



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
Mount Carmel Health Insurance Company

NAIC Group Code	2838 (Current)	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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]			
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 407-754-5667 (City or Town, State, Country and Zip Code) (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 407-754-5667 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)		
Internet Website Address	www.medicgold.com				
Statutory Statement Contact	David Lee Vis (Name)		407-754-5667 (Area Code) (Telephone Number)		
	David.Vis@medicgold.com (E-mail Address)		614-546-3131 (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
DIRECTORS OR TRUSTEES	
Lorraine Leigh Lutton	Stephen Michael Lundegan
John Charles Randolph	Todd Daniel Fox
Bill Dyan Phlegar	Joseph Jerome Patrick, Jr Cathy Krupsa Eddy

State of Ohio County of Franklin SS 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?
- b. If no,
 - 1. State the amendment number.....

Yes [X] No []

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

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

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

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	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.

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

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	291,481					291,481
0199999. Individually listed claims unpaid	291,481	0	0	0	0	291,481
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	291,481	0	0	0	0	291,481
0599999. Unreported claims and other claim reserves						1,263,441
0699999. Total amounts withheld						
0799999. Total claims unpaid						1,554,922
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0899999 Accrued medical incentive pool and bonus amounts						85,785

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Mount Carmel Health System	550					550	
Trinity Health Corporation	216,900					216,900	
0199999. Individually listed receivables	217,450	0	0	0	0	217,450	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	217,450	0	0	0	0	217,450	0

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

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		847,746	847,746	
0199999. Individually listed payables		847,746	847,746	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		847,746	847,746	0

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

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.....	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 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.	217,463	18,122		
	Spectera, Inc.	27,567	2,297		
	Carenet Health	4,056	338		
99999999 Totals		249,086	XXX	XXX	XXX

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

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						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

NONE



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

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2023						(NAIC Company Code)	13123		
		1	2	3	4	5	6	7	8	9	10			
	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													

(a) For health business: number of persons insured under PPO managed care products 161 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 \$ 1,529,168



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

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2023						NAIC Company Code	13123			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		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



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

(LOCATION)

NAIC Group Code	2838	BUSINESS IN THE STATE OF			Grand Total		DURING THE YEAR					2023		(NAIC Company Code)	13123	
		1	Comprehensive (Hospital & Medical)		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		961	0	0	0	0	0	0	961	0	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	0
3. Second Quarter		1,076	0	0	0	0	0	0	1,076	0	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	0
5. Current Year		1,120	0	0	0	0	0	0	1,120	0	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	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	0
8. Non-Physician		3,328	0	0	0	0	0	0	3,328	0	0	0	0	0	0	0
9. Total		13,310	0	0	0	0	0	0	13,310	0	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	0
11. Number of Inpatient Admissions		236	0	0	0	0	0	0	236	0	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	0
13. Life Premiums Direct		0	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	0
15. Health Premiums Earned.....		13,311,067	0	0	0	0	0	0	13,311,067	0	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	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	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	0

(a) For health business: number of persons insured under PPO managed care products 1,120 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 \$ 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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Mount Carmel Health Insurance Company
SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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
....93440 ....06-104132 .. 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

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

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			

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

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		0
19. Accrued medical incentive pool	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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

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

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 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	13 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					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 Rehabilitation 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	
		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

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]



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