
0199999. Total Pharmaceutical Rebate Receivables	88,439	87,775	74,404	107,887	2,493	356,012
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 Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	88,439	87,775	74,404	107,887	2,493	356,012

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 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	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	164,539	587,583		358,505	164,539	146,281
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)	164,539	587,583	0	358,505	164,539	146,281

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

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	192,026					192,026
0199999. Individually listed claims unpaid	192,026	0	0	0	0	192,026
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	192,026	0	0	0	0	192,026
0599999. Unreported claims and other claim reserves						583,207
0699999. Total amounts withheld						
0799999. Total claims unpaid						775,233
0899999 Accrued medical incentive pool and bonus amounts						434,561

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Mount Carmel Health System	1,233					1,233	
Trinity Health System	167,588					167,588	
0199999. Individually listed receivables	168,821	0	0	0	0	168,821	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	168,821	0	0	0	0	168,821	0

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	Operating expenses	166,049	166,049	
0199999. Individually listed payables		166,049	166,049	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		166,049	166,049	0

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	106,505	1.1	961	100.0		106,505
3. All other providers	0	0.0		0.0		
4. Total capitation payments	106,505	1.1	961	100.0	0	106,505
Other Payments:						
5. Fee-for-service	893,015	9.4	XXX	XXX		893,015
6. Contractual fee payments	8,211,888	86.2	XXX	XXX	1,314,961	6,896,927
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	315,138	3.3	XXX	XXX		315,138
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	9,420,041	98.9	XXX	XXX	1,314,961	8,105,080
13. TOTAL (Line 4 plus Line 12)	9,526,546	100%	XXX	XXX	1,314,961	8,211,585

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.	85,331	7,111		
	Spectera, Inc.	17,539	1,462		
	Carenet Health	3,635	303		
9999999 Totals		106,505	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

	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						

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 Iowa DURING THE YEAR 2022 NAIC Company Code 13123

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	77							77						
3. Second Quarter	83							83						
4. Third Quarter	84							84						
5. Current Year	85							85						
6. Current Year Member Months	982							982						
Total Member Ambulatory Encounters for Year:														
7 Physician	560							560						
8. Non-Physician	187							187						
9. Total	747	0	0	0	0	0	0	747	0	0	0	0	0	0
10. Hospital Patient Days Incurred	144							144						
11. Number of Inpatient Admissions	13							13						
12. Health Premiums Written (b)	808,386							808,386						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	805,165							805,165						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	784,747							784,747						
18. Amount Incurred for Provision of Health Care Services	835,540							835,540						

(a) For health business: number of persons insured under PPO managed care products 85 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 $ 808,386

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 2022 NAIC Company Code 13123

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	605							605						
2. First Quarter	825							825						
3. Second Quarter	850							850						
4. Third Quarter	868							868						
5. Current Year	876							876						
6. Current Year Member Months	10,176							10,176						
Total Member Ambulatory Encounters for Year:														
7 Physician	7,366							7,366						
8. Non-Physician	2,455							2,455						
9. Total	9,821	0	0	0	0	0	0	9,821	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,688							1,688						
11. Number of Inpatient Admissions	169							169						
12. Health Premiums Written (b)	9,213,787							9,213,787						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	9,191,518							9,191,518						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	8,741,800							8,741,800						
18. Amount Incurred for Provision of Health Care Services	9,151,800							9,151,800						

(a) For health business: number of persons insured under PPO managed care products 876 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 $ 9,213,787

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 2022 NAIC Company Code 13123

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	605	0	0	0	0	0	0	605	0	0	0	0	0	0
2. First Quarter	902	0	0	0	0	0	0	902	0	0	0	0	0	0
3. Second Quarter	933	0	0	0	0	0	0	933	0	0	0	0	0	0
4. Third Quarter	952	0	0	0	0	0	0	952	0	0	0	0	0	0
5. Current Year	961	0	0	0	0	0	0	961	0	0	0	0	0	0
6. Current Year Member Months	11,158	0	0	0	0	0	0	11,158	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	7,926	0	0	0	0	0	0	7,926	0	0	0	0	0	0
8. Non-Physician	2,642	0	0	0	0	0	0	2,642	0	0	0	0	0	0
9. Total	10,568	0	0	0	0	0	0	10,568	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,832	0	0	0	0	0	0	1,832	0	0	0	0	0	0
11. Number of Inpatient Admissions	182	0	0	0	0	0	0	182	0	0	0	0	0	0
12. Health Premiums Written (b)	10,022,173	0	0	0	0	0	0	10,022,173	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	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	0	0	0	0
15. Health Premiums Earned	9,996,683	0	0	0	0	0	0	9,996,683	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	9,526,547	0	0	0	0	0	0	9,526,547	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	9,987,340	0	0	0	0	0	0	9,987,340	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 961 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 $ 10,022,173

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
9999999 - Totals												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
93440	06-1041332	01/01/2022	HM Life Insurance Company	PA		
1999999. Accident and Health - U.S. Non-Affiliates					0	0
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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	01/01/2022	HM Life Insurance company	PA	SSL/I	CMM	28,322						
0899999. General Account - Authorized U.S. Non-Affiliates							28,322	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							28,322	0	0	0	0	0	0
1199999. Total General Account Authorized							28,322	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							28,322	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)							28,322	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							28,322	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 2022	2 2021	3 2020	4 2019	5 2018
	A. OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII - Medicare	28	17	21	23	18
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	27	0	23	0
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					
	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					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

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)	6,226,301		6,226,301
2.	Accident and health premiums due and unpaid (Line 15)	9,949		9,949
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)	1,338,045		1,338,045
6.	Total assets (Line 28)	7,574,295	0	7,574,295
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	775,233		775,233
8.	Accrued medical incentive pool and bonus payments (Line 2)	434,561		434,561
9.	Premiums received in advance (Line 8)	2,832		2,832
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)	458,561		458,561
15.	Total liabilities (Line 24)	1,671,187	0	1,671,187
16.	Total capital and surplus (Line 33)	5,903,108	XXX	5,903,108
17.	Total liabilities, capital and surplus (Line 34)	7,574,295	0	7,574,295
	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	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

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
2838	Mount Carmel Health System	13123	25-1912781				Mount Carmel Health Insurance Company	OH	RE	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	NO	
2838	Mount Carmel Health System	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH	UDP	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	NO	
2838	Mount Carmel Health System	16456	83-1422704				Mount Carmel Health Plan of Idaho, Inc.	ID	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	
2838	Mount Carmel Health System	16723	83-3278543				Mount Carmel Health Plan of New York, Inc.	NY	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	
2838	Mount Carmel Health System	17259	87-3948434				Mount Carmel Health Plan of Connecticut, Inc.	CT	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	
2838	Mount Carmel Health System	16775	80-2378484				Trinity Health Plan of Michigan, Inc.	MI	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13123	25-1912781			734,400			(2,644,628)				(1,910,228)	
	20-196 0348	Mason City Ambulatory Surgery Center, LLC					12,621				12,621	
	20-1983271	Mount Carmel Health Providers II LLC					79,531				79,531	
	31-1373080	Mercy Health Services - Iowa, Copr					73,471				73,471	
	31-1382442	Mount Carmel Health Providers					56,852				56,852	
	31-1439334	Mount Carmel Health System					850,728				850,728	
	31-1459910	Taylor Station Surgical Center					23,661				23,661	
	31-1657206	Madison County Community Hospital					100,391				100,391	
	34-2032340	Diley Ridge Medical Center					30,477				30,477	
	38-2621935	Trinity Home Health Services					56,023				56,023	
	42-1283849	Mercy Medical Services					860				860	
	42-1336618	Mercy Medical Center - Clinton, Inc					3,320				3,320	
	45-1617821	New Albany Surgery Center					947				947	
	46-4700223	Orange ASC Ltd					26,079				26,079	
95655	31-1471229	Mount Carmel Health Plan, Inc					1,329,667				1,329,667	
	35-1443425	Trinity Health Corporation		(734,400)							(734,400)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Mount Carmel Health Insurance Company	Mount Carmel Health System	100.000	NO	Trinity Health Corporation	Mount Carmel Health Insurance Company	100.000	NO
Mount Carmel Health Plan, Inc.	Mount Carmel Health System	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan, Inc.	100.000	NO
Mount Carmel Health Plan of Idaho, Inc.	Mount Carmel Health Plan, Inc.	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan of Idaho, Inc.	100.000	NO
Mount Carmel Health Plan of New York, Inc.	Mount Carmel Health Plan, Inc.	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan of New York, Inc.	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

SUPPLEMENTAL FILINGS

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?	YES
	AUGUST FILING	
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]