



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

NAIC Group Code 2838 NAIC Company Code 95655 Employer's ID Number 31-1471229
(Current) (Prior)

Organized under the Laws of Ohio State of Domicile or Port of Entry OH

Licensed as business type: **Health Maintenance Organization**

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

Incorporated/Organized 08/07/1996 Commenced Business 04/01/1997

Statutory Home Office 3100 Easton Square Place Columbus, OH, US 43219

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

3700 Easton Square Place
(Street and Number)
Columbus, OH, US 43219, 407-754-5667
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 3100 Easton Square Place
(Street and Number)
Columbus, OH, US 43219 407-754-5667
(City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.medigold.com

OFFICERS

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

OTHER

Trisha Anne Whetstone, Assistant Secretary for the Bureau of Land Management
David Lee Vis, Assistant Treasurer

DIRECTORS OR TRUSTEES

State of Ohio County of Franklin SS SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Charles Randolph
President & CEO

Joseph Jerome Patrick, Jr.
Secretary & Treasurer

David Lee Vis
Vice President & CFO

Subscribed and sworn to before me this
_____ day of _____

a. Is this an original filing? Yes [] No []
b. If no,
 1. State the amendment number.....
 2. Date filed
 3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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)	287,552,227		287,552,227	276,032,392
2. Stocks (Schedule D):				0
2.1 Preferred stocks			0	0
2.2 Common stocks	164,396,071		164,396,071	143,517,194
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
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 (\$ (2,723,467) , Schedule E - Part 1), cash equivalents (\$ 10,502,617 , Schedule E - Part 2) and short-term investments (\$ 22,167,585 , Schedule DA)	29,946,735		29,946,735	60,182,437
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	84,700		84,700	37,490
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)	481,979,734	0	481,979,734	479,769,513
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	2,276,241		2,276,241	1,886,483
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	521,952	9,556	512,396	547,424
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 (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	838,512		838,512	192,188
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 (\$)	3,663,721	3,663,721	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	4,764,423		4,764,423	2,702,275
24. Health care (\$ 16,875,443) and other amounts receivable	18,343,756	1,468,313	16,875,443	14,040,210
25. Aggregate write-ins for other-than-invested assets	5,155,359	1,799,083	3,356,276	2,544,696
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	517,543,698	6,940,673	510,603,025	501,682,789
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	517,543,698	6,940,673	510,603,025	501,682,789
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
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. Miscellaneous receivable			0	501,245
2502. Deposits	3,356,276		3,356,276	2,043,451
2503. Prepaid expenses	1,799,083	1,799,083	0	0
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)	5,155,359	1,799,083	3,356,276	2,544,696

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	43,640,700		43,640,700	40,209,182
2. Accrued medical incentive pool and bonus amounts	3,957,749		3,957,749	7,994,079
3. Unpaid claims adjustment expenses	885,216		885,216	816,664
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act			0	0
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	255,294		255,294	249,603
9. General expenses due or accrued	7,051,995		7,051,995	4,311,385
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	8,390,613		8,390,613	7,280,263
16. Derivatives			0	0
17. Payable for securities	57,252		57,252	38,744
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)	4,764,059	0	4,764,059	20,159,842
24. Total liabilities (Lines 1 to 23)	69,002,878	0	69,002,878	81,059,762
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	97,398,859	76,538,375
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	344,201,288	344,084,652
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	441,600,147	420,623,027
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	510,603,025	501,682,789
DETAILS OF WRITE-INS				
2301. Due to CMS RAPS Delete	16,082,435		16,082,435	16,082,435
2302. 2023 FYRA Part C			0	(4,917,913)
2303. 2024 FYRA Part C	(7,534,298)		(7,534,298)	0
2398. Summary of remaining write-ins for Line 23 from overflow page	(3,784,078)	0	(3,784,078)	8,995,320
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	4,764,059	0	4,764,059	20,159,842
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.....	462,503	460,493
2. Net premium income (including \$ non-health premium income)	XXX.....	572,630,968	554,841,981
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.....	572,630,968	554,841,981
Hospital and Medical:			
9. Hospital/medical benefits		276,471,433	284,993,057
10. Other professional services		175,877,138	156,923,575
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs		45,923,113	40,002,813
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		11,504,031	8,954,409
16. Subtotal (Lines 9 to 15)	0	509,775,715	490,873,854
Less:			
17. Net reinsurance recoveries		1,053,478	1,588,783
18. Total hospital and medical (Lines 16 minus 17)	0	508,722,237	489,285,071
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 10,104,358 cost containment expenses		18,321,024	18,902,623
21. General administrative expenses		42,566,690	39,587,560
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	569,609,951	547,775,254
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	3,021,017	7,066,727
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		15,139,154	10,530,727
26. Net realized capital gains (losses) less capital gains tax of \$		5,151,034	755,297
27. Net investment gains (losses) (Lines 25 plus 26)	0	20,290,188	11,286,024
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.....	23,311,205	18,352,751
31. Federal and foreign income taxes incurred	XXX.....		
32. Net income (loss) (Lines 30 minus 31)	XXX	23,311,205	18,352,751
DETAILS OF WRITE-INS			
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.	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
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	420,623,027	408,553,898
34. Net income or (loss) from Line 32	23,311,205	18,352,751
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(2,580,205)	7,078,232
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(2,614,364)	(2,714,116)
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	20,860,484	12,352,262
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(18,000,000)	(23,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	20,977,120	12,069,129
49. Capital and surplus end of reporting period (Line 33 plus 48)	441,600,147	420,623,027
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	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 Plan, Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	572,664,875	555,086,120
2. Net investment income	14,153,941	10,529,810
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	586,818,816	565,615,930
5. Benefit and loss related payments	512,574,451	507,994,975
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	58,078,552	58,012,921
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)	570,653,003	566,007,896
11. Net cash from operations (Line 4 minus Line 10)	16,165,813	(391,966)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	100,398,354	63,021,247
12.2 Stocks	53,925,612	23,022,912
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	1,193	0
12.7 Miscellaneous proceeds	18,508	12,862
12.8 Total investment proceeds (Lines 12.1 to 12.7)	154,343,667	86,057,021
13. Cost of investments acquired (long-term only):		
13.1 Bonds	116,004,767	70,324,577
13.2 Stocks	67,552,822	34,904,260
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	47,210	12,007
13.7 Total investments acquired (Lines 13.1 to 13.6)	183,604,799	105,240,844
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)	(29,261,131)	(19,183,823)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	20,860,484	12,352,262
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	18,000,000	23,000,000
16.6 Other cash provided (applied)	(20,000,868)	4,117,512
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(17,140,384)	(6,530,226)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(30,235,702)	(26,106,015)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	60,182,437	86,288,452
19.2 End of year (Line 18 plus Line 19.1)	29,946,735	60,182,437

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	574,341,527		1,710,559	572,630,968
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)	574,341,527	0	1,710,559	572,630,968
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	574,341,527	0	1,710,559	572,630,968

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	497,441,245						497,441,245						
1.2	Reinsurance assumed	0												
1.3	Reinsurance ceded	407,154						407,154						
1.4	Net	497,034,091	0	0	0	0	0	497,034,091	0	0	0	0	0	0
2.	Paid medical incentive pools and bonuses	15,540,360						15,540,360						
3.	Claim liability December 31, current year from Part 2A:													
3.1	Direct	43,640,700	0	0	0	0	0	43,640,700	0	0	0	0	0	0
3.2	Reinsurance assumed	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
3.4	Net	43,640,700	0	0	0	0	0	43,640,700	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
5.	Accrued medical incentive pools and bonuses, current year	3,957,749						3,957,749						
6.	Net health care receivables (a)	2,601,078						2,601,078						
7.	Amounts recoverable from reinsurers December 31, current year	838,512						838,512						
8.	Claim liability December 31, prior year from Part 2A:													
8.1	Direct	40,209,182	0	0	0	0	0	40,209,182	0	0	0	0	0	0
8.2	Reinsurance assumed	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
8.4	Net	40,209,182	0	0	0	0	0	40,209,182	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
10.	Accrued medical incentive pools and bonuses, prior year	7,994,079						7,994,079						
11.	Amounts recoverable from reinsurers December 31, prior year	192,188						192,188						
12.	Incurred Benefits:													
12.1	Direct	498,271,685	0	0	0	0	0	498,271,685	0	0	0	0	0	0
12.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3	Reinsurance ceded	1,053,478	0	0	0	0	0	1,053,478	0	0	0	0	0	0
12.4	Net	497,218,207	0	0	0	0	0	497,218,207	0	0	0	0	0	0
13.	Incurred medical incentive pools and bonuses	11,504,030	0	0	0	0	0	11,504,030	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 Plan, Inc.

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	5,971,945								5,971,945					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	5,971,945	0	0	0	0	0	0	5,971,945	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	37,668,755								37,668,755					
2.2 Reinsurance assumed	0													
2.3 Reinsurance ceded	0													
2.4 Net	37,668,755	0	0	0	0	0	0	37,668,755	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	43,640,700	0	0	0	0	0	0	43,640,700	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	43,640,700	0	0	0	0	0	0	43,640,700	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	36,196,704	457,589,985	168	43,640,532	36,196,872	40,209,182
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)	36,196,704	457,589,985	168	43,640,532	36,196,872	40,209,182
14. Health care receivables (a)					0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	2,951,019	12,589,341	3,852,224	105,525	6,803,243	7,994,079
17. Totals (Lines 13 - 14 + 15 + 16)	39,147,723	470,179,326	3,852,392	43,746,057	43,000,115	48,203,261

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	85,075	84,872	85,680	85,680	85,680
2. 2020	405,876	475,137	501,967	502,311	502,311
3. 2021	XXX	437,028	521,801	533,955	533,868
4. 2022	XXX	XXX	429,485	518,325	519,108
5. 2023	XXX	XXX	XXX	444,055	536,020
6. 2024	XXX	XXX	XXX	XXX	470,179

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	112,410	86,656	85,669	85,569	85,569
2. 2020	466,669	501,908	504,474	502,311	504,988
3. 2021	XXX	483,334	532,300	530,867	533,868
4. 2022	XXX	XXX	479,819	521,413	519,703
5. 2023	XXX	XXX	XXX	494,069	536,020
6. 2024	XXX	XXX	XXX	XXX	513,295

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	559,607	502,311	16,596	3.3	518,907	92.7			518,907	92.7
2. 2021	563,432	533,868	17,527	3.3	551,395	97.9			551,395	97.9
3. 2022	553,180	519,108	17,932	3.5	537,040	97.1			537,040	97.1
4. 2023	554,842	536,020	18,726	3.5	554,746	100.0	3,852	0	558,598	100.7
5. 2024	571,637	470,179	18,321	3.9	488,500	85.5	43,746	885	533,131	93.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	85,075	84,872	85,680	85,680	85,680
2. 2020	405,876	475,137	501,967	502,311	502,311
3. 2021	XXX	437,028	521,801	533,955	533,868
4. 2022	XXX	XXX	429,485	518,325	519,108
5. 2023	XXX	XXX	XXX	444,055	536,020
6. 2024	XXX	XXX	XXX	XXX	470,179

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	112,410	86,656	85,669	85,569	85,569
2. 2020	466,669	501,908	504,474	502,311	504,988
3. 2021	XXX	483,334	532,300	530,867	533,868
4. 2022	XXX	XXX	479,819	521,413	519,703
5. 2023	XXX	XXX	XXX	494,069	536,020
6. 2024	XXX	XXX	XXX	XXX	513,295

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2020	559,607	502,311	16,596	3.3	518,907	92.7	0	0	518,907	92.7
2. 2021	563,432	533,868	17,527	3.3	551,395	97.9	0	0	551,395	97.9
3. 2022	553,180	519,108	17,932	3.5	537,040	97.1	0	0	537,040	97.1
4. 2023	554,842	536,020	18,726	3.5	554,746	100.0	3,852	0	558,598	100.7
5. 2024	571,637	470,179	18,321	3.9	488,500	85.5	43,746	885	533,131	93.3

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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												
2.	Additional policy reserves (a)												
3.	Reserve for future contingent benefits												
4.	Reserve for rate credits or experience rating refunds (including \$ for investment income)												
5.	Aggregate write-ins for other policy reserves												
6.	Totals (gross)												
7.	Reinsurance ceded												
8.	Totals (Net)(Page 3, Line 4)												
9.	Present value of amounts not yet due on claims												
10.	Reserve for future contingent benefits												
11.	Aggregate write-ins for other claim reserves												
12.	Totals (gross)												
13.	Reinsurance ceded												
14.	Totals (Net)(Page 3, Line 7)												
DETAILS OF WRITE-INS													
0501.	.....											
0502.	.....											
0503.	.....											
0598.	Summary of remaining write-ins for Line 5 from overflow page												
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)												
1101.	.....											
1102.	.....											
1103.	.....											
1198.	Summary of remaining write-ins for Line 11 from overflow page												
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)												

(a) Includes \$ premium deficiency reserve.

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.
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)			269,397		269,397
2. Salary, wages and other benefits	5,576,595	1,749,742	17,530,379		24,856,716
3. Commissions (less \$ ceded plus \$ assumed)			3,136,024		3,136,024
4. Legal fees and expenses			845		845
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	67,625		3,314,784		3,382,409
7. Traveling expenses	18,984	589	113,534		133,107
8. Marketing and advertising			4,170,527		4,170,527
9. Postage, express and telephone	250	108,738	2,554,489		2,663,477
10. Printing and office supplies	20	1,226	153,136		154,382
11. Occupancy, depreciation and amortization			234,246		234,246
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	3,969,218	5,969,802	9,370,076		19,309,096
15. Boards, bureaus and association fees	63,642	2,213	1,836		67,691
16. Insurance, except on real estate			18,029		18,029
17. Collection and bank service charges			28,680		28,680
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			66,929		66,929
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	371,695	1,568	1,092,661		1,465,924
23.5 Other (excluding federal income and real estate taxes)	33,902	382,788	473,060		889,750
24. Investment expenses not included elsewhere				428,222	428,222
25. Aggregate write-ins for expenses	2,427	0	38,058	0	40,485
26. Total expenses incurred (Lines 1 to 25)	10,104,358	8,216,666	42,566,690	428,222	(a) 61,315,936
27. Less expenses unpaid December 31, current year		885,216	7,051,995		7,937,211
28. Add expenses unpaid December 31, prior year		816,664	4,311,385		5,128,049
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)	10,104,358	8,148,114	39,826,080	428,222	58,506,774
DETAILS OF WRITE-INS					
2501. Books & Subscriptions		2,427			2,427
2502. Bad Debt - Non Patient			38,058		38,058
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)	2,427	0	38,058	0	40,485

(a) Includes management fees of \$ 2,901,503 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	2,062,060	2,493,012
1.1 Bonds exempt from U.S. tax	(a)	0	0
1.2 Other bonds (unaffiliated)	(a)	7,825,366	7,803,605
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) .....	.....	2,155,396	2,129,534
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)	3,122,596	3,129,024
7. Derivative instruments	(f)	272	272
8. Other invested assets .....	.....	0	11,928
9. Aggregate write-ins for investment income .....	.....	0	0
10. Total gross investment income .....	.....	15,165,690	15,567,376
11. Investment expenses	(g)	428,222	
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) .....	.....	428,222	
17. Net investment income (Line 10 minus Line 16) .....	.....	15,139,154	
DETAILS OF WRITE-INS			
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 \$ 1,038,491 accrual of discount less \$ 443,037 amortization of premium and less \$ 802,096 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 \$ 1,119,952 accrual of discount less \$ 406 amortization of premium and less \$ 50,307 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	(362,001)	0	(362,001)	0	0
1.1 Bonds exempt from U.S. tax .....	.....	0	0	.....	.....
1.2 Other bonds (unaffiliated)	(4,320,031)	0	(4,320,031)	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	10,066,660	(234,787)	9,831,873	6,117,299	0
2.21 Common stocks of affiliates	0	0	0	(8,697,505)	0
3. Mortgage loans .....	.....	0	0	0	0
4. Real estate .....	.....	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	1,193	0	1,193	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets .....	.....	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	5,385,821	(234,787)	5,151,034	(2,580,206)	0
DETAILS OF WRITE-INS					
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	9,556	2,744	(6,812)
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	3,663,721	1,081,870	(2,581,851)
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	1,468,313	1,702,468	234,155
25. Aggregate write-ins for other-than-invested assets	1,799,082	1,539,226	(259,856)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,940,672	4,326,308	(2,614,364)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	0
28. Total (Lines 26 and 27)	6,940,672	4,326,308	(2,614,364)
DETAILS OF WRITE-INS			
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. Prepaid Expenses	1,799,082	1,539,226	(259,856)
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)	1,799,082	1,539,226	(259,856)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

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	37,604	38,816	38,524	38,236	38,284	462,503
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	37,604	38,816	38,524	38,236	38,284	462,503
DETAILS OF WRITE-INS						
0601.	0					
0602.	0					
0603.	0					
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 Regulation 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
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	23,311,205	18,352,751
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	23,311,205	18,352,751
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	441,600,147	420,623,027
(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	441,600,147	420,623,027

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.

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) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

(7) The Company carries its investment in Mount Carmel Health Plan of Idaho, Inc. (MCHP-ID), Mount Carmel Health Plan of New York, Inc. (MCHP-NY), Mount Carmel Health Plan of Connecticut, Inc. (MCHP-CT), and Trinity Health Plan of Michigan, Inc. (THP-MI) at its statutory capital plus surplus value.

(8) The Company does not have any joint venture investments.

(9) The Company does not have any derivatives.

(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 not 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 amount of billed rebates provided by its Pharmacy Benefit Manager, adjusted for 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.

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

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

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			
a. Intent to sell .....	.....	.....	0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	.....	.....	0
c. Total 1st Quarter	0	0	0
OTTI recognized 2nd Quarter			
d. Intent to sell .....	.....	.....	0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	.....	.....	0
f. Total 2nd Quarter	0	0	0
OTTI recognized 3rd Quarter			
g. Intent to sell .....	.....	.....	0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	.....	.....	0
i. Total 3rd Quarter	0	0	0
OTTI recognized 4th Quarter			
j. Intent to sell	0	0	0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	0	0	0
l. Total 4th Quarter	0	0	0
m. Annual Aggregate Total .....	.....	0	

(3)

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than- Temporary Impairment	5 Amortized Cost After Other-Than- Temporary Impairment	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
Total	XXX	XXX	0	XXX	XXX	XXX

(4)

a. The aggregate amount of unrealized losses:	
1. Less than 12 Months	550,798
2. 12 Months or Longer	2,160,408
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	33,818,971
2. 12 Months or Longer	31,177,738

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	533,049	511,373	21,676		533,049	0.103	0.104
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	533,049	511,373	21,676	0	533,049	0.103	0.104

(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 and Medicaid Services	12,661,197	12,661,197	0

* 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 and Medicaid Services	17,412,385	12,661,197	4,751,188

* 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

	General Account
1. Number of CUSIPs	0
2. Aggregate Amount of Investment Income	0

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

Asset Type	Percent Share
(1) Cash	(9.1)%
(2) Cash Equivalents	35.1%
(3) Short-Term Investments.....	74.0%.
(4) Total	100.0%

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	2,276,241
2. Nonadmitted	0
3. Admitted	2,276,241

- D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
.....0	0

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

Cumulative amounts of PIK interest included in the current principal balance	Amount
.....0	0

8. Derivative Investments

- A - B Not Applicable

9. Income Taxes

The Company has been recognized by the Internal Revenue Service, under Internal Revenue Code Section 501(c)(4), as an organization exempt from tax under Section 501(a). There were no deferred income tax assets, deferred income tax liabilities, investment tax credits, or loss carryforwards as of December 31, 2024 or 2023. The Company does not have any material uncertain tax positions as of December 31, 2024 or 2023.

10. Information Concerning Parent, Subsidiaries & Affiliates

A - C. The Company leases the services of certain employees and its office space from Mount Carmel Health System ("MCHS"). Additionally, MCHS also provides certain management and administrative services to the Company. Expenses related to services provided by MCHS were \$2,901,503 and \$3,418,920 on December 31, 2024 and 2023, respectively. Medical expenses incurred by the Company provided by MCHS and affiliates were \$100,134,025 and \$100,081,796 on December 31, 2024 and 2023, respectively.

The Company also provides by agreement certain management, administrative, and marketing services to Mount Carmel Health Insurance Company ("MCHIC"), Mount Carmel Health Plan of Idaho, Inc. ("MCHP-ID"), Mount Carmel Health Plan of New York ("MCHP-NY"), Mount Carmel Health Plan of Connecticut ("MCHP-CT"), and Trinity Health Plan of Michigan ("THP-MI"). Amount related to services provided by the Company to its affiliates and subsidiaries was \$4,168,088 and \$2,668,164 in 2024 and 2023, respectively.

The company has a risk sharing agreement with Mount Carmel Health Partners, which is a member of MCHS. As of December 31, 2024, the company has incurred (\$5,725,579) in expenses and (\$5,725,579) in liability related to this agreement for calendar year 2024. As of December 31, 2023, the company has incurred \$348,418 in expenses and \$348,418 in liability related to this agreement for calendar year 2023.

In 2018, the Company made a capital contribution of \$2,124,262 to Mount Carmel Health Plan of Idaho, Inc. ("MCHP-ID"), a wholly owned subsidiary. The Company made capital contribution of \$6,923,581 and \$5,942,291 to MCHP-ID in 2024 and 2023, respectively. As of December 31, 2024, the investment in MCHP of Idaho is valued at \$8,978,333.

During February 2020, the Company obtained license in New York to write Medicare business and made a \$21,800,795 capital contribution to Mount Carmel Health Plan of New York, Inc. ("MCHP-NY"). The Company started writing business in New York January 1, 2022. The Company made capital contributions of \$1,937,188 and \$765,071 to MCHP-NY in 2024 and 2023, respectively. As of December 31, 2024, the investment in MCHP of New York is valued at \$25,869,080.

During April 2022, the Company obtained license in Connecticut to write Medicare business and made \$3,000,000 capital contributions to Mount Carmel Health Plan of Connecticut ("MCHP-CT"). The Company started writing business in Connecticut on January 1, 2023. The Company made capital contributions of \$712,566 and \$1,704,256 to MCHP-CT in 2024 and 2023, respectively. As of December 31, 2024, the investment in MCHP of Connecticut is valued at \$3,946,118.

During December 2022, the Company obtained license in Michigan to write Medicare business and made a capital contribution of \$1,500,000 to Trinity Health Plan of Michigan, Inc ("THP-MI"). The Company started writing business in Michigan on January 1, 2024. The Company made capital contributions of \$6,308,032 and \$2,200,000 to THP-MI in 2024 and 2023, respectively. As of December 31, 2024, the investment in THP of Michigan, Inc. is valued at \$3,414,548.

The losses related to the expansion markets are currently being absorb by Trinity health. As of December 31, 2024, the Company charged \$20,860,484 to Trinity Health representing part of losses in all of our expansion markets and is reported as Surplus adjustments paid in.

D. The Company owed \$6,831,570 and \$5,453,376 to Mount Carmel Health System (MCHS) as of December 31, 2024 and 2023, respectively.

The Company owed \$1,343,068 and \$1,326,886 to Trinity Health as of December 31, 2024 and 2023, respectively.

The Company owed \$215,976 to and had a receivable of \$847,746 from MCHIC as of December 31, 2024 and 2023, respectively.

The Company had a receivable of \$1,548,112 and \$1,550,263 from Mount Carmel Health Plan of Idaho, Inc (MCHP-ID) as of December 31, 2024 and 2023, respectively.

The Company had a receivable of \$1,473,226 from and owed \$499,650 to Trinity Health Plan of Michigan, Inc. (THP-MI) as of December 31, 2024 and 2023, respectively.

The Company had a receivable of \$462,520 and \$185,882 from Mount Carmel Health Plan of New York, Inc (MCHP-NY) as of December 31, 2024 and 2023, respectively.

The Company had a receivable of \$119,208 and \$118,034 from Mount Carmel Health Plan of Connecticut, Inc (MCHP-CT) as of December 31, 2024 and 2023, respectively.

E. Mount Carmel Health Plan (MCHP), a sister company to MCHIC, has agreed to provide administrative services to MCHIC and to MCHP subsidiary 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 MCHIC. The Company is the sole owner of MCHP-NY, MCHP-ID, MCHP-CT and THP-MI.

H. Not Applicable

I. Not Applicable

J. Not Applicable

K. Not Applicable

L. Not Applicable

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Mount Carmel Health Plan of Idaho, Inc.	100.0	8,978,333	8,978,333	0
Mount Carmel Health Plan of New York, Inc.	100.0	25,869,080	25,869,080	0
Mount Carmel Health Plan on Connecticut, Inc.	100.0	3,946,118	3,946,118	0
Trinity Health Plan of Michigan, Inc.	100.0	3,414,548	3,414,548	0
Total SSAP No. 97 8a Entities	XXX	42,208,079	42,208,079	0
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	0	0	0
c. SSAP No. 97 8b(iii) Entities				
Total SSAP No. 97 8b(iii) Entities	XXX	0	0	0
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX	0	0	0
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	0	0	0
f. Aggregate Total (a+ e)	XXX	42,208,079	42,208,079	0

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing *	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	NAIC Disallowed Entities Valuation Method, Resub- mission Required (Yes/No)	Code **
a. SSAP No. 97 8a Entities Mount Carmel Health Plan of Idaho, Inc.	S2 ...	05/20/2024.....	.....5,408,059	.....YES.....	.....NO.....	.....I.....
Mount Carmel Health Plan of New York, Inc.	S2 ...	05/22/2024.....	.....24,668,392	.....YES.....	.....NO.....	.....I.....
Mount Carmel Health Plan on Connecticut, Inc.	S2 ...	05/20/2024.....	.....3,078,040	.....YES.....	.....NO.....	.....I.....
Trinity Health Plan of Michigan, Inc.	S1 ...	05/30/2024.....	.....1,869,725	.....YES.....	.....NO.....	.....I.....
Total SSAP No. 97 8a Entities	XXX	XXX	.....35,024,216	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	.....0	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	.....0	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	.....0	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	.....0	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	.....35,024,216	XXX	XXX	XXX

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

** I - Immaterial or M - Material

N. Investment in Insurance SCAs

Not Applicable

O. SCA or SSAP 48 Entity Loss Tracking

Not Applicable

11. Debt – Not Applicable

A. Debt Including Capital Notes

Not Applicable

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

(1) The company has no shares authorized, issued and outstanding.

(2) The Company has no preferred stock outstanding.

(3-6) Dividends on common stock are paid as declared by the Board of Directors of the Company. Under the insurance regulations of Ohio, the maximum amount of dividends paid that the Company may pay shareholders in a twelve month period is limited to the greater of 10% of the preceding year-end capital and surplus or the net income for that same year-end. Accordingly, the maximum dividend payout to shareholders that may be made without prior approval of the Ohio Insurance Department is \$42,062,303. The company paid \$18,000,000 in cash dividends to Mount Carmel Health System ("MCHS"), the sole member of the company in May 2024.

(7) The total amount of advances to surplus not repaid is \$-0-.

(8) The Company did not hold stock, including stock of affiliated companies, for special purposes of conversion of preferred stock, employee stock options, or stock purchase warrants.

(9) There were no changes in balances of special surplus funds from the prior year.

(10) The Company did not have unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses.

(11) The Company did not issue surplus debentures or similar obligations during the statement periods.

(12) The Company did not have a restatement due to a prior quasi-reorganization.

(13) The Company did not have any quasi-reorganizations.

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) 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 Leases

(1) The Company leases postage mail equipment under non-cancelable operating lease agreements that expire August 2028 and October 2026. The Company also have an office rental lease for our Iowa office. Rental expense for 2024 and 2023 was \$53,719, and \$51,680, respectively.

(2) At December 31, 2024, the minimum aggregate rental commitments are as follows:

1. 2025 41,264

2. 2026	39,074
3. 2027	27,310
4. 2028	21,888
5. 2029	10,841
6. Thereafter.....	
7. Total (sum of 1 through 6)	140,377

(3) The Company is not involved in any leaseback transactions.

B. Lessor Leases

Not Applicable

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

The Company does not hold any financial instruments with off-balance sheet risk or concentrations of credit risk.

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

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 the years 2024 and 2023, consisted of \$572,630,968 and \$554,841,981, respectively

(2) As of December 31, 2024 and 2023, the Company has recorded a receivable from CMS of \$3,574,480 and a payable to CMS of (\$2,660,871), respectively, related to the low-income member cost share and catastrophic reinsurance components of administered Medicare products. The Company does not have any additional receivables 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- and \$-0- at December 31, 2024 and 2023, respectively.

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

Not Applicable

20. Fair Value Measurement

(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	5,213,385	2,565,718			7,779,103
Common Stock	164,396,071				164,396,071
Total assets at fair value/NAV	169,609,456	2,565,718	0	0	172,175,174

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

Description for each class of asset or liability			(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)		Total	
(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy									
Description	Beginning Balance at 01/01/2019	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
a. Assets									
Total Assets	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

Description	Beginning Balance at 01/01/2019	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 12/31/2019
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)
Cash and cash equivalents	.....7,779,103	.....7,779,150	.....5,213,385	.....2,565,718			
Common Stock	.....164,396,071	.....164,396,071	.....164,396,071				
Bonds	.....293,937,763	.....309,719,812	.....97,980,892	.....195,956,871			

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Mount Carmel Health Plan of Idaho, Inc.	.....8,978,333			Carrying this common stock at a net equity value ...
Mount Carmel Health Plan of New York, Inc.	.....25,869,080			Carrying this common stock at a net equity value ...
Mount Carmel Health Plan of Connecticut, Inc.	.....3,946,118			Carrying this common stock at a net equity value ...
Trinity Health Plan of Michigan, Inc.	.....3,414,548			Carrying this common stock at a net equity value ...

21. Other Items

A. Extraordinary Item

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

Not Applicable

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

Not Applicable

B. Uncollectible Reinsurance

The Company has \$838,512 in reinsurance balances due during the current year. 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 \$548,550,947 and \$526,288,604, respectively. That represented 96% and 95% of the total net premiums written, respectively. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio

Not Applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$40,209,182. As of December 31, 2024, \$36,196,704 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$168 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$4,012,310 unfavorable prior-year development since December 31, 2023.

26. Intercompany Pooling Arrangements

A. – G. Not Applicable

27. Structured Settlements

The Company has no structured statements

28. Health Care Receivables

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	11,075,309				
09/30/2024	12,353,991	11,538,512	6,553,857		
06/30/2024	11,813,327	11,794,499	11,175,643	470,288	

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
03/31/2024	11,821,907	11,858,895	10,789,153	581,040	170,700
.....					
12/31/2023	9,564,057	9,632,610	9,333,845	234,575	1,305
.....					
09/30/2023	10,392,996	10,392,997	9,253,039	990,927	61,320
.....					
06/30/2023	10,670,122	10,665,998	10,052,843	190,037	238,660
.....					
03/31/2023	11,228,854	11,228,237	10,524,971	166,536	197,237
.....					
12/31/2022	8,773,206	8,639,337	8,351,090	153,301	39,301
.....					
09/30/2022	9,342,192	9,342,272	8,806,147	430,913	25,283
.....					
06/30/2022	9,689,347	9,697,216	9,389,574	161,958	115,031
.....					
03/31/2022	10,141,075	10,140,000	9,684,363	259,687	63,397
.....					

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves..... 0

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 – Not Applicable

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 Plan, Inc.
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 Plan, Inc.
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?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

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 []

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).

Yes [] No [X]

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).

Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.
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.....	\$ 0
20.12 To stockholders not officers.....	\$ 0
20.13 Trustees, supreme or grand (Fraternal Only)	\$ 0

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.....	\$ 0
20.22 To stockholders not officers.....	\$ 0
20.23 Trustees, supreme or grand (Fraternal Only)	\$ 0

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.....	\$ 0
21.22 Borrowed from others.....	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

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 \$	0
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

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: \$

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 Plan, Inc.
GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto
 Funds on deposit with the Ohio Department of Insurance (see 26.28 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	\$	533,049
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 Plan, Inc.
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
PNC Capital Advisors, LLC	U.....
State Street Global Advisors Trust Company	U.....
Wellington Management Company LLP	U.....

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 [X] No []

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 [X] No []

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	2	3	4	5 Investment Management Agreement (IMA) Filed
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	
151829	PNC Capital Advisors, LLC	549300WB7V480CY3U49	SEC	DS.....
30107	State Street Global Advisors Trust Company	549300BYW0XNH286YR10	N/A	NO.....
0071052	Wellington Management Company LLP	549300YHP12TEZNLCX41	SEC	NO.....

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.
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	313,132,092	293,937,763	(19,194,329)
31.2 Preferred stocks	0	0	0
31.3 Totals	313,132,092	293,937,763	(19,194,329)

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 Plan, Inc.

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? \$ 38,620

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	38,620

41.1 Amount of payments for legal expenses, if any? \$ 94

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
Epstein Becker	94

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
.....

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
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.	\$ _____ 0
1.6	Individual policies:	Most current three years: 1.61 Total premium earned \$ 0 1.62 Total incurred claims \$ 0 1.63 Number of covered lives 0 All years prior to most current three years: 1.64 Total premium earned \$ 0 1.65 Total incurred claims \$ 0 1.66 Number of covered lives 0
1.7	Group policies:	Most current three years: 1.71 Total premium earned \$ 0 1.72 Total incurred claims \$ 0 1.73 Number of covered lives 0 All years prior to most current three years: 1.74 Total premium earned \$ 0 1.75 Total incurred claims \$ 0 1.76 Number of covered lives 0
2.	Health Test:	
2.1	Premium Numerator	1 Current Year 572,630,968 2 Prior Year 554,841,981
2.2	Premium Denominator .....	..... 572,630,968 554,841,981
2.3	Premium Ratio (2.1/2.2) .....	..... 1.000 1.000
2.4	Reserve Numerator .....	..... 43,640,700 40,209,182
2.5	Reserve Denominator .....	..... 47,598,449 48,203,261
2.6	Reserve Ratio (2.4/2.5) .....	..... 0.917 0.834
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 [] No [X]
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 [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [X] No []
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No []
5.2	If no, explain:	
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical \$ 5.32 Medical Only \$ 385,000 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 services contract provisions	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [X] No []
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 [] No [X]
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months.. \$ 0 9.22 Business with rate guarantees over 36 months \$ 0

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.....	\$ 12,694,866																																																																																																																												
	10.22 Amount actually paid for year bonuses.....	\$ 12,589,341																																																																																																																												
	10.23 Maximum amount payable withholds.....	\$ 0																																																																																																																												
	10.24 Amount actually paid for year withholds.....	\$ 0																																																																																																																												
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</th> <th style="text-align: center;">Name of Service Area</th> </tr> </thead> <tbody> <tr><td>Adams</td><td></td></tr> <tr><td>Brown</td><td></td></tr> <tr><td>Butler</td><td></td></tr> <tr><td>Champaign</td><td></td></tr> <tr><td>Clark</td><td></td></tr> <tr><td>Clermont</td><td></td></tr> <tr><td>Clinton</td><td></td></tr> <tr><td>Crawford</td><td></td></tr> <tr><td>Delaware</td><td></td></tr> <tr><td>Fairfield</td><td></td></tr> <tr><td>Fayette</td><td></td></tr> <tr><td>Franklin</td><td></td></tr> <tr><td>Fulton</td><td></td></tr> <tr><td>Greene</td><td></td></tr> <tr><td>Hamilton</td><td></td></tr> <tr><td>Hancock</td><td></td></tr> <tr><td>Highland</td><td></td></tr> <tr><td>Hocking</td><td></td></tr> <tr><td>Knox</td><td></td></tr> <tr><td>Licking</td><td></td></tr> <tr><td>Lucas</td><td></td></tr> <tr><td>Madison</td><td></td></tr> <tr><td>Miami</td><td></td></tr> <tr><td>Monroe</td><td></td></tr> <tr><td>Montgomery</td><td></td></tr> <tr><td>Morgan</td><td></td></tr> <tr><td>Noble</td><td></td></tr> <tr><td>Ottawa</td><td></td></tr> <tr><td>Perry</td><td></td></tr> <tr><td>Pickaway</td><td></td></tr> <tr><td>Pike</td><td></td></tr> <tr><td>Preble</td><td></td></tr> <tr><td>Ross</td><td></td></tr> <tr><td>Seneca</td><td></td></tr> <tr><td>Union</td><td></td></tr> <tr><td>Warren</td><td></td></tr> <tr><td>Washington</td><td></td></tr> <tr><td>Wood</td><td></td></tr> <tr><td>Wyandot</td><td></td></tr> <tr><td>Auglaize</td><td></td></tr> <tr><td>Darke</td><td></td></tr> <tr><td>Shelby</td><td></td></tr> <tr><td>Coshocton</td><td></td></tr> <tr><td>Guernsey</td><td></td></tr> <tr><td>Harrison</td><td></td></tr> <tr><td>Holmes</td><td></td></tr> <tr><td>Jackson</td><td></td></tr> <tr><td>Logan</td><td></td></tr> <tr><td>Vinton</td><td></td></tr> <tr><td>Defiance</td><td></td></tr> <tr><td>Hardin</td><td></td></tr> <tr><td>Henry</td><td></td></tr> <tr><td>Morrow</td><td></td></tr> <tr><td>Paulding</td><td></td></tr> <tr><td>Putnam</td><td></td></tr> <tr><td>Williams</td><td></td></tr> <tr><td>CLINTON</td><td></td></tr> <tr><td>APPANOOSE</td><td></td></tr> <tr><td>BENTON</td><td></td></tr> <tr><td>DALLAS</td><td></td></tr> <tr><td>JASPER</td><td></td></tr> </tbody> </table>			1	Name of Service Area	Adams		Brown		Butler		Champaign		Clark		Clermont		Clinton		Crawford		Delaware		Fairfield		Fayette		Franklin		Fulton		Greene		Hamilton		Hancock		Highland		Hocking		Knox		Licking		Lucas		Madison		Miami		Monroe		Montgomery		Morgan		Noble		Ottawa		Perry		Pickaway		Pike		Preble		Ross		Seneca		Union		Warren		Washington		Wood		Wyandot		Auglaize		Darke		Shelby		Coshocton		Guernsey		Harrison		Holmes		Jackson		Logan		Vinton		Defiance		Hardin		Henry		Morrow		Paulding		Putnam		Williams		CLINTON		APPANOOSE		BENTON		DALLAS		JASPER	
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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan, Inc.

1 Name of Service Area	
MADISON	
POLK	
WARREN	
CERRO GORDO	
WORTH	
MONONA	
PLYMOUTH	
WOODBURY	
ADAIR	
BLACK HAWK	
BOONE	
BREMER	
BUTLER	
CEDAR	
CHEROKEE	
CHICKASAW	
CLARKE	
DECATUR	
DELAWARE	
FAYETTE	
FLOYD	
FRANKLIN	
GREENE	
GRUNDY	
GUTHRIE	
HAMILTON	
HANCOCK	
HARDIN	
IDA	
JACKSON	
KOSSUTH	
LUCAS	
MAHASKA	
MARION	
MONROE	
POWESHIEK	
RINGGOLD	
SCOTT	
SIOUX	
TAMA	
UNION	
WAYNE	
WINNEBAGO	
WRIGHT	
Allen	
Meigs	
Mercer	
Muskingum	
Van Wert	
ADAMS	
BUCHANAN	
CLAYTON	
HENRY	
JONES	
LOUISA	
MITCHELL	
MUSCATINE	

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. \$ 0

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. \$ 0

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 Plan, Inc.

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	\$0
15.2 Total Incurred Claims	\$0
15.3 Number of Covered Lives .....	.....0

*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 Plan, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	510,603,025	501,682,789	494,663,004	469,747,274	431,709,174
2. Total liabilities (Page 3, Line 24)	69,002,878	81,059,762	86,109,106	69,360,122	87,553,955
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)	441,600,147	420,623,027	408,553,898	400,387,152	344,155,219
Income Statement (Page 4)					
5. Total revenues (Line 8)	572,630,968	554,841,981	553,180,181	563,431,750	558,283,865
6. Total medical and hospital expenses (Line 18)	508,722,237	489,285,071	477,010,126	485,165,653	464,788,048
7. Claims adjustment expenses (Line 20)	18,321,024	18,902,623	17,932,391	17,527,128	16,595,550
8. Total administrative expenses (Line 21)	42,566,690	39,587,560	37,712,678	36,235,418	35,701,700
9. Net underwriting gain (loss) (Line 24)	3,021,017	7,066,727	20,524,986	27,003,551	38,698,567
10. Net investment gain (loss) (Line 27)	20,290,188	11,286,024	3,166,918	11,134,974	5,897,904
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	23,311,205	18,352,751	23,691,904	38,138,525	44,596,471
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	16,165,813	(391,966)	40,025,133	13,345,492	54,044,315
Risk-Based Capital Analysis					
14. Total adjusted capital	441,600,147	420,623,027	408,553,898	400,387,152	344,155,219
15. Authorized control level risk-based capital	27,406,702	23,949,375	23,443,411	24,049,144	20,868,850
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	38,284	37,604	39,360	41,798	42,849
17. Total members months (Column 6, Line 7)	462,503	460,493	482,846	511,038	522,027
Operating Percentage (Page 4) (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)	88.8	88.2	86.2	86.1	83.3
20. Cost containment expenses	1.8	1.9	1.9	1.8	1.6
21. Other claims adjustment expenses	1.4	1.5	1.3	1.3	1.3
22. Total underwriting deductions (Line 23)	99.5	98.7	96.3	95.2	93.1
23. Total underwriting gain (loss) (Line 24)	0.5	1.3	3.7	4.8	6.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	43,000,115	64,462,719	47,735,327	68,121,203	55,902,555
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	48,203,261	64,341,142	50,543,706	66,289,469	57,783,867
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	42,208,079	35,024,216	32,421,061	27,704,173	24,394,454
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					
31. All other affiliated					
32. Total of above Lines 26 to 31	42,208,079	35,024,216	32,421,061	27,704,173	24,394,454
33. Total investment in parent included in Lines 26 to 31 above					

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	11,678,528						11,678,528	
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	562,662,999						562,662,999	
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	574,341,527	0	0	0	0	574,341,527	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							0	
61. Totals (Direct Business)		XXX	0	574,341,527	0	0	0	0	574,341,527	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.

None

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))									
		Genesis 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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PART 1 – ORGANIZATION CHART

	Trinity Continuing Care Services - Indiana, Inc.; FEIN: 93-0907047 (100% Controlled by Immediate Parent)										
	Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Parent)										
	Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Parent)										
	Mercy Community Health, Inc.; FEIN: 06-1492707 (100% Controlled by Immediate Parent)										
	Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Controlled by Immediate Parent)										
	McAuley Center, Incorporated; FEIN: 60-1058086 (100% Controlled by Immediate Parent)										
	PLEASE NOTE: ENTITY'S ASSETS WERE SOLD EFF 7/1/2021, BUT ENTITY REMAINS: Mount St. Joseph dba Mount Saint Joseph Residence and Rehabilitation; FEIN: 01-0274998										
	Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent)										
	Glacier Hills Foundation; FEIN: 20-807223 (100% Controlled by Immediate Parent)										
	PLEASE NOTE THAT THE DBA FARREN CARE CENTER HAS CEASED OPERATIONS, BUT THE CORPORATE ENTITY, TCCS-MA, STILL REMAINS: Trinity Continuing Care Services - Massachusetts dba Farren Care Center (PLEASE NOTE: PER THE FEBRUARY 2018 TRANSFER OF ASSETS AND SERVICES OF FARREN CARE CENTER, INC. (MA) TO TCCS - MA, FARREN CARE CENTER IS A DBA OF TCCS - MA; AND, AS THE FEIN FOR FARREN CARE CENTER, INC. (MA) WAS NOT TRANSFERRED, THIS SHELL ENTITY WAS PREVIOUSLY A SUB OF THONE /The Mercy Hospital, Inc. (Sisters of Providence Health System, Inc. which merged into The Mercy Hospital, Inc. on 12/30/2016/); BUT, FARREN CARE CENTER, INC. (MA) FILED RESTATED ARTICLES OF ORGANIZATION ON 3/1/2022 CHANGING ITS CORPORATE MEMBER TO TRINITY CONTINUING CARE SERVICES); FEIN: 82-400577 (100% Controlled by Immediate Parent)										
	Farren Care Center, Inc. (MA); FEIN: 04-2501711 (100% Controlled by TCCS)										
	Trinity Home Health Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation)										
	Hospice of North Ottawa Community, Inc.; FEIN: 38-2370192 (100% Controlled by Trinity Home Health Services)										
	Hospice of Muskegon County, Inc.; FEIN: 38-2415247 (20% Controlled by Trinity Home Health Services)										
	Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% Controlled by Immediate Parent)										
	Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent)										
	PLEASE NOTE THAT THIS SYRACUSE, NY HOME HEALTH AGENCY WILL CLOSE AND THE ENTITY WILL BECOME OPERATIONALLY INACTIVE EFFECTIVE 10/22/2023: St. Joseph's Health at Home, Inc.; FEIN: 87-1012253 (100% Controlled by Trinity Home Health Services)										
	Mercy Home Health; FEIN: 23-135209 (100% Controlled by Trinity Home Health Services)										
	Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michigan)										
	Trinity Health PACE Alexandria, Inc.; FEIN: 92-3433625 (100% Controlled by Trinity Health PACE)										
	Trinity Health PACE of Montgomery County, Inc.; FEIN: 92-3450659; (100% Controlled by Trinity Health PACE)										
	Trinity Health PACE of Pensacola, Inc.; FEIN: 92-2940854 (100% Controlled by Trinity Health PACE)										
	Mercy LIFE; FEIN: 23-2840137 (100% Controlled by Immediate Parent)										
	LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)										
	LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent)										
	Saint Joseph PACE Inc.; FEIN: 47-3129127 (100% Controlled by Immediate Parent)										
	LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Parent)										
	Trinity Health LIFE Pennsylvania Inc. dba Mercy LIFE - West Philadelphia ; FEIN: 47-5244984 (100% Controlled)										
	Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Controlled by Immediate Parent)										
	Mercy LIFE, Inc.; FEIN: 45-3086711 (100% Controlled by Immediate Parent)										
	LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey; FEIN: 26-1854750 (100% Controlled by Immediate Parent)										
	Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% Controlled by Trinity Health)										
	Trinity Integrated Care, LLC; FEIN: 81-2772183 (100% Controlled by Immediate Parent)										
	PLEASE NOTE - THIS ENTITY IS OPERATIONALLY INACTIVE: Trinity Accountable Care, LLC; FEIN: 81-2780900 (100% Controlled by Immediate Parent)										
	PLEASE NOTE - THIS ENTITY IS OPERATIONALLY INACTIVE: Trinity Accountable Care II, LLC; FEIN: 84-2508775 (100% Controlled by Immediate Parent)										
	Trinity Health of the Mid-Atlantic Region (Effective 7/1/19; formerly Mercy Health System of Southeastern Pennsylvania) (Pennsylvania); FEIN: 23-2212638 (100% Controlled by Trinity Health)										
	Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Controlled by Immediate Parent)										
	Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Controlled by Immediate Parent)										
	Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)										
	PLEASE NOTE ASSETS WERE SOLD TO PHMC WEST ON 3/4/2021, BUT ENTITY/FIGITITIOUS NAME STILL REMAINS: Mercy Catholic Medical Center - Mercy Philadelphia Campus (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)										
	Mercy Suburban Hospital (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Controlled by Immediate Parent)										
	Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent)										
	Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (75.21% Controlled by Nazareth Hospital)										
	PLEASE NOTE THAT THE NAME CHANGE OF LANGHORNE PHYSICIAN SERVICES TO TRINITY HEALTH MID-ATLANTIC MEDICAL GROUP AND THE ENTITY'S CORPORATE MEMBER CHANGE TO TRINITY HEALTH OF THE MID-ATLANTIC REGION WERE FILED 4/7/2023, EFFECTIVE 1/1/2024 - ENTITY IS MOVED UNDER THMA REGION; Trinity Health Mid-Atlantic Medical Group; FEIN: 23-2571693 (100% Controlled by Immediate Parent)										
	PLEASE NOTE - DELAWARE CARE COLLABORATION ("DCC") LLC and MERCY ACCOUNTABLE CARE, LLC MERGED INTO THIS ENTITY AND THE ENTITY'S CORPORATE MEMBER CHANGED FROM ST. MARY MEDICAL CENTER TO THMA REGION EFFECTIVE 1/1/2024 - MOVE ENTITY UNDER THMA REGION EFF. 1/1/2024: Quality Health Alliance LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent)										
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)										
	Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent)										
	Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent)										
	Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Controlled by Immediate Parent)										
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Home Health Services; FEIN: 23-2325058 (100% Controlled by Immediate Parent)										
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Family Support; FEIN: 23-2325059 (100% Controlled by Immediate Parent)										
	St. Mary Medical Center (Pennsylvania); FEIN: 23-1913910 (100% Controlled by Trinity Health of the Mid-Atlantic Region)										
	St. Mary Emergency Medical Services; FEIN: 46-3545152 (100% Controlled by Immediate Parent)										
	St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent)										
	Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent)										
	Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent)										
	Langhorne MOB Partners, LP; FEIN: 23-2622772 (68.16% Controlled by St. Mary Medical Center; 1% Controlled by Langhorne Services, Inc.)										
	The Ambulatory Surgery Center at St. Mary, LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent)										
	SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (70.33% Controlled by St. Mary Medical Center; 5.96% Controlled by The Ambulatory Surgery Center at St. Mary, LLC; and 1% Controlled by Langhorne Services II, Inc.)										
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Quality Health Alliance - ACO LLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent)										
	Endoscopy Center at St. Mary Management, LLC; FEIN: 20-5253361 (19.38% Controlled by St. Mary Medical Center)										
	Endoscopy Center at St. Mary, LP; FEIN: 20-5253494 (19.15% Controlled by St. Mary Medical Center; 1.17% Controlled by Endoscopy Center at St. Mary Management, LLC (General Partner))										
	St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC)										
	PLEASE NOTE THIS ENTITY IS OPERATIONALLY INACTIVE BUT NOT YET DISSOLVED - ST. MARY MEDICAL CENTER TERMINATED THE CO-MGMT AGRMT WITH THIS ENTITY EFF 10/30/2018: Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC)										
	St. Francis Hospital, Inc. (Delaware); FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Region)										
	St. Francis Emergency Medical Services, LLC; FEIN: 92-0924799 (100% Controlled by St. Francis Hospital, Inc.)										
	Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016- WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED; Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent)										
	Trinity Health Georgia, Inc. (Georgia); FEIN: 88-0878641 (100% Controlled by Trinity Health Corporation)										
	Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Trinity Health Georgia, Inc.)										
	St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; FEIN: 47-3752176 (100% Controlled by Trinity Health Georgia, Inc.)										
	Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Controlled by St. Mary's Sacred Heart Hospital, Inc.)										
	Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Sacred Heart Enterprises, LLC)										
	St. Mary's Hospital; FEIN: 58-0562623 (100% Controlled by Trinity Health Georgia, Inc.)										
	St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled by Trinity Health Georgia, Inc.)										
	St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Controlled by Trinity Health Georgia, Inc.)										
	St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660081 (100% Controlled by Trinity Health Georgia, Inc.)										
	Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Trinity Health Georgia, Inc.)										
	Accountable Care of Georgia, LLC; FEIN: 46-5491058 (100% Controlled by Trinity Health Georgia, Inc.)										
	St. Peter's Health Partners (New York); FEIN: 45-3570715 (100% Controlled by Trinity Health)										
	Capital Region UC LLC d/b/a WellNow; FEIN: 38-4124497; (25% Interest Held by SPHP)										
	Innovative Health Alliance of New York, LLC (100% Controlled by Immediate Parent); FEIN: 46-5676066										
	St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Controlled by Immediate Parent)										
	St. Joseph's Health, P.C.; FEIN: 16-1516861 (Captive PC)										
	Manning Medical, PLLC (Nominally Controlled by SPHP Physician in accordance with NY law; SPHP exercises control through an Agreement and Reserve Powers); FEIN: 46-4331512										
	St. Peter's Health Partners Medical Associates, P.C.; FEIN: 46-1177336 (100% Controlled by Immediate Parent)										
	St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Controlled by Immediate Parent)										
	Villa Mary Immaculate d/b/a St. Peter's Nursing & Rehabilitation Center; FEIN: 14-1348749 (100% Controlled by Immediate Parent)										
	St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892										
	Everett Road ASC, LLC; FEIN: 83-3542382 (SPHCA holds 20% Interest)										
	St. Peter's Hospital College of Nursing; FEIN: 84-3744949 (100% Controlled by SPHCA)										
	The Community Hospice, Inc.; FEIN: 14-1608931 (100% Controlled by Immediate Parent)										
	The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Controlled by Immediate Parent)										
	Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Controlled by Immediate Parent)										
	Samaritan Hospital - St. Mary's Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)										
	Samaritan Hospital - Albany Memorial Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)										
	Samaritan Hospital and The Eddy Foundation; 22-2743478 (100% Controlled by Immediate Parent)										
	Sunnyview Hospital and Rehabilitation Center; FEIN: 14-1338386 (100% Controlled by Immediate Parent)										
	Sunnyview Hospital and Rehabilitation Center Foundation, Inc.; FEIN: 22-2505127 (100% Controlled by Immediate Parent)										
	LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Controlled by Immediate Parent)										
	Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Controlled by Immediate Parent)										
	The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Parent)										
	Capital Region Geriatric Center, Inc. dba Eddy Village Green; FEIN: 14-1701597 (100% Controlled by Immediate Parent)										
	Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center; FEIN: 14-1725101 (1										

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

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: 27-2046353 (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)			
	[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: 46-5421063 (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)			
Physicians 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: 47-4754987 (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% SIMCS, 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: 45-4164964 (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: 20-2991683 (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 Healthcare 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: 83-2096116 (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: 04-0299299 (100% Controlled by Immediate Parent)			
System Coordinated Services, Inc. dba Life 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: 45-4208896 (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: 45-3884805 (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: 06-1594840 (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 Plan, Inc.
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 Part D Estimate	(398,130)		(398,130)	4,440,807
2305. CMS Premium Part C Payable			0	1,174,423
2306. Unclaimed Funds	12,871		12,871	5,694
2307. CGD Payable			0	76,074
2308. 2022 Part D Estimate			0	3,838,918
2309. 2024 FYRA Part D	(594,859)		(594,859)	0
2310. Receivable for CMS/LIS amounts			0	(303,617)
2311. 2023 FYRA Part D			0	(236,979)
2312. Retroactivity	722,196		722,196	
2313. 2023 Part D reopening adj	29,673		29,673	
2314. 2023 IRASA	(546,867)		(546,867)	
2315. 2017 & 2018 RA Audit	567,570		567,570	
2316. 2024 Part D Settlement	(3,576,532)		(3,576,532)	
2397. Summary of remaining write-ins for Line 23 from overflow page	(3,784,078)	0	(3,784,078)	8,995,320