



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: 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)

Main Administrative Office 3100 Easton Square Place
(Street and Number)
Columbus, OH, US 43219, 407-754-5667
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3100 Easton Square Place, 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, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.medigold.com

Statutory Statement Contact David Lee Vis, 407-754-5667
(Name) (Area Code) (Telephone Number)
David.Vis@medigold.com, 614-546-3131
(E-mail Address) (FAX Number)

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 David Lee Vis, Assistant Treasurer

DIRECTORS OR TRUSTEES

Tauana Ferguson McDonald Stephen Michael Lundregan Joseph Jerome Patrick, Jr.
John Charles Randolph Todd Daniel Fox Cathy Krupsa Eddy
Jill Dyan Phlegar Charles Joseph Hickey, MD Gregory Eugene Weisenberger

State of _____ SS
County of _____

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

John Charles Randolph
President & CEO

Joseph Jerome Patrick, Jr.
Secretary & Treasurer

David Lee Vis
Vice President & CFO

Subscribed and sworn to before me this _____ day of _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	438,492	14,225	7,685	18,494	18,494	460,402
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	438,492	14,225	7,685	18,494	18,494	460,402

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	18,945,410	33,867,882	(420,330)	21,454,628	18,525,080	18,343,756
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....		169,344		48,266	0	0
7. Totals (Lines 1 through 6)	18,945,410	34,037,226	(420,330)	21,502,894	18,525,080	18,343,756

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
Caremark	9,008,401		0			9,008,401
0199999. Individually listed claims unpaid	9,008,401	0	0	0	0	9,008,401
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	9,008,401	0	0	0	0	9,008,401
0599999. Unreported claims and other claim reserves						39,969,274
0699999. Total amounts withheld						
0799999. Total claims unpaid						48,977,675
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0899999 Accrued medical incentive pool and bonus amounts						11,511,221

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Mount Carmel Health System	6,798,322	.....	6,798,322
Mount Carmel Health Plan of Connecticut	576	.....	576
Trinity Health Corporation	1,638,186	.....	1,638,186
0199999. Individually listed payables	8,437,084	0	8,437,084
0299999. Payables not individually listed	0
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EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	2,729,681	0.5	42,680	100.2		2,729,681
3. All other providers	0	0.0		0.0		
4. Total capitation payments	2,729,681	0.5	42,680	100.2	0	2,729,681
Other Payments:						
5. Fee-for-service	29,685,231	5.0	XXX	XXX		29,685,231
6. Contractual fee payments	542,602,277	91.5	XXX	XXX	110,732,561	431,869,716
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	18,045,490	3.0	XXX	XXX	852,702	17,192,788
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	590,332,998	99.5	XXX	XXX	111,585,263	478,747,735
13. TOTAL (Line 4 plus Line 12)	593,062,679	100%	XXX	XXX	111,585,263	481,477,416

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Dental Benefit Providers, Inc.	952,673	79,389		
	Spectera, Inc.	1,610,745	134,229		
	Carenet Health	166,263	13,855		
9999999 Totals		2,729,681	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	7,983,912		1,732,612	6,251,300	6,251,300	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	7,983,912	0	1,732,612	6,251,300	6,251,300	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

NAIC Group Code	2838	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Iowa		2025										NAIC Company Code	
		95655		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	1	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
	Total	Individual	Group												
Total Members at end of:															
1. Prior year	1,266							1,266							
2. First quarter	2,462							2,462							
3. Second quarter	2,471							2,471							
4. Third quarter	2,472							2,472							
5. Current year	2,522							2,522							
6. Current year member months	29,665							29,665							
Total Member Ambulatory Encounters for Year:															
7. Physician	13,042							13,042							
8. Non-physician	4,347							4,347							
9. Total	17,389	0	0	0	0	0	0	17,389	0	0	0	0	0	0	
10. Hospital patient days incurred	3,180							3,180							
11. Number of inpatient admissions	381							381							
12. Health premiums written (b)	29,623,350							29,623,350							
13. Life premiums direct	0							0							
14. Property/casualty premiums written	0							0							
15. Health premiums earned	29,624,061							29,624,061							
16. Property/casualty premiums earned	0							0							
17. Amount paid for provision of health care services	26,793,232							26,793,232							
18. Amount incurred for provision of health care services	26,584,281							26,584,281							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 29,623,350

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

NAIC Group Code	2838	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2025										NAIC Company Code	
		95655		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	37,018							37,018							
2. First quarter	40,454							40,454							
3. Second quarter	40,238							40,238							
4. Third quarter	40,044							40,044							
5. Current year	40,072							40,072							
6. Current year member months	482,500							482,500							
Total Member Ambulatory Encounters for Year:															
7. Physician	357,010							357,010							
8. Non-physician	119,003							119,003							
9. Total	476,013	0	0	0	0	0	0	476,013	0	0	0	0	0	0	0
10. Hospital patient days incurred	71,446							71,446							
11. Number of inpatient admissions	9,481							9,481							
12. Health premiums written (b)	658,044,999							658,044,999							
13. Life premiums direct	0							0							
14. Property/casualty premiums written	0							0							
15. Health premiums earned	657,996,270							657,996,270							
16. Property/casualty premiums earned	0							0							
17. Amount paid for provision of health care services	566,269,447							566,269,447							
18. Amount incurred for provision of health care services	581,935,139							581,935,139							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 658,044,999

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Mount Carmel Health Plan, Inc.

2. Columbus, OH

NAIC Group Code	2838	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)				
		1			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code			
		2	3													95655			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health					
Total Members at end of:																			
1. Prior year	38,284	0	0	0	0	0	0	38,284	0	0	0	0	0	0	0	0	0	0	
2. First quarter	42,916	0	0	0	0	0	0	42,916	0	0	0	0	0	0	0	0	0	0	
3. Second quarter	42,709	0	0	0	0	0	0	42,709	0	0	0	0	0	0	0	0	0	0	
4. Third quarter	42,516	0	0	0	0	0	0	42,516	0	0	0	0	0	0	0	0	0	0	
5. Current year	42,594	0	0	0	0	0	0	42,594	0	0	0	0	0	0	0	0	0	0	
6. Current year member months	512,165	0	0	0	0	0	0	512,165	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																			
7. Physician	370,052	0	0	0	0	0	0	370,052	0	0	0	0	0	0	0	0	0	0	
8. Non-physician	123,350	0	0	0	0	0	0	123,350	0	0	0	0	0	0	0	0	0	0	
9. Total	493,402	0	0	0	0	0	0	493,402	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	74,626	0	0	0	0	0	0	74,626	0	0	0	0	0	0	0	0	0	0	
11. Number of inpatient admissions	9,862	0	0	0	0	0	0	9,862	0	0	0	0	0	0	0	0	0	0	
12. Health premiums written (b)	687,668,349	0	0	0	0	0	0	687,668,349	0	0	0	0	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	687,620,331	0	0	0	0	0	0	687,620,331	0	0	0	0	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	593,062,679	0	0	0	0	0	0	593,062,679	0	0	0	0	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	608,519,420	0	0	0	0	0	0	608,519,420	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 687,668,349

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - authorized U.S. affiliates				0	0	0	0	0	0	0
0699999			Total General Account - authorized non-U.S. affiliates				0	0	0	0	0	0	0
0799999			Total General Account - authorized affiliates				0	0	0	0	0	0	0
093572	43-1235868	01/01/2024	IRGA Reinsurance Company	MO	SSL/I	CIM	1,958,196						
0899999			General Account - authorized U.S. non-affiliates				1,958,196	0	0	0	0	0	0
1099999			Total General Account - authorized non-affiliates				1,958,196	0	0	0	0	0	0
1199999			Total General Account authorized				1,958,196	0	0	0	0	0	0
1499999			Total General Account - unauthorized U.S. affiliates				0	0	0	0	0	0	0
1799999			Total General Account - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
1899999			Total General Account - unauthorized affiliates				0	0	0	0	0	0	0
2199999			Total General Account - unauthorized non-affiliates				0	0	0	0	0	0	0
2299999			Total General Account unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - certified U.S. affiliates				0	0	0	0	0	0	0
2899999			Total General Account - certified non-U.S. affiliates				0	0	0	0	0	0	0
2999999			Total General Account - certified affiliates				0	0	0	0	0	0	0
3299999			Total General Account - certified non-affiliates				0	0	0	0	0	0	0
3399999			Total General Account certified				0	0	0	0	0	0	0
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
4099999			Total General Account - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
4399999			Total General Account - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
4499999			Total General Account reciprocal jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				1,958,196	0	0	0	0	0	0
4899999			Total Separate Accounts - authorized U.S. affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - authorized non-U.S. affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - authorized affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - authorized non-affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts authorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - unauthorized U.S. affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - unauthorized affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - unauthorized non-affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - certified U.S. affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - certified non-U.S. affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - certified affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - certified non-affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts reciprocal jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified				0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				1,958,196	0	0	0	0	0	0
9299999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999			Totals				1,958,196	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	1,958	1,711	1,340	1,217	1,239
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	1,389	839	192	366	391
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	521,907,727		521,907,727
2. Accident and health premiums due and unpaid (Line 15)	13,715,771		13,715,771
3. Amounts recoverable from reinsurers (Line 16.1)	1,388,548		1,388,548
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	33,219,605		33,219,605
6. Total assets (Line 28)	570,231,651	0	570,231,651
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	48,977,675		48,977,675
8. Accrued medical incentive pool and bonus payments (Line 2)	11,511,221		11,511,221
9. Premiums received in advance (Line 8)	207,277		207,277
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	17,214,176		17,214,176
15. Total liabilities (Line 24)	77,910,349	0	77,910,349
16. Total capital and surplus (Line 33)	492,321,302	XXX	492,321,302
17. Total liabilities, capital and surplus (Line 34)	570,231,651	0	570,231,651
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		0
19. Accrued medical incentive pool	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	14-1348692	St. Peter's Hospital					1,427				1,427	
	20-1444339	HAWARDEN REGIONAL HEALTH CLINICS, LLC					1,952				1,952	
	20-1960348	MASON CITY AMBULATORY SURGERY CENTER, LLC										
	20-1983271	Mount Carmel Health Providers Two, LLC					57,565				57,565	
	20-2020239	Probiity Therapy Services					5,862,422				5,862,422	
	20-5345295	West Lakes Surgery Center, LLC					28				28	
	26-1720984	Good Samaritan Hospital, Inc.					39,848				39,848	
	31-1373080	Mercy Health Services - Iowa, Corp.					49				49	
	31-1382442	Mount Carmel HealthProviders, Inc.					2,032,789				2,032,789	
	31-1439334	Mount Carmel Health System					4,983,566				4,983,566	
	34-2032340	Diley Ridge Medical Center					84,854,872				84,854,872	
	36-3616314	Genesis Health System (IL)					935,267				935,267	
	36-4015560	Loyola University Medical Center					81,435				81,435	
	38-2559656	Trinity Continuing Care Services					461				461	
	38-2589966	Mercy Health Partners					61,682				61,682	
	38-2621935	Trinity Home Health Services					184				184	
	38-3316559	IHA Health Services Corporation					3,719,620				3,719,620	
	42-0680308	Mercy Medical Center - Centerville					2,167				2,167	
	42-0680448	Catholic Health Initiatives - Iowa Corp					125,970				125,970	
	42-0758901	Sartori Memorial Hospital, Inc.					4,258,937				4,258,937	
	42-0818642	Central Community Hospital					180,825				180,825	
	42-1178403	Mercy Hospital of Franciscan Sisters, Inc.					5,922				5,922	
	42-1193699	Mercy Clinics, Inc.					105,501				105,501	
	42-1264647	Covenant Medical Center, Inc.					829,358				829,358	
	42-1269171	GenVentures, Inc.					2,136,281				2,136,281	
	42-1283849	MERCY MEDICAL SERVICES					2,564				2,564	
	42-1323808	House of Mercy					18,555				18,555	
	42-1328388	MAGNETIC RESONANCE SERVICES PARTNERSHIP					220				220	
	42-1336618	Mercy Medical Center - Clinton, Inc.					1,436				1,436	
	42-1418847	Genesis Health System					406,260				406,260	
	42-1470935	Mercy Medical Center - Newton					1,323,939				1,323,939	
	46-1177336	St. Peter's Health Partners Medical Associates, P.C.					114,283				114,283	
	46-1906752	Mercy-Clinton Anesthesia Group, LLC					614				614	
	56-2315623	GenGastro, LLC					2,165				2,165	
	59-0791028	Holy Cross Hospital, Inc.					9,346				9,346	
	81-4437201	Mercy Rehabilitation Hospital, LLC					269				269	
	82-4757260	St. Joseph Mercy Chelsea, Inc.					125,943				125,943	
	85-3883823	Mount Carmel Urgent Care, LLC					5,066				5,066	
	85-4007472	MERCYONE - HPH HOME MEDICAL SHOP, LLC					59,583				59,583	
	88-2052422	MercyOne Urgent Care, LLC					3,565				3,565	
	92-3276114	MERCYONE - KRHC HOME MEDICAL SHOP, LLC					20,946				20,946	
	13123	25-1912781	Mount Carmel Health Insurance Company				407				407	
							(2,367,804)				(2,367,804)	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Mount Carmel Health Plan, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....16456	83-1422704	Mount Carmel Health Plan of Idaho, Inc. ..	.....	18,218,161	.....	.....	(1,460,278)	.....	.....	.....	16,757,883	.....
.....	83-3278543	Mount Carmel Health Plan of New York, Inc.	.....	2,173,225	.....	.....	(783,643)	.....	.....	.....	1,389,582	.....
.....	87-3948434	Mount Carmel Health Plan of Connecticut ..	.....	8,783	.....	.....	.....	.....	.....	.....	8,783	.....
.....	84-3836552	Trinity Health Plan of Michigan .....	.....	28,863,117	.....	.....	(3,390,456)	.....	.....	.....	25,472,661	.....
.....	35-1443425	Trinity Health Corporation .....	.....	(9,989,313)	.....	.....	4,638,660	.....	.....	.....	(5,350,653)	.....
.....	47-3945793	Mercy ACO LLC .....	.....	.....	.....	.....	197,838	.....	.....	.....	197,838	.....
.....	47-1139205	Mount Carmel Health Partners, LLC .....	.....	.....	.....	.....	852,702	.....	.....	.....	852,702	.....
.....	42-1478417	Mercy Health Network, Inc. ....	.....	.....	.....	.....	875	.....	.....	.....	875	.....
.....	38-2113393	Trinity Health Plan of Michigan .....	.....	(9,171,308)	.....	.....	.....	.....	.....	.....	(9,171,308)	.....
.....	46-5676066	Innovative Health Alliance of New York ....	.....	(997,804)	.....	.....	.....	.....	.....	.....	(997,804)	.....
.....	81-1461678	CNY AIM, LLC .....	.....	(537,279)	.....	.....	.....	.....	.....	.....	(537,279)	.....
.....	82-0200895	Saint Alphonsis Health Alliance, Inc. ....	.....	(14,083,426)	.....	.....	.....	.....	.....	.....	(14,083,426)	.....
.....	83-0397103	MercyOne .....	.....	(1,122,384)	.....	.....	.....	.....	.....	.....	(1,122,384)	.....
.....95655	31-1471229	Mount Carmel Health Plan, Inc. ....	.....	(13,361,772)	.....	.....	(110,061,184)	.....	.....	.....	(123,422,956)	.....
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.










	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an Actuarial Opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an Audited Financial Report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
10.	
11.	
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17.	
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19.	
20.	
21.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year
[Document Identifier 600]



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



21. Life Supplement [Document Identifier 211]

