



**HEALTH ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2024  
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 (City or Town, State, Country and Zip Code) 407-754-5667 (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) 407-754-5667 (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	
<b>DIRECTORS OR TRUSTEES</b>		
Tauana Ferguson McDonald #	Stephen Michael Lundregan	Joseph Jerome Patrick, Jr
John Charles Randolph	Todd Daniel Fox	Cathy Krupsa Eddy
Jill Dyan Phlegar	Meredith Nicole Mucha ,MD	Charles Joseph Hickey ,MD

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 [ ]

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,053,446		1,053,446	2,288,002
2. Stocks (Schedule D):				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				0
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				0
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ ..... 459,082 , Schedule E - Part 1), cash equivalents (\$ ..... 6,561,757 , Schedule E - Part 2) and short-term investments (\$ ..... 5,046,162 , Schedule DA) .....	12,067,001		12,067,001	9,381,461
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	13,120,447	0	13,120,447	11,669,463
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	683		683	7,786
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,230	177	9,053	8,411
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	587,927		587,927	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	378,948		378,948	63,688
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	164,991		164,991	217,450
24. Health care (\$ ..... 660,723 ) and other amounts receivable .....	700,251	39,528	660,723	429,456
25. Aggregate write-ins for other-than-invested assets .....	65,187	0	65,187	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	15,027,664	39,705	14,987,959	12,396,254
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	15,027,664	39,705	14,987,959	12,396,254
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Misc Receivable .....	65,187		65,187	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	65,187	0	65,187	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded) .....	2,079,718		2,079,718	1,554,921
2. Accrued medical incentive pool and bonus amounts .....	37,674		37,674	85,785
3. Unpaid claims adjustment expenses .....	40,378		40,378	29,001
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act .....	3,700,000		3,700,000	1,400,000
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	2,476		2,476	2,866
9. General expenses due or accrued .....	164,024		164,024	33,696
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	935,854		935,854	847,746
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ 0 ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current) .....	541	0	541	721,925
24. Total liabilities (Lines 1 to 23) .....	6,960,665	0	6,960,665	4,675,940
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	23,488,232	18,342,022
29. Surplus notes .....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(16,460,938)	(11,621,708)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ 0) .....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ 0) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	8,027,294	7,720,314
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	14,987,959	12,396,254
<b>DETAILS OF WRITE-INS</b>				
2301. Other miscellaneous liabilities .....	541		541	526
2302. 2022 Part D Settlement .....			0	860,026
2303. 2023 Part D Settlement .....			0	(286,431)
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	147,804
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	541	0	541	721,925
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	16,926	13,096
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX.....	16,710,707	13,272,219
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.....	0	0
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX.....	0	0
5. Risk revenue .....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX.....	0	0
8. Total revenues (Lines 2 to 7) .....	XXX.....	16,710,707	13,272,219
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		10,243,065	8,044,594
10. Other professional services .....		5,487,705	4,359,291
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		0	0
13. Prescription drugs .....		2,048,066	1,752,533
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		22,847	31,085
16. Subtotal (Lines 9 to 15) .....	0	17,801,683	14,187,503
<b>Less:</b>			
17. Net reinsurance recoveries .....		407,241	63,688
18. Total hospital and medical (Lines 16 minus 17) .....	0	17,394,442	14,123,815
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... 318,090 cost containment expenses .....		579,449	577,581
21. General administrative expenses .....		1,665,780	1,368,751
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		2,300,000	1,200,000
23. Total underwriting deductions (Lines 18 through 22).....	0	21,939,671	17,270,147
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX.....	(5,228,964)	(3,997,928)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		398,608	135,794
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	398,608	135,794
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX.....	(4,830,356)	(3,862,134)
31. Federal and foreign income taxes incurred .....	XXX.....		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(4,830,356)	(3,862,134)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX.....	0	0
0602. ....	XXX.....	0	0
0603. ....	XXX.....	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. Other non-health revenue .....	XXX.....	0	0
0702. ....	XXX.....	0	0
0703. ....	XXX.....	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. ....			0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	7,720,314	5,903,108
34. Net income or (loss) from Line 32 .....	(4,830,356)	(3,862,134)
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(8,874)	(28,281)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	5,146,210	5,707,621
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	306,980	1,817,206
49. Capital and surplus end of reporting period (Line 33 plus 48)	8,027,294	7,720,314
<b>DETAILS OF WRITE-INS</b>		
4701. .....		0
4702. .....		0
4703. .....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	18,421,613	14,473,806
2. Net investment income .....	364,048	83,982
3. Miscellaneous income .....	0	358,505
4. Total (Lines 1 through 3) .....	18,785,661	14,916,293
5. Benefit and loss related payments .....	19,773,022	15,416,836
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,103,524	1,158,230
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	21,876,546	16,575,066
11. Net cash from operations (Line 4 minus Line 10) .....	(3,090,885)	(1,658,773)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,200,000	2,500,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,200,000	2,500,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	923,780	977,572
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	923,780	977,572
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	1,276,220	1,522,428
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	5,146,210	5,707,621
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(646,004)	1,348,449
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	4,500,206	7,056,070
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,685,541	6,919,725
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	9,381,461	2,461,735
19.2 End of year (Line 18 plus Line 19.1) .....	12,067,001	9,381,461

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Premium Deficiency Reserve .....	2,300,000	1,200,000
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## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income .....	16,710,707							16,710,707						
2. Change in unearned premium reserves and reserve for rate credit .....	0													
3. Fee-for-service (net of \$ medical expenses) .....	0													XXX..
4. Risk revenue .....	0													XXX..
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	16,710,707	0	0	0	0	0	0	16,710,707	0	0	0	0	0	0
8. Hospital/medical benefits .....	10,243,065													XXX..
9. Other professional services .....	5,487,705													XXX..
10. Outside referrals .....	0													XXX..
11. Emergency room and out-of-area .....	0													XXX..
12. Prescription drugs .....	2,048,066													XXX..
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
14. Incentive pool, withhold adjustments and bonus amounts .....	22,847							22,847						XXX..
15. Subtotal (Lines 8 to 14) .....	17,801,683	0	0	0	0	0	0	17,801,683	0	0	0	0	0	0
16. Net reinsurance recoveries .....	407,241													XXX..
17. Total medical and hospital (Lines 15 minus 16) .....	17,394,442	0	0	0	0	0	0	17,394,442	0	0	0	0	0	XXX..
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 318,090 cost containment expenses .....	579,449							579,449						
20. General administrative expenses .....	1,665,780							1,665,780						
21. Increase in reserves for accident and health contracts .....	2,300,000							2,300,000						XXX..
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	21,939,671	0	0	0	0	0	0	21,939,671	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(5,228,964)	0	0	0	0	0	0	(5,228,964)	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX..
0502.														XXX..
0503.														XXX..
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX..
1302.														XXX..
1303.														XXX..
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX..
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....				0
2. Comprehensive (hospital and medical) group .....				0
3. Medicare Supplement .....				0
4. Vision only .....				0
5. Dental only .....				0
6. Federal Employees Health Benefits Plan .....	0			0
7. Title XVIII - Medicare .....		16,776,486	65,779	16,710,707
8. Title XIX - Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....				0
13. Health subtotal (Lines 1 through 12) .....	16,776,486	0	65,779	16,710,707
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	16,776,486	0	65,779	16,710,707

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2 - CLAIMS INCURRED DURING THE YEAR**

	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
1.	Payments during the year:														
1.1	Direct	17,494,045							17,494,045						
1.2	Reinsurance assumed	0													
1.3	Reinsurance ceded	91,981							91,981						
1.4	Net	17,402,064	0	0	0	0	0	0	17,402,064	0	0	0	0	0	0
2.	Paid medical incentive pools and bonuses	70,957							70,957						
3.	Claim liability December 31, current year from Part 2A:														
3.1	Direct	2,079,718	0	0	0	0	0	0	2,079,718	0	0	0	0	0	0
3.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4	Net	2,079,718	0	0	0	0	0	0	2,079,718	0	0	0	0	0	0
4.	Claim reserve December 31, current year from Part 2D:														
4.1	Direct	0													
4.2	Reinsurance assumed	0													
4.3	Reinsurance ceded	0													
4.4	Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Accrued medical incentive pools and bonuses, current year	37,674							37,674						
6.	Net health care receivables (a)	240,005							240,005						
7.	Amounts recoverable from reinsurers December 31, current year	378,948							378,948						
8.	Claim liability December 31, prior year from Part 2A:														
8.1	Direct	1,554,922	0	0	0	0	0	0	1,554,922	0	0	0	0	0	0
8.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4	Net	1,554,922	0	0	0	0	0	0	1,554,922	0	0	0	0	0	0
9.	Claim reserve December 31, prior year from Part 2D:														
9.1	Direct	0													
9.2	Reinsurance assumed	0													
9.3	Reinsurance ceded	0													
9.4	Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Accrued medical incentive pools and bonuses, prior year	85,785							85,785						
11.	Amounts recoverable from reinsurers December 31, prior year	63,688							63,688						
12.	Incurred Benefits:														
12.1	Direct	17,778,836	0	0	0	0	0	0	17,778,836	0	0	0	0	0	0
12.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3	Reinsurance ceded	407,241	0	0	0	0	0	0	407,241	0	0	0	0	0	0
12.4	Net	17,371,595	0	0	0	0	0	0	17,371,595	0	0	0	0	0	0
13.	Incurred medical incentive pools and bonuses	22,846	0	0	0	0	0	0	22,846	0	0	0	0	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Reported in Process of Adjustment:														
1.1 Direct .....	361,520									361,520				
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	361,520	0	0	0	0	0	0	361,520	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	1,718,198								1,718,198					
2.2 Reinsurance assumed .....	0													
2.3 Reinsurance ceded .....	0													
2.4 Net .....	1,718,198	0	0	0	0	0	0	1,718,198	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0													
3.2 Reinsurance assumed .....	0													
3.3 Reinsurance ceded .....	0													
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	2,079,718	0	0	0	0	0	0	2,079,718	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	2,079,718	0	0	0	0	0	0	2,079,718	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision Only .....					0	0
5. Dental Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	1,177,289	15,669,510	707	2,079,011	1,177,996	1,554,921
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-Term Care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	1,177,289	15,669,510	707	2,079,011	1,177,996	1,554,921
14. Health care receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	70,957		13,266	24,408	84,223	85,785
17. Totals (Lines 13 - 14 + 15 + 16)		1,248,246	15,669,510	13,973	2,103,419	1,262,219
						1,640,706

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	5,119	5,097	5,095	5,095	5,095
2. 2020 .....	5,640	10,713	9,098	9,139	9,139
3. 2021 .....	XXX	6,097	10,453	10,354	10,359
4. 2022 .....	XXX	XXX	8,899	12,642	12,777
5. 2023 .....	XXX	XXX	XXX	12,452	17,158
6. 2024 .....	XXX	XXX	XXX	XXX	15,670

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	5,119	5,096	5,095	5,095	5,095
2. 2020 .....	6,512	11,123	9,172	9,139	9,139
3. 2021 .....	XXX	6,878	10,254	10,355	10,359
4. 2022 .....	XXX	XXX	9,989	12,651	12,790
5. 2023 .....	XXX	XXX	XXX	14,083	17,159
6. 2024 .....	XXX	XXX	XXX	XXX	17,773

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	7,547	9,139	455	5.0	9,594	127.1			9,594	127.1
2. 2021 .....	7,385	10,359	428	4.1	10,787	146.1			10,787	146.1
3. 2022 .....	9,994	12,777	209	1.6	12,986	129.9			12,986	129.9
4. 2023 .....	13,272	17,158	549	3.2	17,707	133.4	14	0	17,721	133.5
5. 2024 .....	16,711	15,670	579	3.7	16,249	97.2	2,103	40	18,392	110.1

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	5,119	5,097	5,095	5,095	5,095
2. 2020 .....	5,640	10,713	9,098	9,139	9,139
3. 2021 .....	XXX	6,097	10,453	10,354	10,359
4. 2022 .....	XXX	XXX	8,899	12,642	12,777
5. 2023 .....	XXX	XXX	XXX	12,452	17,158
6. 2024 .....	XXX	XXX	XXX	XXX	15,670

## Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	5,119	5,096	5,095	5,095	5,095
2. 2020 .....	6,512	11,123	9,172	9,139	9,139
3. 2021 .....	XXX	6,878	10,254	10,355	10,359
4. 2022 .....	XXX	XXX	9,989	12,651	12,790
5. 2023 .....	XXX	XXX	XXX	14,083	17,159
6. 2024 .....	XXX	XXX	XXX	XXX	17,773

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	7,547	9,139	455	5.0	9,594	127.1	0	0	9,594	127.1
2. 2021 .....	7,385	10,359	428	4.1	10,787	146.1	0	0	10,787	146.1
3. 2022 .....	9,994	12,777	209	1.6	12,986	129.9	0	0	12,986	129.9
4. 2023 .....	13,272	17,158	549	3.2	17,707	133.4	14	0	17,721	133.5
5. 2024 .....	16,711	15,670	579	3.7	16,249	97.2	2,103	40	18,392	110.1

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1.	Unearned premium reserves .....	0											
2.	Additional policy reserves (a) .....	3,700,000							3,700,000				
3.	Reserve for future contingent benefits .....	0											
4.	Reserve for rate credits or experience rating refunds  (including \$ ..... for investment income) .....	0											
5.	Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0	0	0	0
6.	Totals (gross) .....	3,700,000	0	0	0	0	0	0	3,700,000	0	0	0	0
7.	Reinsurance ceded .....	0											
8.	Totals (Net)(Page 3, Line 4) .....	3,700,000	0	0	0	0	0	0	3,700,000	0	0	0	0
9.	Present value of amounts not yet due on claims .....	0											
10.	Reserve for future contingent benefits .....	0											
11.	Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals (gross) .....	0	0	0	0	0	0	0	0	0	0	0	0
13.	Reinsurance ceded .....	0											
14.	Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501.	.....												
0502.	.....												
0503.	.....												
0598.	Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0
1101.	.....												
1102.	.....												
1103.	.....												
1198.	Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....3,700,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....			14,830		14,830
2. Salary, wages and other benefits .....	174,927	54,886	546,497		776,310
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			356,438		356,438
4. Legal fees and expenses .....			38		38
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....	1,184		58,047		59,231
7. Traveling expenses .....	722	22	4,315		5,059
8. Marketing and advertising .....			185,834		185,834
9. Postage, express and telephone .....	11	4,682	109,997		114,690
10. Printing and office supplies .....	1	54	7,512		7,567
11. Occupancy, depreciation and amortization .....			10,438		10,438
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....	128,015	192,538	302,902		623,455
15. Boards, bureaus and association fees .....	77	3	2		82
16. Insurance, except on real estate .....			803		803
17. Collection and bank service charges .....			1,278		1,278
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			17,478		17,478
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....	12,345	52	36,291		48,688
23.5 Other (excluding federal income and real estate taxes) .....	808	9,122	11,418		21,348
24. Investment expenses not included elsewhere .....				2,245	2,245
25. Aggregate write-ins for expenses .....	0	0	1,662	0	1,662
26. Total expenses incurred (Lines 1 to 25) .....	318,090	261,359	1,665,780	2,245	(a) 2,247,474
27. Less expenses unpaid December 31, current year .....		40,378	164,026		204,404
28. Add expenses unpaid December 31, prior year .....		29,001	33,696		62,697
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	318,090	249,982	1,535,450	2,245	2,105,768
<b>DETAILS OF WRITE-INS</b>					
2501. Bad Debt - Non Patient .....			1,662		1,662
2502. .....					
2503. .....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	1,662	0	1,662

(a) Includes management fees of \$ ..... 1,607,570 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) .....80,882	.....77,606
1.1 Bonds exempt from U.S. tax .....	(a)	
1.2 Other bonds (unaffiliated) .....	(a) .....782	.....447
1.3 Bonds of affiliates .....	(a) .....0	.....0
2.1 Preferred stocks (unaffiliated) .....	(b) .....0	.....0
2.11 Preferred stocks of affiliates .....	(b) .....0	.....0
2.2 Common stocks (unaffiliated) .....	.....0	.....0
2.21 Common stocks of affiliates .....	.....0	.....0
3. Mortgage loans .....	(c) .....0	.....0
4. Real estate .....	(d) .....0	.....0
5. Contract Loans .....	.....0	.....0
6. Cash, cash equivalents and short-term investments .....	(e) .....198,677	.....195,185
7. Derivative instruments .....	(f) .....0	.....0
8. Other invested assets .....	.....0	.....127,615
9. Aggregate write-ins for investment income .....	.....0	.....0
10. Total gross investment income .....	280,341	400,853
11. Investment expenses .....	(g) .....2,245	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g)	0
13. Interest expense .....	(h) .....0	
14. Depreciation on real estate and other invested assets .....	(i) .....0	
15. Aggregate write-ins for deductions from investment income .....	.....0	
16. Total deductions (Lines 11 through 15) .....	.....2,245	
17. Net investment income (Line 10 minus Line 16) .....	398,608	
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....0	
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	0	

(a) Includes \$ .....41,756 accrual of discount less \$ .....93 amortization of premium and less \$ .....3,462 paid for accrued interest on purchases.

(b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.

(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.

(d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.

(e) Includes \$ .....150,326 accrual of discount less \$ .....0 amortization of premium and less \$ .....145 paid for accrued interest on purchases.

(f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.

(g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.

(i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....					
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....					

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	0
2.2 Common stocks .....	.....	.....	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	0
3.2 Other than first liens.....	.....	.....	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	0
4.2 Properties held for the production of income.....	.....	.....	0
4.3 Properties held for sale .....	.....	.....	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	.....	.....	0
6. Contract loans .....	.....	.....	0
7. Derivatives (Schedule DB) .....	.....	.....	0
8. Other invested assets (Schedule BA) .....	.....	.....	0
9. Receivables for securities .....	.....	.....	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	.....	.....	0
14. Investment income due and accrued .....	.....	.....	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	177	42	(135)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.....	.....	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	0
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	0
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	0
17. Amounts receivable relating to uninsured plans .....	.....	.....	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	0
18.2 Net deferred tax asset .....	.....	.....	0
19. Guaranty funds receivable or on deposit .....	.....	.....	0
20. Electronic data processing equipment and software .....	.....	.....	0
21. Furniture and equipment, including health care delivery assets .....	.....	.....	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	0
23. Receivable from parent, subsidiaries and affiliates .....	.....	.....	0
24. Health care and other amounts receivable .....	39,528	30,789	(8,739)
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	39,705	30,831	(8,874)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	0
28. Total (Lines 26 and 27) .....	39,705	30,831	(8,874)
<b>DETAILS OF WRITE-INS</b>			
1101. .....	.....	0	0
1102. .....	.....	0	0
1103. .....	.....	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. .....	.....	0	0
2502. .....	.....	0	0
2503. .....	.....	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	1,120	1,393	1,401	1,411	1,442	16,926
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	1,120	1,393	1,401	1,411	1,442	16,926
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

# NOTES TO FINANCIAL STATEMENTS

## 1. Summary of Significant Accounting Policies and Going Concern

### A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("ODI").

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4) .....	XXX	XXX	XXX	.....(4,830,356)	.....(3,862,134)
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4) .....	XXX	XXX	XXX	.....8,027,294	.....7,720,314
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8) .....	XXX	XXX	XXX	.....8,027,294	.....7,720,314

### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during that period. Actual results could differ from those estimates.

### C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by the government. Premiums received prior to such period are recorded as advanced premiums.

Benefits incurred and loss adjustment expenses include claims payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the Statements of Admitted Assets, Liabilities and Surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers and other cost adjustments based on CMS provisions of the Part D Pharmacy benefit program.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximate fair value due to the short-term maturities of the investments.
- (2) - (4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds are carried at amortized cost.

The Company regularly evaluates investment securities for impairment. The related investment is written down to its estimated value.

Amortization of bond premium or discount is computed using the effective yield method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) The Company does not have any mortgage loans on real estate investments.
- (6) The Company does not have any loan-backed security investments.
- (7) The Company does not have any investments in subsidiaries.
- (8) The Company does not have any joint venture investments.
- (9) Not applicable.

- (10) - (11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current period and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses, and maintenance costs exceed related future premiums. Investment income is contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

D. Going Concern

After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement. As a condition of the Company receiving licensure approval from ODI and in accordance with section 3901.32 of the Ohio Revised Code, Parent has agreed to guarantee to maintain the amount of the Company's capital and surplus at the greater of ( i.) minimum capital requirements of \$5,000,000, (ii.) the amount of the Company's Action Level RBC of 400% or (iii.) an amount as reasonably determined by the Superintendent of Insurance, State of Ohio in relation to the level of the Company's enrollees and its outstanding liabilities.

2. Accounting Changes and Correction of Errors

None.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable

B. Statutory Merger

Not Applicable

C. Assumption Reinsurance

Not Applicable

D. Impairment Loss

Not Applicable

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

Not Applicable

4. Discontinued Operations

A – D Not Applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Loan-Backed Securities

Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

G. Reverse Repurchase Agreement Transactions Accounted for as Secured Borrowing

Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

I. Reserve Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

J. Real Estate

Not Applicable

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown .....	.....	.....	0	.....	0	.....0.000	.....0.000
b. Collateral held under security lending agreements .....	.....	.....	0	.....	0	.....0.000	.....0.000
c. Subject to repurchase agreements .....	.....	.....	0	.....	0	.....0.000	.....0.000
d. Subject to reverse repurchase agreements .....	.....	.....	0	.....	0	.....0.000	.....0.000
e. Subject to dollar repurchase agreements .....	.....	.....	0	.....	0	.....0.000	.....0.000
f. Subject to dollar reverse repurchase agreements .....	.....	.....	0	.....	0	.....0.000	.....0.000
g. Placed under option contracts .....	.....	.....	0	.....	0	.....0.000	.....0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock .....	.....	.....	0	.....	0	.....0.000	.....0.000
i. FHLB capital stock .....	.....	.....	0	.....	0	.....0.000	.....0.000
j. On deposit with states .....	119,889	116,414	3,475	0	116,414	0.798	0.800
k. On deposit with other regulatory bodies .....	.....	.....	0	.....	0	.....0.000	.....0.000
l. Pledged collateral to FHLB (including assets backing funding agreements) .....	.....	.....	0	.....	0	.....0.000	.....0.000
m. Pledged as collateral not captured in other categories .....	.....	.....	0	.....	0	.....0.000	.....0.000
n. Other restricted assets .....	.....	.....	0	.....	0	.....0.000	.....0.000
o. Total Restricted Assets .....	119,889	116,414	3,475	0	116,414	0.798	0.800

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Description of Assets	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Total (a)	.....0	.....0	0	.....0	.....0.000	.....0.000

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Description of Assets	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Gross (Admitted & Nonadmitted) Restricted to Total Assets	6 Admitted Restricted to Total Admitted Assets
Total (a)	.....0	.....0	0	.....0	.....0.000	.....0.000

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted)*	4 % of BACV to Total Admitted Assets **
a. Cash, Cash Equivalents and Short-Term Investments .....	.....	.....	0.000 %	.....0.000 %
b. Schedule D, Part 1 .....	.....	.....	0.000 %	.....0.000 %
c. Schedule D, Part 2, Section 1 .....	.....	.....	0.000 %	.....0.000 %
d. Schedule D, Part 2, Section 2 .....	.....	.....	0.000 %	.....0.000 %
e. Schedule B .....	.....	.....	0.000 %	.....0.000 %
f. Schedule A .....	.....	.....	0.000 %	.....0.000 %
g. Schedule BA, Part 1 .....	.....	.....	0.000 %	.....0.000 %
h. Schedule DL, Part 1 .....	.....	.....	0.000 %	.....0.000 %
i. Other .....	.....	.....	0.000 %	.....0.000 %
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i) .....	0	0	0.000 %	.....0.000 %

\* Column 1 divided by Asset Page, Line 26 (Column 1)

\*\* Column 1 divided by Asset Page, Line 26 (Column 3)

1  
Amount  
2  
% of Liability to Total  
Liabilities \*

k. Recognized Obligation to Return Collateral Asset .....

.....0.000 %

\* Column 1 divided by Liability Page, Line 24 (Column 3)

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets Due from Centers for Medicare & Medicaid Services .....	805,846	217,919	587,927
			* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(2) Liabilities Due to Centers for Medicare & Medicaid Services .....	217,919	217,919	0
			* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset Type

Asset Type	Percent Share
(1) Cash	3.8%
(2) Cash Equivalents	54.4%
(3) Short-term investments	41.8%
(4) Total	100.0%

S. Aggregate Collateral Loans by Qualifying Investment Collateral

Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Company did not recognize any impairment write down for investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due.

B. The total amount excluded was \$0-.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	683
2. Nonadmitted	0
3. Admitted	\$ 683

D. The aggregate deferred interest of the company is as follows:

	Amount
Aggregate deferred interest	

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance

	Amount
Cumulative amounts of PIK interest included in the current principal balance	

8. Derivative Investments

A - B Not Applicable

9. Income Taxes

A – I Not Applicable

10. Information Concerning Parent, Subsidiaries & Affiliates

A. – C. The Company is provided by agreement certain management, administrative, and marketing services by Mount Carmel Health Plan, Inc. ("MCHP"). Expenses related to services provided to the Company by MCHP were \$1,519,017 and \$1,607,570 as of December 31, 2023 and December 31, 2024 respectively. The parent made cash capital contributions of \$407,621 and \$1,446,210 during 2023 and 2024, respectively, to ensure the Company is appropriately funded and met required levels of capital and surplus. Medical expenses incurred by the Company provided by MCHS and affiliates were \$2,496,698 and \$3,479,840 at December 31, 2023 and 2024 respectively.

D. The Company owed \$847,746 and \$935,854 to MCHP and its affiliates as of December 31 2023 and 2024 respectively. Additionally, the Company was owed \$217,450 and \$164,991 from MCHP and its affiliates as of December 31, 2023 and December 31, 2024 respectively. The Company received a \$4 million capital infusion from MCHS during the third quarter of 2023 along with \$1.3 million from Trinity Health in the fourth quarter of 2023. Another \$3.7 million capital infusion from Trinity Health was received in the fourth quarter of 2024. These capital infusions were all to fund the Company's PDR liabilities.

E. Mount Carmel Health Plan (MCHP), a sister company to MCHIC, has agreed to provide administrative services to MCHIC related to the operation of Medicare Advantage products offered by MCHIC.

F. Not Applicable

G. All outstanding shares of the Company are owned by MCHS, a non-profit corporation domiciled in the State of Ohio. In addition, MCHS is sole owner of MCHP.

H. Not Applicable

- I. Not Applicable
- J. Not Applicable
- K. Not Applicable
- L. Not Applicable
- M. Not Applicable
- N. Not Applicable
- O. Not applicable

11. Debt – Not Applicable

- A. Debt Including Capital Notes
  - The Company has no outstanding debt with third parties.
- B. Federal Home Loan Bank (FHLB) Agreements
  - The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits, and Compensated Absences and Other Postretirement Benefit Plans

- A. – D. Defined Benefit Plan
  - Not Applicable
- E. Defined Contribution Plans
  - Not Applicable
- F. Multiemployer Plans
  - Not Applicable
- G. Consolidated/Holding Company Plans
  - Not Applicable
- H. Postemployment Benefits and Compensated Absences
  - Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits
  - Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- A. The Company has no common stock shares. See note 10 for capitalization of the Company.
- B - M. Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments
  - Not Applicable
- B. Assessments
  - Not Applicable
- C. Gain Contingencies
  - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
  - (1) Direct
 

(1)	Direct
-----	--------

(1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits ..... 0

- E. Joint and Several Liabilities
  - Not Applicable
- F. All Other Contingencies
  - The Company is subject to various contingencies, including legal and compliance actions and proceedings that arise in the ordinary course of its business. Due to the complex nature of these actions and proceedings, the timing of the ultimate resolution of these matters is uncertain. Based on information received through the submission date of these statutory financial statements, management of the Company, after consultation with legal counsel, does not believe that the ultimate resolution of these matters will have a material adverse effect on the Company's future financial position or results of operations.
  - The Company is not aware of any other material contingent liabilities as of December 31, 2024 .....

15. Leases

- A. Lessee Operating Lease
  - Not Applicable
- B. Lessor Leases
  - Not Applicable

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

- Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

- A. Transfer of Receivables Reported as Sales
  - Not Applicable
- B. Transfer and Servicing of Financial Assets
  - Not Applicable

Not Applicable

C. Wash Sales

Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

Not Applicable

B. ASC Plans

Not Applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract.

(1) Revenue from the Company's Medicare contract for years 2023 and 2024 consisted of \$13,272,219 and \$16,710,707, respectively.

(2) As of December 31, 2023, the Company recorded net payables from CMS of \$578,610 and at December 31, 2024 the Company recorded net receivables from CMS of \$372,208 related to the low-income member cost share and catastrophic reinsurance components of administered Medicare products. The Company does not have any additional payables greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000.

(3) In connection with the Company's Medicare (or similarly structured cost-based reimbursement contract) contract, the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of -\$0- at December 31, 2023 and 2024.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable

20. Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and cash equivalents .....	7,020,839				7,020,839
Total assets at fair value/NAV	7,020,839	0	0	0	7,020,839

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	0	0	0	0	0

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
a. Assets										
Total Assets	0	0	0	0	0	0	0	0	0	0

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
b. Liabilities										
Total Liabilities	0	0	0	0	0	0	0	0	0	0

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Government and Agency .....	6,111,135	6,099,608	6,111,135	0	0	0	0
Cash and cash equivalents .....	7,020,839	7,020,839	7,020,839	0	0	0	0

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation

21. Other Items

A. Extraordinary Items

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

The Company operates in a health care environment that is subject to numerous and complex laws and regulations, which include but are not limited to the ODI, CMS, and other regulatory agencies. The Company is required to report to respective regulatory agencies certain types of operating or regulatory deficiencies; including compliance with Medicare Advantage regulations, and State of Ohio Insurance regulations each of which may ultimately have a possible impact on the Company's future financial position or results of operations.

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable

G. Retained Assets

Not Applicable

H. Insurance-Linked Securities (ILS) Contracts

Not Applicable

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not Applicable

22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 27, 2025 for the statutory statement filed on February 28, 2025.

The Company is not aware of any events or transactions that provide additional evidence with respect to conditions that existed at December 31, 2024, which would have a material effect on its financial condition.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 27, 2025 for the statutory statement filed on February 28, 2025.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2024 but arose after that date, which would have a material effect on its financial condition.

23. Reinsurance – Not Applicable

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owed in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report - Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for any reason other than for nonpayment of premium or other similar credit?

Yes ( ) No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$\_\_\_\_\_.

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$-0-.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$\_\_\_\_\_.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$\_\_\_\_\_.

B. Uncollectible Reinsurance

The Company has written off \$-0- in reinsurance balances due during the current year.

C. Communication of Ceded Reinsurance

Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.
- B. The Company records accrued retrospective premiums as an adjustment to uncollected premiums and considerations or aggregate health policy reserves on the Statement of Assets, Liabilities, Capital and Surplus and as an adjustment to change in unearned premium reserves or net premium income on the Statement of Revenue and Expenses.
- C. The amount of net premiums written by the Company at December 31, 2024 and 2023 that are subject to retrospective rating features was \$16,364,860 and \$12,905,114 respectively. That represented 98% of the total net premiums written for 2024 and 97% of net premiums for 2023. No other net premiums written by the Company are subject to retrospective rating features.
- D. Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$1,554,921. As of December 31, 2024, \$1,177,289 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$707 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$376,925 favorable prior-year development since December 31, 2023.

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangements

27. Structured Settlements

The Company has no structured statements

28. Health Care Receivables

A. Pharmaceutical Rebate Receivable

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	425,518				
09/30/2024	478,028	459,451	242,823		
06/30/2024	410,870	411,447	393,709	10,972	
03/31/2024	429,460	428,455	398,626	16,330	6,175
12/31/2023	300,009	317,717	304,676	9,2514	299
09/30/2023	315,486	315,486	288,638	21,720	1,150
06/30/2023	306,719	306,507	292,242	6,483	7,291
03/31/2023	307,096	307,099	290,642	4,223	2,774
12/31/2022	250,618	240,836	234,851	2,023	2,008
09/30/2022	261,465	261,465	249,603	8,752	724
06/30/2022	235,779	180,249	230,321	3,865	1,865
03/31/2022	193,896	165,960	192,087	3,983	(3,326)

29. Participating Policies

The Company has no participating policies

30. Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves ..... 3,700,000
- 2. Date of the most recent evaluation of this liability ..... 12/31/2024
- 3. Was anticipated investment income utilized in the calculation? ..... Yes [ X ] No [ ]

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims / losses and reduced such liability by \$0-.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  Yes [ X ]  No [ ]  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? .....  Yes [ ]  No [ X ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....  Yes [ ]  No [ X ]

2.2 If yes, date of change: ....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....  12/31/2020

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....  12/31/2020

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....  05/26/2022

3.4 By what department or departments?  
 Ohio Department of Insurance .....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....  Yes [ ]  No [ ]  N/A [ X ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? .....  Yes [ X ]  No [ ]  N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  Yes [ ]  No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....  Yes [ ]  No [ X ]

6.2 If yes, give full information  
 .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

7.2 If yes,  
 7.21 State the percentage of foreign control .....  %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Deloitte & Touche LLP, 180 East Broad Street, Suite 1400, Columbus, OH 43215

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? .....

Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Deloitte Consulting LLP 111 S. Wacker Dr Chicago, IL 60606

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]

12.11 Name of real estate holding company ...

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

Not applicable

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? .....

Yes [ X ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? .....

Yes [ ] No [ X ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .....

Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....

Yes [ X ] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ ] No [ X ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....
20.12 To stockholders not officers.....	\$ .....
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....
20.22 To stockholders not officers.....	\$ .....
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....
21.22 Borrowed from others.....	\$ .....
21.23 Leased from others .....	\$ .....
21.24 Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	\$ .....
22.22 Amount paid as expenses .....	\$ .....
22.23 Other amounts paid .....	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 164,991

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....	.....

**INVESTMENT**

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**GENERAL INTERROGATORIES**

25.02 If no, give full and complete information, relating thereto  
 Funds on deposit with the Ohio Department of Insurance (see 26.2 below) .....

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) .....

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....	0
25.093 Total payable for securities lending reported on the liability page .....	\$ .....	0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements .....	\$ .....	0
26.22 Subject to reverse repurchase agreements .....	\$ .....	0
26.23 Subject to dollar repurchase agreements .....	\$ .....	0
26.24 Subject to reverse dollar repurchase agreements .....	\$ .....	0
26.25 Placed under option agreements .....	\$ .....	0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....	0
26.27 FHLB Capital Stock .....	\$ .....	0
26.28 On deposit with states .....	\$ .....	119,889
26.29 On deposit with other regulatory bodies .....	\$ .....	0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....	0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....	0
26.32 Other .....	\$ .....	0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
 If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] No [ ]
27.42 Permitted accounting practice .....	Yes [ ] No [ ]
27.43 Other accounting guidance .....	Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust Corporation .....	50 South La Salle Street Chicago, Illinois 60603 .....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**GENERAL INTERROGATORIES**

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
.....	.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	6,099,608	6,111,135	11,527
31.2 Preferred stocks .....	0	0	0
31.3 Totals .....	6,099,608	6,111,135	11,527

31.4 Describe the sources or methods utilized in determining the fair values:

Pricing service or SVO .....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? .....

Yes [  ] No [  ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? .....

Yes [  ] No [  ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? .....

Yes [  ] No [  ]

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? .....

Yes [  ] No [  ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? .....

Yes [  ] No [  ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? .....

Yes [  ] No [  ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? .....

Yes [  ] No [  ] N/A [  ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ] No [ ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ ..... 1,413

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Health Plan Alliance .....	1,413

41.1 Amount of payments for legal expenses, if any? ..... \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
1.2	If yes, indicate premium earned on U.S. business only. ....	\$ .....	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ....	\$ .....	
1.31	Reason for excluding .....		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$ .....	
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ .....	
1.6	Individual policies: .....		
	Most current three years: 1.61 Total premium earned .....	\$ .....	
	1.62 Total incurred claims .....	\$ .....	
	1.63 Number of covered lives .....	0	
	All years prior to most current three years: 1.64 Total premium earned .....	\$ .....	
	1.65 Total incurred claims .....	\$ .....	
	1.66 Number of covered lives .....	0	
1.7	Group policies: .....		
	Most current three years: 1.71 Total premium earned .....	\$ .....	
	1.72 Total incurred claims .....	\$ .....	
	1.73 Number of covered lives .....	0	
	All years prior to most current three years: 1.74 Total premium earned .....	\$ .....	
	1.75 Total incurred claims .....	\$ .....	
	1.76 Number of covered lives .....	0	
2.	Health Test: .....		
	1 Current Year	2 Prior Year	
2.1	Premium Numerator .....	16,710,707 .....	13,272,219
2.2	Premium Denominator .....	16,710,707 .....	13,272,219
2.3	Premium Ratio (2.1/2.2) .....	1.000 .....	1.000
2.4	Reserve Numerator .....	5,779,718 .....	2,954,921
2.5	Reserve Denominator .....	5,817,392 .....	3,040,707
2.6	Reserve Ratio (2.4/2.5) .....	0.994 .....	0.972
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
3.2	If yes, give particulars: .....		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
5.2	If no, explain: .....		
5.3	Maximum retained risk (see instructions) .....		
	5.31 Comprehensive Medical .....	\$ .....	
	5.32 Medical Only .....	\$ .....	
	5.33 Medicare Supplement .....	\$ .....	
	5.34 Dental & Vision .....	\$ .....	
	5.35 Other Limited Benefit Plan .....	\$ .....	
	5.36 Other .....	\$ .....	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Hold harmless provisions in provider agmt, Reinsurance, Full risk VBA agmts with certain providers, Continuation of service contract provisions .....		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
7.2	If no, give details .....		
8.	Provide the following information regarding participating providers: .....		
	8.1 Number of providers at start of reporting year .....	26,239	
	8.2 Number of providers at end of reporting year .....	28,682	
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
9.2	If yes, direct premium earned: .....		
	9.21 Business with rate guarantees between 15-36 months.. \$ .....		
	9.22 Business with rate guarantees over 36 months .. \$ .....		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**GENERAL INTERROGATORIES**

10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? .....	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]																																																														
10.2	If yes:	10.21 Maximum amount payable bonuses.....	\$ 24,408																																																														
		10.22 Amount actually paid for year bonuses.....	\$ 0																																																														
		10.23 Maximum amount payable withholds.....	\$																																																														
		10.24 Amount actually paid for year withholds.....	\$																																																														
11.1	Is the reporting entity organized as:	11.12 A Medical Group/Staff Model, .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																																																														
		11.13 An Individual Practice Association (IPA), or,	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																																																														
		11.14 A Mixed Model (combination of above)? ....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]																																																														
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? .....	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]																																																														
11.3	If yes, show the name of the state requiring such minimum capital and surplus. ....	Ohio																																																															
11.4	If yes, show the amount required. ....	\$ 2,500,000																																																															
11.5	Is this amount included as part of a contingency reserve in stockholder's equity? .....	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]																																																														
11.6	If the amount is calculated, show the calculation	.....																																																															
12.	List service areas in which reporting entity is licensed to operate:	<table border="1"> <thead> <tr> <th style="text-align: center;">1 Name of Service Area</th> </tr> </thead> <tbody> <tr><td>Adams County OH .....</td></tr> <tr><td>Allen County OH .....</td></tr> <tr><td>Auglaize County OH .....</td></tr> <tr><td>Brown County OH .....</td></tr> <tr><td>Butler County OH .....</td></tr> <tr><td>Carke County OH .....</td></tr> <tr><td>Champaign County OH .....</td></tr> <tr><td>Clark County OH .....</td></tr> <tr><td>Clermont County OH .....</td></tr> <tr><td>Clinton County OH .....</td></tr> <tr><td>Coshocton County OH .....</td></tr> <tr><td>Crawford County OH .....</td></tr> <tr><td>Defiance County OH .....</td></tr> <tr><td>Delaware County OH .....</td></tr> <tr><td>Fairfield County OH .....</td></tr> <tr><td>Fayette County OH .....</td></tr> <tr><td>Franklin County OH .....</td></tr> <tr><td>Fulton County OH .....</td></tr> <tr><td>Greene County OH .....</td></tr> <tr><td>Guernsey County OH .....</td></tr> <tr><td>Hamilton County OH .....</td></tr> <tr><td>Hancock County OH .....</td></tr> <tr><td>Hardin County OH .....</td></tr> <tr><td>Harrison County OH .....</td></tr> <tr><td>Henry County OH .....</td></tr> <tr><td>Highland County OH .....</td></tr> <tr><td>Hocking County OH .....</td></tr> <tr><td>Holmes County OH .....</td></tr> <tr><td>Jackson County OH .....</td></tr> <tr><td>Knox County OH .....</td></tr> <tr><td>Licking County OH .....</td></tr> <tr><td>Logan County OH .....</td></tr> <tr><td>Lucas County OH .....</td></tr> <tr><td>Madison County OH .....</td></tr> <tr><td>Meigs County OH .....</td></tr> <tr><td>Mercer County OH .....</td></tr> <tr><td>Miami County OH .....</td></tr> <tr><td>Monroe County OH .....</td></tr> <tr><td>Montgomery County OH .....</td></tr> <tr><td>Morgan County OH .....</td></tr> <tr><td>Morrow County OH .....</td></tr> <tr><td>Muskingum County OH .....</td></tr> <tr><td>Noble County OH .....</td></tr> <tr><td>Ottawa County OH .....</td></tr> <tr><td>Paulding County OH .....</td></tr> <tr><td>Perry County OH .....</td></tr> <tr><td>Pickaway County OH .....</td></tr> <tr><td>Pike County OH .....</td></tr> <tr><td>Preble County OH .....</td></tr> <tr><td>Putnam County OH .....</td></tr> <tr><td>Ross County OH .....</td></tr> <tr><td>Seneca County OH .....</td></tr> <tr><td>Shelby County OH .....</td></tr> <tr><td>Union County OH .....</td></tr> <tr><td>Van Wert County OH .....</td></tr> <tr><td>Vinton County OH .....</td></tr> <tr><td>Warren County OH .....</td></tr> <tr><td>Washington County OH .....</td></tr> <tr><td>Wood County OH .....</td></tr> <tr><td>Wyandot County OH .....</td></tr> <tr><td>Adair County IA .....</td></tr> </tbody> </table>		1 Name of Service Area	Adams County OH .....	Allen County OH .....	Auglaize County OH .....	Brown County OH .....	Butler County OH .....	Carke County OH .....	Champaign County OH .....	Clark County OH .....	Clermont County OH .....	Clinton County OH .....	Coshocton County OH .....	Crawford County OH .....	Defiance County OH .....	Delaware County OH .....	Fairfield County OH .....	Fayette County OH .....	Franklin County OH .....	Fulton County OH .....	Greene County OH .....	Guernsey County OH .....	Hamilton County OH .....	Hancock County OH .....	Hardin County OH .....	Harrison County OH .....	Henry County OH .....	Highland County OH .....	Hocking County OH .....	Holmes County OH .....	Jackson County OH .....	Knox County OH .....	Licking County OH .....	Logan County OH .....	Lucas County OH .....	Madison County OH .....	Meigs County OH .....	Mercer County OH .....	Miami County OH .....	Monroe County OH .....	Montgomery County OH .....	Morgan County OH .....	Morrow County OH .....	Muskingum County OH .....	Noble County OH .....	Ottawa County OH .....	Paulding County OH .....	Perry County OH .....	Pickaway County OH .....	Pike County OH .....	Preble County OH .....	Putnam County OH .....	Ross County OH .....	Seneca County OH .....	Shelby County OH .....	Union County OH .....	Van Wert County OH .....	Vinton County OH .....	Warren County OH .....	Washington County OH .....	Wood County OH .....	Wyandot County OH .....	Adair County IA .....
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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

1 Name of Service Area
Adams County IA .....
Appanoose County IA .....
Benton County IA .....
Black Hawk County IA .....
Boone County IA .....
Bremer County IA .....
Buchanan County IA .....
Butler County IA .....
Cedar County IA .....
Cerro Gordo County IA .....
Cherokee County IA .....
Chickasaw County IA .....
Clarke County IA .....
Clayton County IA .....
Clinton County IA .....
Dallas County IA .....
Delaware County IA .....
Fayette County IA .....
Floyd County IA .....
Franklin County IA .....
Greene County IA .....
Grundy County IA .....
Guthrie County IA .....
Hamilton County IA .....
Hancock County IA .....
Hardin County IA .....
Henry County IA .....
Ida County IA .....
Jackson County IA .....
Jasper County IA .....
Jones County IA .....
Kossuth County IA .....
Louisa County IA .....
Lucas County IA .....
Madison County IA .....
Mahaska County IA .....
Marion County IA .....
Mitchell County IA .....
Monona County IA .....
Monroe County IA .....
Muscatine County IA .....
Plymouth County IA .....
Polk County IA .....
Poweshiek County IA .....
Ringgold County IA .....
Scott County IA .....
Sioux County IA .....
Tama County IA .....
Union County IA .....
Warren County IA .....
Wayne County IA .....
Winnebago County IA .....
Woodbury County IA .....
Worth County IA .....
Wright County IA .....
.....

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....	\$ .....
15.2 Total Incurred Claims .....	\$ .....
15.3 Number of Covered Lives .....	.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [  ] No [  ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [  ] No [  ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company**  
**FIVE-YEAR HISTORICAL DATA**

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	14,987,959	12,396,254	7,574,295	8,111,194	7,376,577
2. Total liabilities (Page 3, Line 24)	6,960,665	4,675,940	1,671,187	1,878,877	1,138,138
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33)	8,027,294	7,720,314	5,903,108	6,232,316	6,238,439
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	16,710,707	13,272,219	9,993,851	7,385,245	7,655,642
6. Total medical and hospital expenses (Line 18)	17,394,442	14,123,815	9,912,636	6,863,036	6,338,244
7. Claims adjustment expenses (Line 20)	579,449	577,581	493,844	208,644	280,014
8. Total administrative expenses (Line 21)	1,665,780	1,368,751	1,202,292	562,325	778,604
9. Net underwriting gain (loss) (Line 24)	(5,228,964)	(3,997,928)	(1,114,921)	(948,760)	258,780
10. Net investment gain (loss) (Line 27)	398,608	135,794	50,694	31,843	36,460
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(4,830,356)	(3,862,134)	(1,064,227)	(916,917)	295,241
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(3,090,885)	(1,658,773)	(101,808)	(1,805,181)	3,011,843
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	8,027,294	7,720,314	5,903,108	6,232,316	6,238,439
15. Authorized control level risk-based capital	1,098,305	893,866	657,618	454,066	425,664
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	1,442	1,120	961	605	662
17. Total members months (Column 6, Line 7)	16,926	13,096	11,158	7,287	8,186
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	104.1	106.4	99.2	92.9	82.8
20. Cost containment expenses	1.9	2.3	2.8	1.7	2.1
21. Other claims adjustment expenses	1.6	2.0	2.1	1.2	1.6
22. Total underwriting deductions (Line 23)	131.3	130.1	111.2	112.8	96.6
23. Total underwriting gain (loss) (Line 24)	(31.3)	(30.1)	(11.2)	(12.8)	3.4
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	1,262,219	1,250,621	747,182	858,038	691,837
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	1,640,706	1,209,794	823,705	872,752	865,938
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes  No

If no, please explain: \_\_\_\_\_

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS****Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama .....	AL	N							0	
2. Alaska .....	AK	N							0	
3. Arizona .....	AZ	N							0	
4. Arkansas .....	AR	N							0	
5. California .....	CA	N							0	
6. Colorado .....	CO	N							0	
7. Connecticut .....	CT	N							0	
8. Delaware .....	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida .....	FL	N							0	
11. Georgia .....	GA	N							0	
12. Hawaii .....	HI	N							0	
13. Idaho .....	ID	N							0	
14. Illinois .....	IL	N							0	
15. Indiana .....	IN	N							0	
16. Iowa .....	IA	L		4,304,264					4,304,264	
17. Kansas .....	KS	N							0	
18. Kentucky .....	KY	N							0	
19. Louisiana .....	LA	N							0	
20. Maine .....	ME	N							0	
21. Maryland .....	MD	N							0	
22. Massachusetts .....	MA	N							0	
23. Michigan .....	MI	N							0	
24. Minnesota .....	MN	N							0	
25. Mississippi .....	MS	N							0	
26. Missouri .....	MO	N							0	
27. Montana .....	MT	N							0	
28. Nebraska .....	NE	N							0	
29. Nevada .....	NV	N							0	
30. New Hampshire .....	NH	N							0	
31. New Jersey .....	NJ	N							0	
32. New Mexico .....	NM	N							0	
33. New York .....	NY	N							0	
34. North Carolina .....	NC	N							0	
35. North Dakota .....	ND	N							0	
36. Ohio .....	OH	L		12,472,222					12,472,222	
37. Oklahoma .....	OK	N							0	
38. Oregon .....	OR	N							0	
39. Pennsylvania .....	PA	N							0	
40. Rhode Island .....	RI	N							0	
41. South Carolina .....	SC	N							0	
42. South Dakota .....	SD	N							0	
43. Tennessee .....	TN	N							0	
44. Texas .....	TX	N							0	
45. Utah .....	UT	N							0	
46. Vermont .....	VT	N							0	
47. Virginia .....	VA	N							0	
48. Washington .....	WA	N							0	
49. West Virginia .....	WV	N							0	
50. Wisconsin .....	WI	N							0	
51. Wyoming .....	WY	N							0	
52. American Samoa .....	AS	N							0	
53. Guam .....	GU	N							0	
54. Puerto Rico .....	PR	N							0	
55. U.S. Virgin Islands ..	VI	N							0	
56. Northern Mariana Islands .....	MP	N							0	
57. Canada .....	CAN	N							0	
58. Aggregate Other Aliens .....	OT	XXX	.0	0	0	0	0	0	0	0
59. Subtotal .....		XXX	0	16,776,486	0	0	0	0	16,776,486	0
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX							0	
61. Totals (Direct Business)		XXX	0	16,776,486	0	0	0	0	16,776,486	0
DETAILS OF WRITE-INS										
58001. ....		XXX								
58002. ....		XXX								
58003. ....		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2 4. Q - Qualified - Qualified or accredited reinsurer..... 0

2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 55

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

(b) Explanation of basis of allocation by states, premiums by state, etc.

N/A no allocation of premium done

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATION CHART**

		Genesis Medical Center, Aledo; FEIN: 45-4475683 (100% Controlled by Genesis Health System (IL))									
		GenRad Imaging Illinois, LLC; FEIN: 47-3785124 (50% Controlled by Genesis Health System (IL))									
		Larson Center LLP; FEIN: 36-3738454 (100% Controlled by Genesis Health System (IL))									
		Larson Center, LLC; FEIN: (100% Controlled by Genesis Health System (IL))									
		Genesis Health System (IA); FEIN: 42-1418847 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One)									
		Genesis Medical Center, DeWitt (dba of Genesis Health System (IA)); FEIN: 42-1418847 (100% Controlled by Genesis Health System (IA))									
		Genesis Health Group (dba of Genesis Health System (IA)); FEIN: 42-1418847 (100% Controlled by Genesis Health System (IA))									
		Clyfee Dialysis, LLC; FEIN: 47-1681144 (20% Controlled by Genesis Health System (IA))									
		Genesis Accountable Care Organization, LLC; FEIN: 45-4168932 (100% Controlled by Genesis Health System (IA))									
		Genesis Community Health Education Foundation; FEIN: (100% Controlled by Genesis Health System (IA))									
		Genesis Health Services Foundation; FEIN: 42-1421670 (100% Controlled by Genesis Health System (IA))									
		Genesis Health System Workers Compensation Plan and Trust; FEIN: 39-1905171 (100% Controlled by Genesis Health System (IA))									
		GenGastro, LLC; FEIN: 56-2315623 (86.25% Controlled by Genesis Health System (IA))									
		GenOrtho, LLC; FEIN: 20-3406994 (40% Controlled by Genesis Health System (IA))									
		GenRad Imaging, LLC; FEIN: 45-3571628 (50% Controlled by Genesis Health System (IA))									
		GenVentures, Inc.; FEIN: 42-1269171 (100% Controlled by Genesis Health System (IA))									
		Genesys Heart Institute Owner's Association, Inc.; FEIN: 86-3949369 (59.11% Controlled by GenVentures, Inc.)									
		Spring Park Surgery Center, LLC; FEIN: 42-1483989 (40% Controlled by Genesis Health System (IA))									
		Welspire, LLC; FEIN: 83-3724025 (40% Controlled by Genesis Health System (IA))									
		Mercy Community Hospital Group, LLC; FEIN: 35-2473948 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)									
		Central Community Hospital dba MercyOne Elkhader Medical Center; FEIN: 42-0818642 (100% Controlled by Mercy Community Hospital Group)									
		Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; FEIN: 42-1177001 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)									
		N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)									
		Mercy Hospital of Franciscan Sisters, Inc. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)									
		Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN: 42-1264647 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)									
		Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center)									
		Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)									
		Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN: 42-1240996 (100% Controlled by Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center)									
		Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center; FEIN: 42-0680448 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)									
		St. Joseph's Mercy Hospital, Centerville, Iowa, dba MercyOne Centerville Medical Center; FEIN: 42-0680308 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		PLEASE NOTE: ENTITY IS OPERATIONALLY INACTIVE EFFECTIVE 12/31/2022: Mercy Rural ACO, LLC dba Mercy ACO I; FEIN: 81-2764963 (100% Controlled by St. Joseph's Mercy Hospital, Centerville, Iowa, dba MercyOne Centerville Medical Center)									
		House of Mercy dba MercyOne House of Mercy; FEIN: 42-1323808 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Mercy College of Health Sciences; FEIN: 42-151168 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Mercy Clinics, Inc. dba MercyOne Medical Group - Central Iowa; FEIN: 42-1193699 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		MercyOne Central Iowa Urgent Care, LLC; FEIN: (100% Controlled by Mercy Clinics, Inc.)									
		Mercy Health Network ACO, LLC dba MercyOne ACO III; FEIN: 81-2764963 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Mercy ACO, LLC dba MercyOne ACO III PHSO (Statewide); FEIN: 45-4498644 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		MercyOne ACO V, LLC; FEIN: 83-0397103 (100% Controlled by Mercy ACO, LLC dba MercyOne ACO III)									
		Mercy Foundation of DesMoines, Iowa dba MercyOne Des Moines Foundation FEIN: 23-7358794 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Mercy Auxiliary of Central Iowa; FEIN: 42-6076069 (100% Controlled by Mercy Foundation of DesMoines, Iowa dba MercyOne Des Moines Foundation)									
		Mercy Medical Center-Newton dba MercyOne Newton Medical Center; FEIN: 42-1470935 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Jasper County Health Ventures, LLC; FEIN: 46-52004428 (50% Controlled by Mercy Medical Center-Newton dba MercyOne Newton Medical Center)									
		Ross Medical Arts Building Owners Association, Inc.; FEIN: (60% Controlled by Mercy Medical Center-Newton dba MercyOne Newton Medical Center)									
		Des Moines Medical Center, Inc.; FEIN: 42-0837382 (92.98% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Iowa Medical Education Collaborative; FEIN: 46-0867190 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Mercy Terrace Hill Surgery Center, LLC; FEIN: 42-1473103 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		RCG Mercy Des Moines, LLC; FEIN: 45-057617 (20% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		West Lakes Surgery Center, LLC; FEIN: 20-5345292 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Mercy Rehabilitation Hospital, LLC; FEIN: 81-4437201 (51% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Clive Behavioral Health, LLC; FEIN: 83-0831660 (48% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)									
		Rural Iowa Benefits Alliance; FEIN: 99-4855140 (1% Controlled by Mercy Health Network, Inc. dba MercyOne)									
		Mercy Health Services - Iowa, Corp. Iowa/Nebraska; FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation)									
		Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Parent)									
		Mercy Healthcare Foundation-Clinton; FEIN: 42-1316126 (Entity is independent of and not controlled by Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center)									
		Mercy-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)									
		MercyOne Dyersville Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)									
		MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)									
		Dubuque Mercy Health Foundation, Inc. (dba MercyOne Dubuque Foundation); FEIN: 26-2227941 (100% Controlled by Immediate Parent)									
		Dyersville Health Foundation, Inc. (dba MercyOne Dyersville Foundation); FEIN: 20-5383271 (100% Controlled by Immediate Parent)									
		Preferred Health Choices, LLC; FEIN: 90-0193911 (50% Controlled by Immediate Parent)									
		Health Management Services, LLC.; FEIN: 46-1861361 (50% Controlled by MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Tri-State Surgery Center, LLC.; FEIN: 91-1900559 (100% Controlled by Immediate Parent)									
		Medical Associates/Mercy Family Care Network, LLC.; FEIN: 42-1478444 (100% Controlled by Immediate Parent)									
		Tri-State Occupational Health, LLC.; FEIN: 90-1039315 (100% Controlled by Immediate Parent)									
		MercyOne New Hampton Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)									
		MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)									
		MercyOne - KRHC Home Medical Shop, LLC; FEIN: 92-3276114 (51% Controlled by Mercy Health Services - Iowa, Corp. dba MercyOne North Iowa Medical Center and 49% Controlled by Kossuth Regional Health Center)									
		MercyOne Hansen Family Hospital Medical Shop, LLC; FEIN: (50% Controlled by Mercy Health Services - Iowa Corp. dba MercyOne North Iowa Medical Center and 49% Controlled by Ellsworth Municipal Hospital dba Hansen Family Hospital, an Iowa municipal hospital)									
		Hospice of North Iowa dba MercyOne North Iowa Hospice; FEIN: 42-1173708 (100% Controlled by Immediate Parent)									
		Mercy Medical Center Foundation - North Iowa dba MercyOne North Iowa Foundation; FEIN: 42-1229151 (100% Controlled by Immediate Parent)									
		PLEASE NOTE UPDATED OWNERSHIP PERCENTAGE IS EFFECTIVE 10/15/2024: Forest Park Imaging, LLC; FEIN: 13-4365966 (51% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Fresenius Kidney Center North Iowa; FEIN: 81-2470407 (20% Controlled by Immediate Parent)									
		Surgical Center Building Associates, LLC; FEIN: 31-1373080 (35% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		PLEASE NOTE UPDATED OWNERSHIP PERCENTAGE IS EFFECTIVE 10/15/2024: Magnetic Resonance Services, LLC; FEIN: 42-1328888 (51% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Mason City Ambulatory Surgery Center, LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Mercy Heart Center Outpatient Services, LLC; FEIN: 13-4237594 (51% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)									
		MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080)									
		Hawarden Regional Healthcare Clinics, LLC.; FEIN: 20-1444339 (50% Controlled by MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Mercy Medical Services, Inc. dba MercyOne Medical Group - Siouxland; FEIN: 42-1283849 (100% Controlled by Immediate Parent)									
		Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)									
		Health, Incorporated; FEIN: 31-1712115 (50% Controlled by MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Souixland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)									
		Souixland Regional Cancer Center dba June E. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent)									
		Mercy/USP Health Ventures, LLC; FEIN: 47-1290300 (55.71% Controlled by MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.; FEIN: 31-1373080))									
		Souixland Surgery Center Limited Liability Partnership dba Dunes Surgical Hospital; FEIN: 46-0423353 (52.46% Controlled by Mercy/USP Health Ventures, LLC.)									
		PLEASE NOTE: HOSPITAL HAS CEASED OPERATIONS - CLINIC WILL REMAIN OPEN: Oakland Mercy Hospital dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Parent)									
		Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent)									
		PLEASE NOTE - PRIMGHAR MEDICAL CENTER CLOSED 9/30/24 and DISSOLUTION IS IN PROCESS FOR THIS ENTITY: Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)									
		PLEASE NOTE - FOUNDATION WILL BECOME DEFUNCT AS PRIMGHAR MEDICAL CENTER CLOSED 9/30/2024 and DISSOLUTION IS IN PROCESS FOR THIS ENTITY: Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Primghar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent)									
		MHN ACO, LLC dba MercyOne ACO IV; FEIN: 42-1521367 (100% held by Mercy Health Services - Iowa, Corp.)									
<u>Saint Joseph Regional Medical Center, Inc. (Indiana); FEIN: 35-1568821 (100% Controlled by Trinity Health)</u>		The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent)									
		Alick's Home Medical Equipment, Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)									
		Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-28124097 (100% Controlled by Immediate Parent)									
		Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (50% Controlled by Immediate Parent)									
		Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)									
		Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Voting Interest held by Immediate Parent)									
		Edison Lakes ROC, LLC.; FEIN: 27-1778694 (30% Controlled by Immediate Parent)									
		Saint Joseph Regional Medical Center - South Bend Campus, Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent)									
		West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (2.5% interest held by Saint Joseph Regional Medical Center - South Bend Campus, Inc.)									
		Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent)									
		West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (2									

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATION CHART

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Saint Joseph's Mercy Care Services, Inc. dba Mercy Care; FEIN: 58-1752700 (100% Controlled by Immediate Parent)			
Mercy Senior Care, Inc. dba Mercy Care Romeo; FEIN: 58-1366508 (100% Controlled by Immediate Parent)			
Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Controlled by Immediate Parent)			
Mercy Services Downtown, Inc.; FEIN: 47-2046353 (100% Controlled by Immediate Parent)			
SIHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent)			
Emory/Saint Joseph's, Inc. (JOC - 49% Controlled by SIHS/JOC Holdings, Inc.); FEIN: 45-2721833			
Saint Joseph's McAuley Park I, LLC; FEIN: 88-0592157 (100% Controlled by Saint Joseph's Health System, Inc.)			
McAuley Park MM, LLC; FEIN: (20% Controlled by Saint Joseph's McAuley Park I, LLC)			
McAuley Park I LLC; FEIN: (0.010000% Controlled by McAuley Park MM LLC)			
Saint Joseph's Developer, LLC; FEIN: 88-0615394 (100% Controlled by Saint Joseph's Health System, Inc.)			
Holy Cross Hospital, Inc. [Florida]; FEIN: 59-0791028 (100% Controlled by Trinity Health)			
Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Controlled by Immediate Parent)			
PLEASE NOTE: THIS ENTITY IS NO LONGER A HOME HEALTH AGENCY AS OF 12/2010 DUE TO FL LAW CHANGE AS TO HHA OWNERSHIP REQUIREMENTS, BUT THE ENTITY REMAINS, AS IT OWNS A MOB ON THE HCH CAMPUS: Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent)			
Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Parent)			
Holy Cross Physician Partners, LLC; FEIN: 36-4732116 (100% Controlled by Immediate Parent)			
Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Controlled by Immediate Parent)			
Holy Cross Senior Services, Inc.; FEIN: 83-2256461 (100% Controlled by Immediate Parent)			
Physician Outpatient Surgery Center, LLC (63.792475% Controlled by Holy Cross Hospital, Inc. and 36.207525% Controlled by Physician Members); FEIN: 35-2325646			
Atlantic Coast Health Network, LLC (JV with Atlantic Coast Holdings, Inc. - 50% Controlled by HCH); FEIN: 47-4756582			
FCHN Holy Cross HoldCo, LLC; FEIN: 87-3273655 (50% Controlled by Holy Cross Hospital, Inc.)			
Combined Services, Inc.; FEIN: 59-1389127 (2% held by Holy Cross Hospital, Inc.)			
St. Joseph's Health, Inc. [New York]; FEIN: 47-454987 (100% Controlled by Trinity Health)			
St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Controlled by Immediate Parent)			
S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Controlled by Immediate Parent)			
SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-1796650			
St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Controlled by Immediate Parent)			
SIPE Practice Management Services, Inc.; FEIN: 45-4164954 (100% Controlled by Immediate Parent)			
Plaza Corporation of Central New York (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840			
Iroquois Nursing Home, Inc.; FEIN: 16-1364582 (100% Controlled by Immediate Parent)			
Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Controlled by Immediate Parent)			
Mandoria Gardens Housing Development Fund Company, Inc. (100% Controlled by Plaza Nursing Home Company, Inc.); FEIN: 27-3993174			
Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Parent)			
Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Controlled by Immediate Parent)			
Loretto Independent Living Services, Inc.; FEIN: 16-1470454 (Not Controlled by Immediate Parent, but maintains a right to one less than one half of the Board Seats)			
CNY AIM IPA, LLC; FEIN: 81-5385690 (100% Controlled by Immediate Parent)			
CNY AIM, LLC; FEIN: 81-1461678 (100% Controlled by Immediate Parent)			
Specialists' One-Day Surgery, LLC; FEIN: (25% Controlled by St. Joseph's Hospital Health Center)			
St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Controlled by Immediate Parent)			
The Auxiliary of St. Joseph's Hospital Health Center, Inc.; FEIN: 20-3018640 (100% Controlled by St. Joseph's Hospital Health Center Foundation, Inc.)			
St. Joseph's Health Center Properties, Inc.; FEIN: 23-7212924 (100% Controlled by Immediate Parent)			
Franciscan Associates, Inc.; FEIN: 20-2991688 (100% Controlled by Immediate Parent)			
FHS Services, Inc. d/b/a Oneida Lifeline, Franciscan Lifeline; FEIN: 27-2995699 (100% Controlled by Immediate Parent)			
Franciscan Management Services, Inc.; FEIN: 16-1351193 (100% Controlled by Immediate Parent)			
St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-1540486			
Central New York Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-1559710			
Franciscan Health Support, Inc.; FEIN: 16-1236354 (100% Controlled by Immediate Parent)			
PLEASE NOTE: ASSETS OF THIS ENTITY WERE SOLD TO ADAPTHEALTH EFFECTIVE 11/1/2000, BUT ENTITY REMAINS: Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support); FEIN: 16-1236354 (100% Controlled by Immediate Parent)			
Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Controlled by Immediate Parent)			
Near Northside Holdings, LLC; FEIN: Not Yet Applied For (100% Controlled by Immediate Parent)			
Embracing Age, Inc.; FEIN: 46-1051881 (100% Controlled by Immediate Parent)			
St. Joseph's Medical, P.C.; FEIN: 27-3899821 (Captive PC.)			
St. Joseph's Imaging Associates, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-1104293			
CNY North Urgent Care, PLLC; FEIN: 35-2605215 (100% Controlled by St. Joseph's Medical, P.C.)			
Concordia Healthcare Network, LLC; FEIN: 84-1939474 (100% Controlled by Immediate Parent)			
Concordia Healthcare Network IPA, LLC; FEIN: 84-3669999 (100% Controlled by Concordia Health Network, LLC)			
Concordia Health ACO, LLC; FEIN: TBD (100% Controlled by St. Joseph's Health, Inc.)			
Trinity Health Of New England Corporation, Inc. (formerly Trinity Health - New England, Inc.) [Connecticut]; FEIN: 06-1491191 (100% Controlled by Trinity Health)			
Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent)			
Woodland Partners Real Estate LLC; FEIN: 83-3371094; (55% Controlled by Saint Francis Hospital and Medical Center)			
Lighthouse Surgery Center, LLC; FEIN: 83-2096316 (26% Controlled by Saint Francis Hospital and Medical Center/74% by Physicians)			
Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Controlled by Immediate Parent)			
Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Parent)			
Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Parent)			
Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Parent)			
Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278			
Saint Francis Care Medical Group, P.C. (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Parent)			
Rocky Hill Imaging Center, LLC; FEIN: 61-1989297 (50% Controlled by Saint Francis Hospital and Medical Center)			
Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Parent)			
SFHFF, LLC; FEIN: 06-1489749; (100% Controlled by MSRH)			
Trinity Health Of New England Provider Network Organization, Inc. (formerly Trinity Health-New England Physician Network Organization); FEIN: 06-1450168 (100% Controlled by Immediate Parent)			
Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled by Immediate Parent)			
Enfield Surgery Center, LLC; FEIN: (100% Controlled by Trinity Health Of New England Corporation, Inc.)			
Trinity Health Of New England CIN LLC; FEIN: (100% Controlled by Trinity Health Of New England Corporation, Inc.)			
Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (33.3% Controlled by THONE, 20% Controlled by JMMC)			
Johnson Memorial Hospital, Inc.; FEIN: 47-5676956 (100% Controlled by Immediate Parent)			
NRON, LLC; FEIN: 81-2004513; (25% Controlled by Johnson Memorial Hospital, Inc.)			
TIC, LLC; FEIN: 81-2022269 (15% Controlled by Johnson Memorial Hospital, Inc.)			
Trinity Health Of New England Emergency Medical Services, Inc.; FEIN: 83-3546613 (100% Controlled by Immediate Parent)			
The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for Maternity, Sister Caritas Cancer Center, WorkWise, Mercy Healthcare for The Homeless; FEIN: 04-3398280 (100% Controlled by Immediate Parent)			
Mercy Inpatient Medical Associates, Inc. dba Breast Care Center; dba MercyCare - Forest Park; dba Providence Prenatal Center of Holyoke; dba Trinity Health of New England Medical Group; FEIN: 04-3029929 (100% Controlled by Immediate Parent)			
System Coordinated Services, Inc. dba Lite Laboratories; FEIN: 04-2938161 (100% Controlled by Immediate Parent)			
Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Controlled by System Coordinated Services)			
Mercy Health Accountable Care Organization, LLC; FEIN: 82-1007572 (100% Controlled by Immediate Parent)			
Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)			
Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)			
Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208894 (100% Controlled by Immediate Parent)			
Mercy Specialties Physicians, Inc. dba Trinity Health of New England Medical Group; FEIN: 26-4033168 (100% Controlled by Immediate Parent)			
Mercy Medical Group, Inc. dba Trinity Health of New England Medical Group; FEIN: 45-4884805 (100% Controlled by Immediate Parent)			
Riverbend Medical Group, Inc. dba Trinity Health of New England Medical Group; FEIN: 81-1807730 (100% Controlled by Immediate Parent)			
Sisters of Providence Care Centers, Inc.; FEIN: 22-2541103 (100% Controlled by Immediate Parent)			
Western Massachusetts PET/CT Imaging Center, LLC; FEIN: 20-4744663 (50% Controlled by The Mercy Hospital, Inc.; 50% Controlled by Alliance Imaging, Inc.)			
Saint Mary's Hospital, Inc.; FEIN: 06-0646844 (100% Controlled by Immediate Parent)			
The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Controlled by Immediate Parent)			
Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Controlled by Immediate Parent)			
Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (78.3% Controlled by Immediate Parent)			
Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled by Immediate Parent)			
Scoville Street Medical Building Association, Inc.; FEIN: 06-1232868 (92% Controlled by Immediate Parent)			

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. 2023 FYRA Part C .....			0	(54,410)
2305. 2023 FYRA Part D .....			0	(8,596)
2306. LIS Receivable .....			0	(5,293)
2307. January Retroactivity .....			0	849
2308. RAPS Delete .....			0	215,254
2397. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	147,804