



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Insurance Company

NAIC Group Code2838NAIC Company Code13123Employer's ID Number25-1912781

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

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

Incorporated/Organized11/21/2007Commenced Business01/01/2008

Statutory Home Office3100 Easton Square PlaceColumbus, OH, US 43219

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office3100 Easton Square Place

(Street and Number)

Columbus, OH, US 43219407-754-5667

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address3100 Easton Square PlaceColumbus, OH, US 43219

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records3100 Easton Square Place

(Street and Number)

Columbus, OH, US 43219407-754-5667

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.medigold.com

Statutory Statement ContactDavid Lee Vis407-754-5667

(Name)(Area Code) (Telephone Number)

David.Vis@medigold.com614-546-3131

(E-mail Address)(FAX Number)

OFFICERS

Board Chair	Stephen Michael Lundregan	Secretary & Treasurer	Joseph Jerome Patrick Jr.
President & CEO	John Charles Randolph	Vice President & CFO	Vis David Whetstone Lee

OTHER

David Lee Vis, Assistant Treasurer	Trisha Anne Whetstone, Assistant Secretary	
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DIRECTORS OR TRUSTEES

Lorraine Leigh Lutton	Stephen Michael Lundregan	Joseph Jerome Patrick, Jr
John Charles Randolph	Todd Daniel Fox	Cathy Krupsa Eddy
Jill Dyan Phlegar		

State ofOhioSS

County ofFranklin

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 RandolphPresident & CEO

Joseph Jerome Patrick, Jr.Secretary & Treasurer

David Lee VisVice 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.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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	100,482	100,332	99,194	160,237	30,789	429,456
0199999. Total Pharmaceutical Rebate Receivables	100,482	100,332	99,194	160,237	30,789	429,456
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
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0799999 Gross health care receivables	100,482	100,332	99,194	160,237	30,789	429,456

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	336,115	779,643	0	460,246	336,115	358,505
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)	336,115	779,643	0	460,246	336,115	358,505

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)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	249,086	1.8	1,120	100.0		249,086
3. All other providers	0	0.0		0.0		
4. Total capitation payments	249,086	1.8	1,120	100.0	0	249,086
Other Payments:						
5. Fee-for-service	1,366,927	10.0	XXX	XXX		1,366,927
6. Contractual fee payments	11,697,028	85.4	XXX	XXX	2,384,825	9,312,203
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	379,861	2.8	XXX	XXX	111,873	267,988
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	13,443,816	98.2	XXX	XXX	2,496,698	10,947,118
13. TOTAL (Line 4 plus Line 12)	13,692,902	100%	XXX	XXX	2,496,698	11,196,204

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Dental Benefit Providers, Inc.	217,463	18,122		
	Spectera, Inc.	27,567	2,297		
	Carenet Health	4,056	338		
9999999 Totals		249,086	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
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 2023 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		Iowa		DURING THE YEAR				2023		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		85							85								
2. First Quarter		138							138								
3. Second Quarter		136							136								
4. Third Quarter		154							154								
5. Current Year		161							161								
6. Current Year Member Months		1,745							1,745								
Total Member Ambulatory Encounters for Year:																	
7 Physician		1,082							1,082								
8. Non-Physician		361							361								
9. Total		1,443	0	0	0	0	0	0	1,443	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		222							222								
11. Number of Inpatient Admissions		21							21								
12. Health Premiums Written (b)		1,529,168							1,529,168								
13. Life Premiums Direct		0															
14. Property/Casualty Premiums Written		0															
15. Health Premiums Earned.....		1,529,252							1,529,252								
16. Property/Casualty Premiums Earned		0															
17. Amount Paid for Provision of Health Care Services.....		1,578,161							1,578,161								
18. Amount Incurred for Provision of Health Care Services		1,675,144							1,675,144								



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REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company 2. Columbus, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
2838		Ohio		2023										NAIC Company Code	
		Comprehensive (Hospital & Medical)												13123	
		2	3	4	5	6	7	8	9	10	11	12	13	14	
		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		876							876						
2. First Quarter		944							944						
3. Second Quarter		940							940						
4. Third Quarter		956							956						
5. Current Year		959							959						
6. Current Year Member Months		11,351							11,351						
Total Member Ambulatory Encounters for Year:															
7. Physician		8,900							8,900						
8. Non-Physician		2,967							2,967						
9. Total		11,867	0	0	0	0	0	0	11,867	0	0	0	0	0	0
10. Hospital Patient Days Incurred		2,904							2,904						
11. Number of Inpatient Admissions		215							215						
12. Health Premiums Written (b)		11,781,861							11,781,861						
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned.....		11,781,815							11,781,815						
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services.....		12,114,741							12,114,741						
18. Amount Incurred for Provision of Health Care Services		12,512,359							12,512,359						

(a) For health business: number of persons insured under PPO managed care products 959 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 \$ 11,781,861



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company 2. Columbus, OH

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR									(LOCATION)	
2838		1		4		2023									NAIC Company Code	
		Comprehensive (Hospital & Medical)													13123	
		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	961	0	0	0	0	0	0	961	0	0	0	0	0	0	
2.	First Quarter	1,082	0	0	0	0	0	0	1,082	0	0	0	0	0	0	
3.	Second Quarter	1,076	0	0	0	0	0	0	1,076	0	0	0	0	0	0	
4.	Third Quarter	1,110	0	0	0	0	0	0	1,110	0	0	0	0	0	0	
5.	Current Year	1,120	0	0	0	0	0	0	1,120	0	0	0	0	0	0	
6.	Current Year Member Months	13,096	0	0	0	0	0	0	13,096	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7.	Physician	9,982	0	0	0	0	0	0	9,982	0	0	0	0	0	0	
8.	Non-Physician	3,328	0	0	0	0	0	0	3,328	0	0	0	0	0	0	
9.	Total	13,310	0	0	0	0	0	0	13,310	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	3,126	0	0	0	0	0	0	3,126	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	236	0	0	0	0	0	0	236	0	0	0	0	0	0	
12.	Health Premiums Written (b)	13,311,029	0	0	0	0	0	0	13,311,029	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	13,311,067	0	0	0	0	0	0	13,311,067	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	13,692,902	0	0	0	0	0	0	13,692,902	0	0	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	14,187,503	0	0	0	0	0	0	14,187,503	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products1,120 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 \$ 13,311,029

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ANNUAL STATEMENT FOR THE YEAR 2023 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

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 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
... 9344006-1041332 ..	01/01/2022	HM Life Insurance Company	PA.....SSL/I.....CMM.....	38,810						
0899999.	General Account - Authorized U.S. Non-Affiliates						38,810	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						38,810	0	0	0	0	0	0
1199999.	Total General Account Authorized						38,810	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						38,810	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)						38,810	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						38,810	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 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	39	28	17	21	23
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	64	0	27	0	23
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		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)	11,669,463		11,669,463
2. Accident and health premiums due and unpaid (Line 15)	8,411		8,411
3. Amounts recoverable from reinsurers (Line 16.1)	63,688		63,688
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	654,692		654,692
6. Total assets (Line 28)	12,396,254	0	12,396,254
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,554,921		1,554,921
8. Accrued medical incentive pool and bonus payments (Line 2)	85,785		85,785
9. Premiums received in advance (Line 8)	2,866		2,866
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)	3,032,368		3,032,368
15. Total liabilities (Line 24)	4,675,940	0	4,675,940
16. Total capital and surplus (Line 33)	7,720,314	XXX	7,720,314
17. Total liabilities, capital and surplus (Line 34)	12,396,254	0	12,396,254
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 - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Total							

NONE

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

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

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)
	20-1960348	Mason city Ambulatory Surgery Center, LLC						4,100			4,100	
	20-1983271	Mount Carmel Health Providers Two, LLC					81,790				81,790	
	20-4145781	Mount Carmel Health Providers III, LLC					88				88	
	20-5345295	West Lakes Surgery Center, LLC					1,885				1,885	
	31-1373080	Mercy Health Services - Iowa, Corp					132,428				132,428	
	31-1382442	Mount Carmel Health Providers, Inc					67,558				67,558	
	31-1439334	Mount Carmel Health System		(4,000,000)			1,347,437				(2,652,563)	
	31-1459910	Taylor Station Surgical Center, LTD					56,597				56,597	
	31-1657206	Madison County Community Hospital					55,844				55,844	
	34-2032340	Diley Ridge Medical Center					6,717				6,717	
	36-3616314	Genesis Health System (IL)					162				162	
	38-2621935	Trinity Home Health Services					52,474				52,474	
	42-0680308	Mercy Medical Center - Centerville					30,532				30,532	
	42-0680448	Catholic Health Initiatives - Iowa Corp					283,788				283,788	
	42-0758901	Satori Memorial Hospital, Inc					20,818				20,818	
	42-1186903	Davenport Ambulance Corporation					1,072				1,072	
	42-1193699	Mercy Clinics					66,009				66,009	
	42-1264647	Covenant Medical Center, Inc					86,941				86,941	
	42-1283849	Mercy Medical Services					2,602				2,602	
	42-1328388	Magnetic Resonance Services Partnership					31				31	
	42-1336618	Mercy Medical Center - Clinton, Inc					15,284				15,284	
	42-1418847	Genesis Health System					2,022				2,022	
	42-1470935	Mercy Medical Center - Newton					4,979				4,979	
	46-1906752	Mercy Clinton Anesthesia Group, LLC					360				360	
	46-4700223	Orange ASC Ltd					8,333				8,333	
	47-4200156	Encompass Health Rehabilitatin Hospital of Westerville, LLC					18,973				18,973	
	81-4437201	Mercy Rehabilitation Hospital, LLC					33,440				33,440	
	85-3883823	Mount Carmel Urgent Care, LLC					1,256				1,256	
	88-2052422	MercyOne Urgent Care, LLC					404				404	
	90-0739342	Eastwind Surgical, LLC					898				898	
95655	31-1471229	Mount Carmel Health Plan, Inc					1,519,017				1,519,017	
	83-0397103	MercyOne ACO LLC					13,990				13,990	
	47-1139205	Mount Carmel Health Partners					206,821				206,821	
	35-1443425	Trinity Health Corporation		(1,707,621)							(1,707,621)	
	25-1912781	Mount Carmel Health insurance Company		5,707,621			(4,124,650)				1,582,971	
											0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

SCHEDULE Y

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

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
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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	
20.	N/A	
21.	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]	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



21. Life Supplement [Document Identifier 211]



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





SUPPLEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Iowa

NAIC Group Code 2838

NAIC Company Code 13123

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 2838

NAIC Company Code 13123

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO