



HEALTH ANNUAL STATEMENT

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

Mount Carmel Health Plan of Idaho, Inc.

NAIC Group Code2838NAIC Company Code16456Employer's ID Number83-1422704

(Current)(Prior)

Organized under the Laws ofIdaho, State of Domicile or Port of EntryID

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

Incorporated/Organized08/29/2018Commenced Business01/01/2020

Statutory Home Office3100 Easton Square PlaceColumbus, OH, US 43219

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

Main Administrative Office3100 Easton Square Place

(Street and Number)

Columbus, OH, US 43219407-754-5667

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

Mail Address3100 Easton Square PlaceColumbus, OH, US 43219

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

Primary Location of Books and Records3100 Easton Square Place

(Street and Number)

Columbus, OH, US 43219407-754-5667

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

Internet Website Addresswww.medigold.com

Statutory Statement ContactDavid Lee Vis407-754-5667

(Name)(Area Code) (Telephone Number)

David.Vis@medigold.com614-546-3131

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OFFICERS

President & CEOJohn Charles RandolphVice President & CFODavid Lee Vis

Assistant TreasurerFatou Kine NdoyeAssistant SecretaryTrisha Anne Whetstone

OTHER

David Lee Vis, Secretary & Treasurer

DIRECTORS OR TRUSTEES

Brian Lannie CheckettsJohn Charles RandolphDavid Lee Vis

Lutana Holloway Haan PhDCharles Henry Chodroff

State ofOhioSS

County ofFranklin

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

John Charles RandolphDavid Lee VisFatou Kine Ndoye

President & CEOVice President & CFOAssistant Treasurer

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.....

ASSETS

| | Current Year | | | Prior Year |
|-----------------------------------------------------------------------------------|--------------|--------------------|--------------------------------------|------------------------|
| | 1 | 2 | 3 | 4 |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1. Bonds (Schedule D) | 1,717,769 | | 1,717,769 | 6,746,503 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 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 \$ | | | 0 | 0 |
| encumbrances) | | | | |
| 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 (\$ 223,959 , Schedule E - Part 1), cash equivalents | | | | |
| (\$ 3,394,306 , Schedule E - Part 2) and short-term | | | | |
| investments (\$ 3,534,175 , Schedule DA) | 7,152,440 | | 7,152,440 | 3,858,553 |
| 6. Contract loans, (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives (Schedule DB) | | | 0 | 0 |
| 8. Other invested assets (Schedule BA) | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 8,870,209 | 0 | 8,870,209 | 10,605,057 |
| 13. Title plants less \$ charged off (for Title insurers | | | | |
| only) | | | 0 | 0 |
| 14. Investment income due and accrued | 8,914 | | 8,914 | 13,923 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 7,067 | 949 | 6,118 | 10,261 |
| 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 (\$) | 2,073,549 | | 2,073,549 | 999,574 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 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 | | | | |
| (\$) | 25,213 | 25,213 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 293,908 | | 293,908 | 447,326 |
| 24. Health care (\$ 1,105,781) and other amounts receivable | 1,301,504 | 195,723 | 1,105,781 | 787,206 |
| 25. Aggregate write-ins for other-than-invested assets | 227,801 | 115,714 | 112,087 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and | | | | |
| Protected Cell Accounts (Lines 12 to 25) | 12,808,165 | 337,599 | 12,470,566 | 12,863,347 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell | | | | |
| Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 12,808,165 | 337,599 | 12,470,566 | 12,863,347 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Expenses | 115,714 | 115,714 | 0 | 0 |
| 2502. Vendor Receivables | 112,087 | | 112,087 | |
| 2503. Due fr CMS: | | | | |
| CY 2024 Pt. D Est Settlement | | | 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) | 227,801 | 115,714 | 112,087 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|--------------|--------------|
| | 1 | 2 | 3 | 4 |
| | Covered | Uncovered | Total | Total |
| 1. Claims unpaid (less \$0 reinsurance ceded) | 2,829,908 | | 2,829,908 | 2,154,926 |
| 2. Accrued medical incentive pool and bonus amounts | (4,505,208) | | (4,505,208) | 0 |
| 3. Unpaid claims adjustment expenses..... | 55,444 | | 55,444 | 42,397 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | 2,900,000 | | 2,900,000 | 3,200,000 |
| 5. Aggregate life policy reserves..... | | | 0 | 0 |
| 6. Property/casualty unearned premium reserves..... | | | 0 | 0 |
| 7. Aggregate health claim reserves..... | | | 0 | 0 |
| 8. Premiums received in advance..... | 4,630 | | 4,630 | 1,771 |
| 9. General expenses due or accrued..... | 597,450 | | 597,450 | 430,455 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 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 \$ current) and interest thereon \$ (including \$ current)..... | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates..... | 1,610,009 | | 1,610,009 | 1,625,739 |
| 16. Derivatives..... | | | 0 | 0 |
| 17. Payable for securities..... | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) 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 \$ current)..... | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23)..... | 3,492,233 | 0 | 3,492,233 | 7,455,288 |
| 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 | 27,806,214 | 17,982,632 |
| 29. Surplus notes..... | XXX | XXX | 0 | |
| 30. Aggregate write-ins for other-than-special surplus funds..... | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus)..... | XXX | XXX | (18,827,881) | (12,574,573) |
| 32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$)..... | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$)..... | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 8,978,333 | 5,408,059 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 12,470,566 | 12,863,347 |
| DETAILS OF WRITE-INS | | | | |
| 2301. 2020 Part D | | | 0 | 0 |
| 2302. Part C Retroactivity | | | 0 | 0 |
| 2303. 2021 FYRA | | | 0 | 0 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 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 | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 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 | 30,632 | 22,723 |
| 2. Net premium income (including \$ non-health premium income) | XXX | 24,654,868 | 20,106,103 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | 0 | |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | 0 | |
| 5. Risk revenue | XXX | 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 | 24,654,868 | 20,106,103 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | | 17,464,044 | 13,039,297 |
| 10. Other professional services | | 10,547,287 | 7,219,029 |
| 11. Outside referrals | | 0 | |
| 12. Emergency room and out-of-area | | 0 | |
| 13. Prescription drugs | | 2,871,250 | 1,768,184 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | (4,505,208) | (63,077) |
| 16. Subtotal (Lines 9 to 15) | 0 | 26,377,373 | 21,963,433 |
| Less: | | | |
| 17. Net reinsurance recoveries | | 0 | 4,732 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 26,377,373 | 21,958,701 |
| 19. Non-health claims (net) | | | |
| 20. Claims adjustment expenses, including \$ 294,519 cost containment expenses | | 687,779 | 615,053 |
| 21. General administrative expenses | | 4,553,380 | 3,428,263 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | (300,000) | 500,000 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 31,318,532 | 26,502,017 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (6,663,664) | (6,395,914) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 421,397 | 323,681 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 421,397 | 323,681 |
| 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 | (6,242,267) | (6,072,233) |
| 31. Federal and foreign income taxes incurred | XXX | | |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (6,242,267) | (6,072,233) |
| DETAILS OF WRITE-INS | | | |
| 0601. | XXX | | |
| 0602. | XXX | | |
| 0603. | XXX | | |
| 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 | | |
| 0702. | XXX | | |
| 0703. | XXX | | |
| 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. | | | |
| 1402. | | | |
| 1403. | | | |
| 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. | | | |
| 2902. | | | |
| 2903. | | | |
| 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..... | 5,408,059 | 5,806,045 |
| 34. Net income or (loss) from Line 32 | (6,242,267) | (6,072,233) |
| 35. Change in valuation basis of aggregate policy and claim reserves | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | (1) |
| 38. Change in net deferred income tax | | |
| 39. Change in nonadmitted assets | (11,040) | (268,043) |
| 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 | 9,823,582 | 5,942,291 |
| 45.2 Transferred to capital (Stock Dividend) | | |
| 45.3 Transferred from capital | | |
| 46. Dividends to stockholders | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | (1) | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 3,570,274 | (397,986) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 8,978,333 | 5,408,059 |
| DETAILS OF WRITE-INS | | |
| 4701. Misc Adjustment | (1) | |
| 4702. | | |
| 4703. | | |
| 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) | (1) | 0 |

CASH FLOW

| | 1 | 2 |
|-----------------------------------------------------------------------------------------------------------------|--------------|-------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 23,287,158 | 19,603,413 |
| 2. Net investment income | 296,803 | 164,200 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 23,583,961 | 19,767,613 |
| 5. Benefit and loss related payments | 30,281,800 | 21,934,916 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 5,061,117 | 3,964,792 |
| 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) | 35,342,917 | 25,899,708 |
| 11. Net cash from operations (Line 4 minus Line 10) | (11,758,956) | (6,132,095) |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 6,100,000 | 3,700,000 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 6,100,000 | 3,700,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 941,663 | 2,783,995 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 941,663 | 2,783,995 |
| 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) | 5,158,337 | 916,005 |
| 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 | 9,823,582 | 5,942,291 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | 70,924 | 276,519 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 9,894,506 | 6,218,810 |
| 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) | 3,293,887 | 1,002,720 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 3,858,553 | 2,855,833 |
| 19.2 End of year (Line 18 plus Line 19.1) | 7,152,440 | 3,858,553 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
| 20.0001. PDR exp, reported Agg Health Reserves | (300,000) | 500,000 |

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 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. Net premium income | 24,654,868 | | | | | | | 24,654,868 | | | | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | 0 | | | | | | | | | | | | | |
| 3. Fee-for-service (net of \$ 0 medical expenses) | 0 | | | | | | | 0 | | | | | | XXX. |
| 4. Risk revenue | 0 | | | | | | | | | | | | | XXX. |
| 5. Aggregate write-ins for other health care related revenues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX. |
| 6. Aggregate write-ins for other non-health care related revenues | 0 | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | 0 |
| 7. Total revenues (Lines 1 to 6) | 24,654,868 | 0 | 0 | 0 | 0 | 0 | 0 | 24,654,868 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | 17,464,044 | | | | | | | 17,464,044 | | | | | | XXX. |
| 9. Other professional services | 10,547,287 | | | | | | | 10,547,287 | | | | | | XXX. |
| 10. Outside referrals | 0 | | | | | | | | | | | | | XXX. |
| 11. Emergency room and out-of-area | 0 | | | | | | | | | | | | | XXX. |
| 12. Prescription drugs | 2,871,250 | | | | | | | 2,871,250 | | | | | | XXX. |
| 13. Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX. |
| 14. Incentive pool, withhold adjustments and bonus amounts | (4,505,208) | | | | | | | (4,505,208) | | | | | | XXX. |
| 15. Subtotal (Lines 8 to 14) | 26,377,373 | 0 | 0 | 0 | 0 | 0 | 0 | 26,377,373 | 0 | 0 | 0 | 0 | 0 | XXX. |
| 16. Net reinsurance recoveries | 0 | | | | | | | | | | | | | XXX. |
| 17. Total medical and hospital (Lines 15 minus 16)..... | 26,377,373 | 0 | 0 | 0 | 0 | 0 | 0 | 26,377,373 | 0 | 0 | 0 | 0 | 0 | XXX. |
| 18. Non-health claims (net) | 0 | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | |
| 19. Claims adjustment expenses including \$ 294,519 cost containment expenses | 687,779 | | | | | | | 687,779 | | | | | | |
| 20. General administrative expenses | 4,553,380 | | | | | | | 4,553,380 | | | | | | |
| 21. Increase in reserves for accident and health contracts | (300,000) | | | | | | | (300,000) | | | | | | XXX. |
| 22. Increase in reserves for life contracts | 0 | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | |
| 23. Total underwriting deductions (Lines 17 to 22) | 31,318,532 | 0 | 0 | 0 | 0 | 0 | 0 | 31,318,532 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | (6,663,664) | 0 | 0 | 0 | 0 | 0 | 0 | (6,663,664) | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | XXX. |
| 0502. | | | | | | | | | | | | | | XXX. |
| 0503. | | | | | | | | | | | | | | XXX. |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX. |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | |
| 0602. | | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | |
| 0603. | | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | XXX. | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | | | | | XXX. |
| 1302. | | | | | | | | | | | | | | XXX. |
| 1303. | | | | | | | | | | | | | | XXX. |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX. |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

| | 1 | 2 | 3 | 4 |
|----------------------------------------------------------|-----------------|---------------------|-------------------|--------------------------------------|
| Line of Business | Direct Business | Reinsurance Assumed | Reinsurance Ceded | 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 | 24,801,538 | | 146,670 | 24,654,868 |
| 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) | 24,801,538 | 0 | 146,670 | 24,654,868 |
| 14. Life | 0 | | | 0 |
| 15. Property/casualty | 0 | | | 0 |
| 16. Totals (Lines 13 to 15) | 24,801,538 | 0 | 146,670 | 24,654,868 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan of Idaho, 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 | 30,581,801 | | | | | | | 30,581,801 | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | 0 | | | | | | |
| 1.4 Net | 30,581,801 | 0 | 0 | 0 | 0 | 0 | 0 | 30,581,801 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | 0 | | | | | | | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | | | | | |
| 3.1 Direct | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | (4,505,208) | | | | | | | (4,505,208) | | | | | | |
| 6. Net health care receivables (a) | 374,201 | | | | | | | 374,201 | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | | | | | |
| 8.1 Direct | 2,154,926 | 0 | 0 | 0 | 0 | 0 | 0 | 2,154,926 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 2,154,926 | 0 | 0 | 0 | 0 | 0 | 0 | 2,154,926 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | | | | | |
| 9.1 Direct | 0 | | | | | | | | | | | | | |
| 9.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 9.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 0 | | | | | | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | 0 | | | | | | | | | | | | | |
| 12. Incurred Benefits: | | | | | | | | | | | | | | |
| 12.1 Direct | 30,882,582 | 0 | 0 | 0 | 0 | 0 | 0 | 30,882,582 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.4 Net | 30,882,582 | 0 | 0 | 0 | 0 | 0 | 0 | 30,882,582 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | (4,505,208) | 0 | 0 | 0 | 0 | 0 | 0 | (4,505,208) | 0 | 0 | 0 | 0 | 0 | 0 |

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

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 | 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. Reported in Process of Adjustment: | | | | | | | | | | | | | | |
| 1.1 Direct | 470,574 | | | | | | | 470,574 | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 1.4 Net | 470,574 | 0 | 0 | 0 | 0 | 0 | 0 | 470,574 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | | | | | |
| 2.1 Direct | 2,359,334 | | | | | | | 2,359,334 | | | | | | |
| 2.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 2.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 2.4 Net | 2,359,334 | 0 | 0 | 0 | 0 | 0 | 0 | 2,359,334 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | | | | | |
| 3.1 Direct | 0 | | | | | | | | | | | | | |
| 3.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 3.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 3.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | | | | | |
| 4.1 Direct | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 | 2,829,908 | 0 | 0 | 0 | 0 | 0 | 0 |

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 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid December 31 of Prior Year | On Claims Incurred During the Year | Claims Incurred In Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) individual | | | | | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | | | | | 0 | 0 |
| 3. Medicare Supplement | | | | | 0 | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Dental Only | | | | | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 7. Title XVIII - Medicare | 1,480,948 | 28,726,651 | 1,680 | 2,828,228 | 1,482,628 | 2,154,926 |
| 8. Title XIX - Medicaid | | | | | 0 | 0 |
| 9. Credit A&H | | | | | 0 | 0 |
| 10. Disability Income | | | | | 0 | 0 |
| 11. Long-Term Care | | | | | 0 | 0 |
| 12. Other health | | | | | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 1,480,948 | 28,726,651 | 1,680 | 2,828,228 | 1,482,628 | 2,154,926 |
| 14. Health care receivables (a) | | | | | 0 | 0 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | | | | (4,505,208) | 0 | 0 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 1,480,948 | 28,726,651 | 1,680 | (1,676,980) | 1,482,628 | 2,154,926 |

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan of Idaho, 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 | 0 | 0 | 0 | 0 | |
| 2. | 2020 | 4,479 | 5,570 | 6,098 | 6,171 | 6,171 |
| 3. | 2021 | XXX | 7,670 | 9,220 | 9,240 | 9,240 |
| 4. | 2022 | XXX | XXX | 11,880 | 15,584 | 15,583 |
| 5. | 2023 | XXX | XXX | XXX | 19,230 | 22,710 |
| 6. | 2024 | XXX | XXX | XXX | XXX | 28,727 |

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 | 0 | 0 | 0 | 0 | 0 |
| 2. | 2020 | 5,416 | 5,843 | 6,098 | 6,171 | 6,171 |
| 3. | 2021 | XXX | 8,410 | 9,220 | 9,238 | 9,240 |
| 4. | 2022 | XXX | XXX | 13,055 | 15,593 | 15,583 |
| 5. | 2023 | XXX | XXX | XXX | 21,376 | 22,712 |
| 6. | 2024 | XXX | XXX | XXX | XXX | 27,050 |

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 | 6,699 | 6,171 | 282 | 4.6 | 6,453 | 96.3 | | | 6,453 | 96.3 |
| 2. 2021 | 9,404 | 9,240 | 775 | 8.4 | 10,015 | 106.5 | | | 10,015 | 106.5 |
| 3. 2022 | 13,312 | 15,583 | 517 | 3.3 | 16,100 | 120.9 | | | 16,100 | 120.9 |
| 4. 2023 | 20,106 | 22,710 | 594 | 2.6 | 23,304 | 115.9 | 2 | | 23,306 | 115.9 |
| 5. 2024 | 24,655 | 28,727 | 688 | 2.4 | 29,415 | 119.3 | (1,677) | 55 | 27,793 | 112.7 |

12.GT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan of Idaho, 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 | 0 | 0 | 0 | 0 | 0 |
| 2. | 2020 | 4,479 | 5,570 | 6,098 | 6,171 | 6,171 |
| 3. | 2021 | XXX | 7,670 | 9,220 | 9,240 | 9,240 |
| 4. | 2022 | XXX | XXX | 11,880 | 15,584 | 15,583 |
| 5. | 2023 | XXX | XXX | XXX | 19,230 | 22,710 |
| 6. | 2024 | XXX | XXX | XXX | XXX | 28,727 |

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 | 0 | 0 | 0 | 0 | 0 |
| 2. | 2020 | 5,416 | 5,843 | 6,098 | 6,171 | 6,171 |
| 3. | 2021 | XXX | 8,410 | 9,220 | 9,238 | 9,240 |
| 4. | 2022 | XXX | XXX | 13,055 | 15,593 | 15,583 |
| 5. | 2023 | XXX | XXX | XXX | 21,376 | 22,712 |
| 6. | 2024 | XXX | XXX | XXX | XXX | 27,050 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--------------------------------------------------------------------|--------------------------|-------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------------------------------|--------------------------------|------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|
| 1. 2020 | 6,699 | 6,171 | 282 | 4.6 | 6,453 | 96.3 | 0 | 0 | 6,453 | 96.3 |
| 2. 2021 | 9,404 | 9,240 | 775 | 8.4 | 10,015 | 106.5 | 0 | 0 | 10,015 | 106.5 |
| 3. 2022 | 13,312 | 15,583 | 517 | 3.3 | 16,100 | 120.9 | 0 | 0 | 16,100 | 120.9 |
| 4. 2023 | 20,106 | 22,710 | 594 | 2.6 | 23,304 | 115.9 | 2 | 0 | 23,306 | 115.9 |
| 5. 2024 | 24,655 | 28,727 | 688 | 2.4 | 29,415 | 119.3 | (1,677) | 55 | 27,793 | 112.7 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-----------------------------------------------------------------------------------------------------------|-----------|---------------------------------------|-------|------------------------|-------------|-------------|-------------------------------------------------|-------------------------|-----------------------|------------|----------------------|-------------------|-------|
| | | 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 |
| 1. Unearned premium reserves | 0 | | | | | | | | | | | | |
| 2. Additional policy reserves (a) | 2,900,000 | | | | | | | 2,900,000 | | | | | |
| 3. Reserve for future contingent benefits | 0 | | | | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$ for investment income) .. | 0 | | | | | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Totals (gross) | 2,900,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2,900,000 | 0 | 0 | 0 | 0 | 0 |
| 7. Reinsurance ceded | 0 | | | | | | | | | | | | |
| 8. Totals (Net)(Page 3, Line 4) | 2,900,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2,900,000 | 0 | 0 | 0 | 0 | 0 |
| 9. Present value of amounts not yet due on claims | 0 | | | | | | | | | | | | |
| 10. Reserve for future contingent benefits | 0 | | | | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals (gross) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Reinsurance ceded | 0 | | | | | | | | | | | | |
| 14. Totals (Net)(Page 3, Line 7) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | |
| 0502. | | | | | | | | | | | | | |
| 0503. | | | | | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1101. | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes \$ 2,900,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|----------------------------------------------------------------------------|---------------------------|---------------------------------|---------------------------------|---------------------|---------------------|
| | 1 | 2 | | | |
| | Cost Containment Expenses | Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. Rent (\$0 for occupancy of own building) | | | 13,594 | | 13,594 |
| 2. Salary, wages and other benefits | 97,979 | | 489,094 | | 587,073 |
| 3. Commissions (less \$0 ceded plus \$ assumed) | | | 728,656 | | 728,656 |
| 4. Legal fees and expenses | | | 263 | | 263 |
| 5. Certifications and accreditation fees | | | | | 0 |
| 6. Auditing, actuarial and other consulting services ... | | | 592,284 | | 592,284 |
| 7. Traveling expenses | | | 18,049 | | 18,049 |
| 8. Marketing and advertising | | | 676,109 | | 676,109 |
| 9. Postage, express and telephone | 220 | 3,906 | 302,767 | | 306,893 |
| 10. Printing and office supplies | | | 26,755 | | 26,755 |
| 11. Occupancy, depreciation and amortization | | | 2,511 | | 2,511 |
| 12. Equipment | | | | | 0 |
| 13. Cost or depreciation of EDP equipment and software | | | | | 0 |
| 14. Outsourced services including EDP, claims, and other services | 194,722 | 362,119 | 1,576,405 | | 2,133,246 |
| 15. Boards, bureaus and association fees | | | 23,180 | | 23,180 |
| 16. Insurance, except on real estate | | | 969 | | 969 |
| 17. Collection and bank service charges | | | 2 | | 2 |
| 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 | | | 7,503 | | 7,503 |
| 23.2 State premium taxes | | | | | 0 |
| 23.3 Regulatory authority licenses and fees | | | | | 0 |
| 23.4 Payroll taxes | 1,598 | | 6,406 | | 8,004 |
| 23.5 Other (excluding federal income and real estate taxes) | | 27,235 | 70,662 | | 97,897 |
| 24. Investment expenses not included elsewhere | | | | 496 | 496 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 18,171 | 0 | 18,171 |
| 26. Total expenses incurred (Lines 1 to 25) | 294,519 | 393,260 | 4,553,380 | 496 | (a) 5,241,655 |
| 27. Less expenses unpaid December 31, current year | | 55,444 | 597,450 | | 652,894 |
| 28. Add expenses unpaid December 31, prior year | | 42,397 | 430,455 | | 472,852 |
| 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) | 294,519 | 380,213 | 4,386,385 | 496 | 5,061,613 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. OTHER WRITE INS | | | 18,171 | | 18,171 |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 | 18,171 | 0 | 18,171 |

(a) Includes management fees of \$ 1,460,278 to affiliates and \$ 0 to non-affiliates.

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

EXHIBIT OF NET INVESTMENT INCOME

| | | 1 | 2 |
|----------------------|---------------------------------------------------------------------------|-----------------------|--------------------|
| | | Collected During Year | Earned During Year |
| 1. | U.S. government bonds | (a) 201,526 | 199,657 |
| 1.1 | Bonds exempt from U.S. tax | (a) ..... | ..... |
| 1.2 | Other bonds (unaffiliated) | (a) 0 | 50 |
| 1.3 | Bonds of affiliates | (a) 0 | 0 |
| 2.1 | Preferred stocks (unaffiliated) | (b) 0 | 0 |
| 2.11 | Preferred stocks of affiliates | (b) 0 | 0 |
| 2.2 | Common stocks (unaffiliated) | 0 | 0 |
| 2.21 | Common stocks of affiliates | 0 | 0 |
| 3. | Mortgage loans | (c) 0 | 0 |
| 4. | Real estate | (d) 0 | 0 |
| 5 | Contract Loans | 0 | 0 |
| 6 | Cash, cash equivalents and short-term investments | (e) 155,966 | 152,774 |
| 7 | Derivative instruments | (f) 0 | 0 |
| 8. | Other invested assets | 69,412 | 69,412 |
| 9. | Aggregate write-ins for investment income | 0 | 0 |
| 10. | Total gross investment income | 426,904 | 421,893 |
| 11. | Investment expenses | | (g) 496 |
| 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) | | 496 |
| 17. | Net investment income (Line 10 minus Line 16) | | 421,397 |
| 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 \$ 129,603 accrual of discount less \$ 0 amortization of premium and less \$ 5,821 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 \$ 128,418 accrual of discount less \$ 0 amortization of premium and less \$ 0 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 | 2 | 3 | 4 | 5 |
|----------------------|-----------------------------------------------------------------------|----------------------------------------------|-------------------------------|----------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|
| | | Realized Gain (Loss) On Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Columns 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. | U.S. Government bonds | | | | | |
| 1.1 | Bonds exempt from U.S. tax | | | | | |
| 1.2 | Other bonds (unaffiliated) | | | | | |
| 1.3 | Bonds of affiliates | | | | | |
| 2.1 | Preferred stocks (unaffiliated) | | | | | |
| 2.11 | Preferred stocks of affiliates | | | | | |
| 2.2 | Common stocks (unaffiliated) | | | | | |
| 2.21 | Common stocks of affiliates | | | | | |
| 3. | Mortgage loans | | | | | |
| 4. | Real estate | | | | | |
| 5. | Contract loans | | | | | |
| 6. | Cash, cash equivalents and short-term investments | | | | | |
| 7. | Derivative instruments | | | | | |
| 8. | Other invested assets | | | | | |
| 9. | Aggregate write-ins for capital gains (losses) | | | | | |
| 10. | Total capital gains (losses) | | | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 0901. | ..... |  |  |  |  |  |
| 0902. | ..... |  |  |  |  |  |
| 0903. | ..... |  |  |  |  |  |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) | | | | | |

EXHIBIT OF NON-ADMITTED ASSETS

| | 1 | 2 | 3 |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|------------------------------------------------------------|
| | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | 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 | 949 | 212 | (737) |
| 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 | 25,213 | 27,724 | 2,511 |
| 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 | 195,723 | 140,097 | (55,626) |
| 25. Aggregate write-ins for other-than-invested assets | 115,714 | 158,526 | 42,812 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 337,599 | 326,559 | (11,040) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 |
| 28. Total (Lines 26 and 27) | 337,599 | 326,559 | (11,040) |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 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 | 115,714 | 158,526 | 42,812 |
| 2502. | | | |
| 2503. | | | |
| 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) | 115,714 | 158,526 | 42,812 |

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 | 1,928 | 2,461 | 2,491 | 2,512 | 2,533 | 29,876 |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | | 60 | 60 | 65 | 69 | 756 |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 1,928 | 2,521 | 2,551 | 2,577 | 2,602 | 30,632 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

1- Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Mount Carmel Health Plan of Idaho, Inc. (the “Company”) are presented based on accounting practices prescribed or permitted by the Idaho Department of Insurance ("IDI").

The Company was incorporated by Mount Carmel Health Plan, Inc. (the “Parent” or “MCHP”) on August 29, 2018, as a nonprofit corporation. The Company started writing business effective on January 1, 2020 in a seven-county service area encompassing the Boise, Idaho area, and expanded to 13 counties during 2024. MCHP is a wholly owned subsidiary of Mount Carmel Health System (“MCHS”). MCHS is a wholly owned subsidiary of Trinity Health Corporation (“THC”), who is the “ultimate parent” of the Company.

The IDI Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Idaho for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Idaho 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 IDI. 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 Idaho is shown below:

| | <u>SSAP #</u> | <u>F/S Page</u> | <u>F/S Line #</u> | <u>2024</u> | <u>2023</u> |
|-------------------------------------------------------------------------------|---------------|---------------------|-----------------------|-------------------|-------------------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 3) . | XXX | XXX | XXX | (6,242,267) |((6,072,233) |
| (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 | (6,242,267) | (6,072,233) |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX |8,978,333 |5,408,059 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX |8,978,333 |5,408,059 |

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 benefits provided prior to the reporting periods presented in 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 under the scope of services of the capitation agreements. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers and other cost adjustments based on CMS provisions of the Part D Pharmacy benefit program.

In addition, the Company uses the following accounting policies:

(1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximate fair value due to the short-term maturities of the investments.

(2) – (4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds are carried at amortized cost.

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

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

Investment 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, if any, are treated as nonadmitted assets.

(5) The Company does not have any mortgage loans on real estate investments.

(6) The Company does not have any loan-backed security investments.

(7) The Company does not have any investments in subsidiaries.

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

(9) Not Applicable.

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

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

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

(12) Not Applicable

(13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical realization patterns of estimated Pharmacy Rebates billed by the Company's pharmacy benefit manager. Amounts of uncollected billed Pharmacy Rebate Receivables outstanding more than 90 days after billed quarterly period are deemed nonadmitted assets.

2 - Accounting Changes and Corrections 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

Not Applicable

5 - Investments

A - Investments Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B - Investments Debt Restructuring

Not Applicable

C - Investments Reverse Mortgages

Not Applicable

D - Investments Loan Backed Securities

Not Applicable

E - Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F - Investments Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

G - Investments Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

H - Investments Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

I - Investments Reverse 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 & Nonadmitt ed) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitt ed) Restricted from Prior Year | 3 Increase/ (Decrease) (1 minus 2) | 4 Total Current Year Nonadmitt ed Restricted | 5 Total Current Year Admitted Restricted (1 minus 4) | 6 Gross (Admitted & Nonadmitt ed) 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 | .1,010,006 | .1,010,908 | (902) | ..... | .1,010,006 | 7.886 | 8.099 |
| 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 | .1,010,006 | .1,010,908 | (902) |0 | .1,010,006 | 7.886 | 8.099 |

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

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

M - Investments Working Capital Finance Investments

Not Applicable

N - Offsetting and Netting of Assets and Liabilities

| Descriptions | Gross Amount Recognized | Amount Offset* | Net Amount Presented on Statements |
|---------------------------------|----------------------------|-------------------|------------------------------------------|
| Assets: Amounts due from CMS | 2,106,084 | 32,535 | 2,073,549 |
| Liabilities: Amounts due to CMS | 32,535 | 32,535 | - |

O - Investments 5GI Securities

Not Applicable

P - Investments Short Sales

Not Applicable

Q - Investments Prepayment Penalty and Acceleration Fees

Not Applicable

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

| Asset Type | Percent Share |
|-------------------------|---------------|
| Cash | 3.1% |
| Cash Equivalents | 47.5% |
| Short-Term Investments | 49.4% |
| Total (Must equal 100%) | 100.0% |

S - Aggregate Collateral Loans by Qualifying Investment Collateral

Not Applicable

6 - Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

7 - Investment Income

- A. Due and accrued income with amounts that are over 90 days past due are excluded, as non-admitted assets, from Capital and Surplus
- B. The total amount excluded was \$-0-.
- C. – E. The gross, nonadmitted and admitted amounts for interest income due and accrued, aggregate deferred interest, and cumulative PIK included in principal balance:

| Description | Amount |
|------------------------------------------------------------------------------|--------|
| Interest Income Due and Accrued: Gross | 8,914 |
| Nonadmitted | - |
| Admitted | 8,914 |
| Aggregate Deferred Interest | - |
| Cumulative amounts of PIK interest included in the current principal balance | - |

8 - Derivative Instruments

Not Applicable

9 – Income Taxes

The Company is exempt under Internal Revenue Code Section 501(c)(4), as an organization exempt from tax under Section 501(a) under its Parent company’s group exemption.
All other disclosures under this footnote 9. A – I. are Not Applicable.

10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties.

A-C. The Company is provided by agreement certain management, administrative, and marketing services by MCHP. Expenses related to services provided to the Company by MCHP were \$974,973 and \$1,460,277 in 2023 and 2024, respectively.

Medical expenses incurred by the Company provided by affiliated entity were \$10,598,724 and \$ 16,829,246 in 2023 and 2024, respectively.

The Company has a risk sharing agreement with Saint Alphonsus Health Alliance (SAHA), which is an affiliated member of THC. As of December 31, 2023, the Company has incurred (\$63,077) in expenses and \$-0- in liability related to this agreement.

As of December 31, 2024, the Company has incurred an estimated receivable related under its risk sharing agreement with SAHA in the amount of \$4,703,888, that is reported as a negative amount on the line labeled “Accrued medical incentive pool and bonus amounts” on the Statement of Liabilities, Capital & Surplus, and resulted in a reduction of reported medical expenses. . The payment of this estimated receivable amount is due by November 2025.

- D. The Company owed \$74,795 and \$61,897 to MCHS and its affiliates as of December 31, 2023 and 2024, respectively.

The Company owed \$1,550,262 and \$1,548,112 to MCHP as of December 31, 2023 and 2024, respectively.

The Company owed \$682 and \$0 to Mount Carmel Health Plan of New York as of December 31, 2023 and 2024, respectively.

The Company is owed \$0 and \$293,908 from THC as of December 31, 2023 and 2024, respectively.

- E. MCHP has agreed to provide administrative services to MCHP-ID related to the operation of Medicare Advantage products offered by MCHP-ID.
- F. Not Applicable
- G. Since the Company’s inception, MCHP has made cumulative contributions of “paid in capital” totaling \$ 27,806,214, including \$9,823,581 in 2024, to meet the Company’s IDI’s Capital and Surplus requirements. MCHP is a wholly owned subsidiary of Mount Carmel Health System (MCHS), which is a wholly owned subsidiary of Trinity Health Corporation (“THC”), MCHP’s Ultimate Parent company. See Schedule Y for additional related party entities and transactions.
- H. Not Applicable
- I. Not Applicable
- J. Not Applicable
- K. Not Applicable
- L. Not Applicable
- M. Not Applicable
- N. Not Applicable
- O. Not Applicable

11 - Debt

- A. Debt Including Capital Notes

The Company has no outstanding debt with third parties.

- B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Post retirement

- A. – D. Defined Benefit Plan

Not Applicable

- E. Defined Contribution Plans

Not Applicable

F. Multiemployer Plans

Not Applicable

G. Consolidated/Holding Company Plans

Not Applicable

H. Postemployment Benefits and Compensated Absences

Not Applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable

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

A. The Company has no common stock shares. See Note 10. G. for capitalization of the Company.

B. The Company has no preferred stock outstanding.

C. Under Idaho Revised Code Section 41-3812, the Company is permitted to pay, without IDI approval, an ordinary distribution from unassigned surplus as long as the amount of such distribution does not exceed the greater of (i) 10% of its surplus as of December 31 of the year immediately preceding, or (ii) 100% of the net income for the 12 month period ending December 31 of the year immediately preceding.

An extraordinary distribution may be paid by the Company, with IDI approval, if all dividends paid or requested in the prior twelve (12) months exceeds the greater of 10% of the Company's surplus as of December 31, 2023 and 2024, or the net income of the Company for the twelve-month period ended December 31, 2023 and 2024. Any distribution paid from other than earned surplus shall be considered an extraordinary distribution.

D. No dividends were paid by the Company since its inception.

E. Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. The State of Idaho Department of Insurance has established a restriction on the Company's surplus that it must be at least \$2 million.

G. The total amount of advances to surplus not repaid is \$-0-.

H. 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.

I. There were no changes in balances of special surplus funds from the prior year.

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

K. The Company did not issue surplus debentures or similar obligations during the statement periods.

L. The Company did not have a restatement due to a prior quasi-reorganization.

M. 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)

Direct

(1)The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits0

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.2

The Company is not aware of any other material contingent liabilities as of December 31, 2024.

15 - Leases

A. Lessee Operating Lease

(1) The Company leases office space under a noncancelable 38-month lease agreement that expires December 31, 2027. Rental expense for this office space was \$5,030 and13,594 , respectively for the annual periods ending December 31, 2023 and 2024, respectively.

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

| Lessee Operating Leases | Future Payments |
|-------------------------|-----------------|
| CY 2025 | 6,312 |
| CY 2026 | 6,312 |
| CY 2027 | 6,312 |
| CY 2028 | - |
| CY 2029 | - |
| All Periods Thereafter | - |
| Total Periods Presented | 18,936 |

(3) The Company is not involved in any sales – 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

Not Applicable

17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments 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 2023 and 2024, consisted of \$20,106,103 and \$24,654,868, respectively.
- (2) As of December 31, 2023 and 2024, respectively, the Company has recorded net receivables from CMS of \$999,574 and \$1,301,787, respectively, related to the low-income member cost share and catastrophic reinsurance components of administered Medicare products. The Company does not have any additional payables greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000.
- (3) In connection with the Company's Medicare (or similarly structured cost-based reimbursement contract) contract, the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of \$-0- at December 31, 2023 and 2024.

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

Not Applicable

20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

| 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 | 3,618,264 | ..... | ..... | ..... | ..... 3,618.264 |
| Total assets at fair value/NAV | 3,618,264 |0.. | 0 |0 | 3,618.264 |

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

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

[illegible]

| Description | Beginni ng Balance at 01/01/2 024 | Transfer s into Level 3 | Transfer s out of Level 3 | Total gains and (losses) include d in Net Income | Total gains and (losses) include d in Surplus | Purchas es | Issuanc es | Sales | Settlem ents | Ending Balance at 12/31/2 024 |
|-------------------|--------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|---------------|---------------|--------|-----------------|-------------------------------------------|
| 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 Practicabl e (Carrying Value) |
|------------------------------|----------------------------|--------------------|-----------|--------------|-----------|-----------------------------|-----------------------------------------------|
| US Government and Agency | 5,252,680 | 5,251,944 | 5,242,680 | 10,000 | 0 |0 | ..... |
| Cash and Cash Equivalents | 3,618,264 | 3,618,264 | 3,618,264 | 0 | 0 |0 | ..... |

D. Not Practicable to Estimate Fair Value

Not Applicable

21 – Other Items

A. Extraordinary Item

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

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

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable

G. Retained Assets

Not Applicable

22 – Subsequent Events

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 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.

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

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? **No**

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? **No**

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? **No**

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? **No**

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$0**

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? **No**

B – E Not Applicable

24 - Retrospectively Rated Contracts and 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, 2023 and 2024 that are subject to retrospective rating features was \$19,874,834 and \$24,537,082, respectively. That represented 99% of the total net premiums written for 2023 and 2024. No other net premiums written by the Company are subject to retrospective rating features.

D. Not Applicable

25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$2,154,926. As of December 31, 2024, \$1,480,948 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,680 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$672,298 favorable prior-year development since December 31, 2023.

26 - Intercompany Pooling Arrangements

Not Applicable

27 - Structured Settlements

Not Applicable

28 - Health Care Receivables

A. Pharmaceutical Rebate Receivable

| Quarter Ending 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 | 747,529 | 0 | 0 | 0 | 0 |
| 9/30/2024 | 781,807 | 784,324 | 423,555 | 0 | 0 |
| 6/30/2024 | 742,399 | 745,718 | 710,923 | 8,635 | |
| 3/31/2024 | 720,101 | 728,588 | 676,457 | 17,362 | 1,621 |
| 12/31/2023 | 535,795 | 537,062 | 496,239 | 14,210 | 31 |
| 9/30/2023 | 570,794 | 570,794 | 491,530 | 51,213 | 713 |
| 6/30/2023 | 596,221 | 596,012 | 547,380 | 4,382 | 14,256 |
| 3/31/2023 | 587,381 | 587,331 | 490,804 | 884 | 5,451 |
| 12/31/2022 | 313,998 | 308,166 | 289,803 | 4,793 | 1,761 |
| 9/30/2022 | 326,506 | 326,506 | 298,155 | 4,634 | 995 |
| 6/30/2022 | 350,964 | 351,220 | 334,650 | 4,292 | 3,802 |
| 3/31/2022 | 366,579 | 366,697 | 350,427 | 7,989 | 3,014 |
| 12/31/2021 | 168,627 | 210,398 | 209,915 | 0 | (11) |
| 9/30/2021 | 198,723 | 198,723 | 236,156 | 131 | (59) |
| 6/30/2021 | 223,873 | 222,671 | 213,515 | 7,700 | (539) |
| 3/31/2021 | 220,368 | 217,510 | 213,751 | 158 | 1,190 |

29 - Participating Policies

Not Applicable

30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves\$2,900,000
2. Date of the most recent evaluation of this liability12/31/2024
3. Was anticipated investment income utilized in the calculation? Yes [X] No []

31 - Anticipated Salvage and Subrogation

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

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?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []

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?

Idaho

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.

12/31/2023

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.

12/31/2023

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).

3.4

By what department or departments?
State of Idaho 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 [] No [] N/A [X]

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?
4.12 renewals?

Yes [] No [X]
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?
4.22 renewals?

Yes [] No []
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

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 |
| | |

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
118 S. Wicker 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

0
- 12.13

Total book/adjusted carrying value

\$0
- 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 []
- 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 [X]
- 14.1

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

Yes [X] No []
- a.

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

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

Compliance with applicable governmental laws, rules and regulations;
- d.

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

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
.....
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

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

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?
- 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.
- Yes [] No [X]

| 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?
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
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 [] No [X]
- Yes [X] No []
- 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)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 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?
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 22.2 If answer is yes:
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 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?
- 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.
- Yes [] No [X]
- 20.11 To directors or other officers.....\$ 0
- 20.12 To stockholders not officers.....\$ 0
- 20.13 Trustees, supreme or grand (Fraternal Only)\$ 0
- 20.21 To directors or other officers.....\$ 0
- 20.22 To stockholders not officers.....\$ 0
- 20.23 Trustees, supreme or grand (Fraternal Only)\$ 0
- Yes [] No [X]
- 21.21 Rented from others.....\$
- 21.22 Borrowed from others.....\$
- 21.23 Leased from others\$
- 21.24 Other\$
- Yes [] No [X]
- 22.21 Amount paid as losses or risk adjustment \$
- 22.22 Amount paid as expenses\$
- 22.23 Other amounts paid\$
- Yes [X] No []
- \$ 293,908
- Yes [] No [X]

| 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 of Idaho, Inc.

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto
Funds on deposit with the Idaho 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)
Reporting Entity does not operate a Securities Lending Program.

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 \$1,010,006

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: Yes [] No []

- 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 |
| U.S. Bank, NA | P.O. Box 7928 Boise, Idaho 83707-9976 |
| | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan of Idaho, 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 |
|---------------------------------|------------------|
| | |

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

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 | 2 | 3 |
|-----------------------------|-------------------------------|------------|------------------------------------------------------------------------------------|
| | Statement (Admitted) Value | Fair Value | Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
| 31.1 Bonds | 5,251,944 | 5,244,425 | (7,519) |
| 31.2 Preferred stocks | 0 | | 0 |
| 31.3 Totals | 5,251,944 | 5,244,425 | (7,519) |

- 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 [X] 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 [X] 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 [X] 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 [X]
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 [X]
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 [X]
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 [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Mount Carmel Health Plan of Idaho, 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 | 2 | 3 |
|------------------------|------------------------------------------------------------|----------------------------------------|
| Name of Cryptocurrency | Immediately Converted to USD, Directly Held, or Both | Accepted for Payment of Premiums |
| | | |

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$2,558
- 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 | 2 |
|----------------------------|-------------|
| Name | Amount Paid |
| Health Plan Alliance |2,558 |
| | |
- 41.1 Amount of payments for legal expenses, if any?\$
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 | 2 |
|-------|-------------|
| Name | Amount Paid |
| | |
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

| 1 | 2 |
|-------|-------------|
| Name | 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.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

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

\$ 0

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:

1

Current Year

2

Prior Year

2.1 Premium Numerator 24,654,868 20,106,103

2.2 Premium Denominator 24,654,868 20,106,103

2.3 Premium Ratio (2.1/2.2) 1.000 1.000

2.4 Reserve Numerator 1,224,700 5,354,926

2.5 Reserve Denominator 1,224,700 5,354,926

2.6 Reserve Ratio (2.4/2.5) 1.000 1.000

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 [] 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 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 3,610

8.2 Number of providers at end of reporting year 3,742

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.. \$.....

9.22 Business with rate guarantees over 36 months \$.....

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [X] No []

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 0

10.22

Amount actually paid for year bonuses

\$ 0

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 [] No [X]

11.13

An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [X] No []

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such minimum capital and surplus.

State of Idaho

11.4

If yes, show the amount required.

\$ 2,000,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [X] No []

11.6

If the amount is calculated, show the calculation

Yes

12. List service areas in which reporting entity is licensed to operate:

| 1 Name of Service Area |
|---------------------------|
| [ID-Ada] |
| [ID-Adams] |
| [ID-Boise] |
| [ID-Camas] |
| [ID-Canyon] |
| [ID-Elmore] |
| [ID-Gem] |
| [ID-Owyhee] |
| [ID-Payette] |
| [ID-Valley] |
| [ID-Washington] |

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

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

\$

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

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

\$

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [] No [] N/A [X]

14.2

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

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

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 gurarantee) |
| Universal Life (with or without secondary gurarantee) |
| Variable Universal Life (with or without secondary gurarantee) |

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]

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 [X]

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) | 12,470,566 | 12,863,347 | 11,167,997 | 10,965,838 | 6,068,059 |
| 2. Total liabilities (Page 3, Line 24) | 3,492,233 | 7,455,288 | 5,361,952 | 5,515,537 | 3,749,203 |
| 3. Statutory minimum capital and surplus requirement | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 |
| 4. Total capital and surplus (Page 3, Line 33) | 8,978,333 | 5,408,059 | 5,806,045 | 5,450,301 | 2,318,856 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 24,654,868 | 20,106,103 | 13,311,745 | 9,403,856 | 6,699,283 |
| 6. Total medical and hospital expenses (Line 18) | 26,377,373 | 21,958,701 | 13,336,864 | 8,337,817 | 5,415,597 |
| 7. Claims adjustment expenses (Line 20) | 687,779 | 615,053 | 516,818 | 775,202 | 281,826 |
| 8. Total administrative expenses (Line 21) | 4,553,380 | 3,428,263 | 2,717,396 | 2,783,776 | 2,044,539 |
| 9. Net underwriting gain (loss) (Line 24) | (6,663,664) | (6,395,914) | (2,859,333) | (3,514,146) | (3,121,472) |
| 10. Net investment gain (loss) (Line 27) | 421,397 | 323,681 | 125,921 | 34,374 | 37,399 |
| 11. Total other income (Lines 28 plus 29) | 0 | 0 | 0 | 0 | 0 |
| 12. Net income or (loss) (Line 32) | (6,242,267) | (6,072,233) | (2,733,412) | (3,479,772) | (3,084,073) |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (11,758,956) | (6,132,095) | (3,131,168) | (2,408,088) | 2,474 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 8,978,333 | 5,408,059 | 5,806,045 | 5,450,301 | 2,318,856 |
| 15. Authorized control level risk-based capital | 1,665,656 | 1,396,326 | 889,433 | 565,176 | 456,042 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 2,602 | 1,928 | 1,340 | 944 | 733 |
| 17. Total members months (Column 6, Line 7) | 30,632 | 22,723 | 15,737 | 11,328 | 8,120 |
| 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) | 107.0 | 109.2 | 100.2 | 88.7 | 80.8 |
| 20. Cost containment expenses | 1.2 | 1.6 | 1.5 | 1.5 | 2.2 |
| 21. Other claims adjustment expenses | 1.6 | 1.5 | 2.4 | 6.8 | 2.0 |
| 22. Total underwriting deductions (Line 23) | 127.0 | 131.8 | 121.5 | 137.4 | 146.6 |
| 23. Total underwriting gain (loss) (Line 24) | (27.0) | (31.8) | (21.5) | (37.4) | (46.6) |
| Unpaid Claims Analysis (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 17, Col. 5) | 1,482,628 | 1,758,386 | 1,294,864 | 865,001 | |
| 25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] | 2,154,926 | 1,175,922 | 1,013,263 | 937,058 | 0 |
| 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) | | | | 0 | 0 |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Lines 26 to 31 above. | | | | | |

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:

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

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

| Allocated by States and Territories | | | | | | | | | | | | |
|-------------------------------------|---------------------------------------------------------------|-----|-------------------|------------------------------|----------------------|--------------------|----------------|----------------------------------------------------|--------------------------------------------------|-----------------------------|---------------------------|------------------------|
| | | | 1 | Direct Business Only | | | | | | | | |
| | | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| States, etc. | | | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 8 | 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 | L | | 24,801,538 | | | | | | 24,801,538 | |
| 14. | Illinois | IL | N | | | | | | | | 0 | |
| 15. | Indiana | IN | N | | | | | | | | 0 | |
| 16. | Iowa | IA | N | | | | | | | | 0 | |
| 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 | N | | | | | | | | 0 | |
| 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 | 0 |
| 59. | Subtotal | XXX | | 0 | 24,801,538 | 0 | 0 | 0 | 0 | 0 | 24,801,538 | 0 |
| 60. | Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | | 0 | |
| 61. | Totals (Direct Business) | XXX | | 0 | 24,801,538 | 0 | 0 | 0 | 0 | 0 | 24,801,538 | 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 | 0 |
| 58999. | Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

2. R - Registered - Non-domiciled RRGs..... 0

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

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 56

(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

| | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION) | | | | | | | | | | | | | | | |
| Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: 83-1246927 (Trinity has no ownership or membership interest in Civica – only voting rights and rights to appoint BOD members attendant to our position as a "Governing Member.") | | | | | | | | | | | | | | | |
| HealthRise Business Intelligence LLC; FEIN:84-5053960 (51% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Nuco Health LLC; FEIN: 84-0951661 (51% Controlled by Trinity Health Health Corporation) | | | | | | | | | | | | | | | |
| Agile Health Solutions LLC ; FEIN: 84-3562661 (100% Controlled by Nuco Health LLC) | | | | | | | | | | | | | | | |
| Greenstone Solutions LLC ; FEIN: (60% Controlled by Nuco Health LLC) | | | | | | | | | | | | | | | |
| Trinity Health Community Division, LLC; FEIN: 99-4583988 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Trinity Health Pharmacy Services, LLC; FEIN: 84-3130212 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Mercy Care Center; FEIN: 85-3904921 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Saint Agnes Health; FEIN: 92-1339454 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Global Health Ministry d/b/a Global Health Volunteers (MI); FEIN: 42-1253527 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Maxis Health System (Pennsylvania); FEIN: 91-1940902 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Maxis Health Trenton, Inc.; FEIN: 88-4267557 (100% Controlled by Maxis Health System) | | | | | | | | | | | | | | | |
| PLEASE NOTE: Assets were sold effective 6/1/2021, but entity remains: Mercy Health System of Chicago (Illinois); FEIN: 36-3163327 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| PLEASE NOTE: Assets were sold effective 6/1/2021, but entity remains: Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Mercy Health System of Chicago) | | | | | | | | | | | | | | | |
| Mercy Foundation, Inc. ; FEIN:36-3227350 (100% Controlled by Mercy Health System of Chicago) | | | | | | | | | | | | | | | |
| St. James Mercy Health System (New York); FEIN: 22-3127184 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| SJM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by St. James Mercy Health System) | | | | | | | | | | | | | | | |
| THRE Services LLC; FEIN: 45-2603654 (99% interest held by Trinity Health Corporation; 1% interest held by Matthew Kufta) | | | | | | | | | | | | | | | |
| PLEASE NOTE - Effective 12.1.2023, Misericordia Assurance Company, Ltd. Merged into Trinity Assurance, LTD: Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Michigan Co-Tenancy Laboratory (Tenants in Common Co-Tenancy); Trinity Health Corporation holds a 6.09% Tenants in Common interest; THC together with its subsidiaries holds a 59.97% Tenants in Common interest | | | | | | | | | | | | | | | |
| Truvena Inc.; FEIN 85-2537298 (4.754% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Premier Health Holdings, LLC; FEIN: 47-2665226 (55.7% Controlled by Trinity Health Corporation; 23.8% by St. Louise Holdings, LLC; 20.50% by Franciscan Missionaries of Our Lady Health System, Inc.) | | | | | | | | | | | | | | | |
| Premier Health Consultants, LLC; FEIN: 20-5972761 (100% Controlled by Premier Health Holdings, LLC) | | | | | | | | | | | | | | | |
| THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| Total Urgent Care, LLC; FEIN: 84-3755134 (100% Controlled by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| Total Urgent Care and Occupational Medicine, L.L.C.; FEIN: 27-1618580 (100% Controlled by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| Rapides After Hours Clinic, L.L.C.; FEIN : 45-1772383 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Rapides Healthcare System, L.L.C.) | | | | | | | | | | | | | | | |
| Lake Urgent Care Ascension, L.L.C.; FEIN : 35-2463092 (33.34% Controlled by Premier Health Consultants, LLC; 66.66% Controlled by Our Lady of the Lake Hospital, Inc.) | | | | | | | | | | | | | | | |
| Lourdes After Hours, L.L.C. FEIN : 20-1367299 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Our Lady of Lourdes Regional Medical Center, Inc.) | | | | | | | | | | | | | | | |
| Convenient Care, L.L.C. FEIN: 72-1439481 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Our Lady of the Lake Hospital, Inc.) | | | | | | | | | | | | | | | |
| St. Joseph's/Candler Urgent Care Centers, LLC; FEIN: 82-4301751 (49% Controlled by Premier Health Consultants, LLC; 51% Controlled by St. Joseph's/Candler Health System, Inc.) | | | | | | | | | | | | | | | |
| LCMC Urgent Care, LLC; FEIN: 30-0951534 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Crescent City Physicians, Inc.) | | | | | | | | | | | | | | | |
| St. Francis Urgent Care, L.L.C.; FEIN: 47-4013731 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by St. Francis Medical Center, Inc.) | | | | | | | | | | | | | | | |
| Seton Urgent Care, LLC; FEIN: 32-0511311 (This Captive Affiliated JV Entity is 33.33% Controlled by Premier Health Consultants, LLC; 33.33% Controlled HH/Killeen Health System, LLC; 33.33% Controlled by Keystone Administration Management, LLC) | | | | | | | | | | | | | | | |
| Freedom Urgent Care PLLC; FEIN: 27-1208614 (100% of Beneficial Ownership of Equity Interests held by Jay McKenna, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| CP Premier Urgent Care JV, LLC; FEIN: 32-0569183 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Cedar Park Health System. L.P.) | | | | | | | | | | | | | | | |
| Family First Express Care, PLLC; FEIN: 84-2395528; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| PLEASE NOTE - ENTITY WILL BE SOLD EFFECTIVE 7/1/2024: Topeka Urgent Care, LLC; FEIN: 85-0536501 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Topeka Health System, LLC) | | | | | | | | | | | | | | | |
| PLEASE NOTE - ENTITY WILL BE SOLD EFFECTIVE 7/1/2024: UK St. Francis Urgent Care, LLC; FEIN: 85-0732004; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| Trinity Health Of New England Urgent Care, PLLC; FEIN: 85-3033413; (100% of Beneficial Ownership of Equity Interests held by Kurt Myers, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| PLEASE NOTE - DISSOLUTION IS IN PROCESS: Holy Cross Health Urgent Care, Inc.; FEIN: 86-1216596; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| Mercy Health Urgent Care, PLLC; FEIN: 85-4260462; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| THPH Of New England, LLC; FEIN: 85-1888365 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| THPH of Ft. Lauderdale, LLC; FEIN: 85-4185977 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| Holy Cross Urgent Care, LLC; FEIN: 85-4026585 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| THPH of Columbus, LLC; FEIN: 85-4041862 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| Mount Carmel Urgent Care, LLC; FEIN: 85-3883823 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| THPH of Athens, LLC; FEIN: 86-2848438 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| Saint Mary's Health Care System Urgent Care, LLC; FEIN: 86-2944408 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC) | | | | | | | | | | | | | | | |
| THPH of Maryland, LLC; FEIN: 86-2380369 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| THPH of Iowa, LLC; FEIN: 88-2108958 (100% Controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| MercyOne Urgent Care, LLC; FEIN: 88-2052422 (100% controlled by THPH Urgent Care, LLC) | | | | | | | | | | | | | | | |
| Mount Carmel Health System (Ohio); FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel New Albany Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health Plan of Connecticut, Inc.; FEIN: 87-3948434 (100% Controlled by Mount Carmel Health Plan, Inc.) | | | | | | | | | | | | | | | |
| Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Trinity Health Plan of Michigan, Inc.; FEIN: 84-3836552 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Behavioral Healthcare LLC; FEIN: (14.10% Controlled by Mount Carmel Health System) | | | | | | | | | | | | | | | |
| OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Central Ohio Medical Textiles; Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mount Carmel Health Providers III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| MCRS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Columbus Cyberknife, LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| New Albany Surgery Center, LLC; FEIN: 45-1617821 (23.74% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (48.95% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; FEIN: 47-4200156 (20.4% Controlling Interest held by Immediate Parent) | | | | | | | | | | | | | | | |
| Orange ASC, Ltd.; FEIN: (50% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Holy Cross Health, Inc. (Maryland); FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Holy Cross Health (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Holy Cross Hospital Radiation Treatment Center (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Holy Cross Health, Inc.) | | | | | | | | | | | | | | | |
| Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (25% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN: 22-3476498 (25% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Holy Cross Health Partners, LLC; FEIN 82-2391212(100% Controlled by Immediate Parent) | | | | | | | | | | | | | | | |
| Mercy Health System, Inc. d/b/a MercyOne (Iowa) FEIN: 42-1478417 (100% Controlled by Trinity Health Corporation) | | | | | | | | | | | | | | | |
| Genesis Health System (IL); FEIN: 36-3616314 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One) | | | | | | | | | | | | | | | |
| Genesis Medical Center, Silvis (dba of Genesis Health System (IL)); FEIN: 36-3616314 (100% Controlled by Genesis Health System (IL)) | | | | | | | | | | | | | | | |

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

[illegible]

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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[illegible]

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

[illegible]

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

[illegible]

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

| | | Current Year | | | Prior Year |
|-------|---------------------------------------------------------------|--------------|--------------------|--------------------------------------|------------------------|
| | | 1 | 2 | 3 | 4 |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 2504. | Due fr CMS: CY 2023 CGD Est Settlement | | | 0 | |
| 2505. | Due fr CMS: Accrued IRASA Est Settlement | | | 0 | |
| 2506. | Due fr CMS: CY 2024 Accrued RAF receivable | | | 0 | |
| 2507. | Due to CMS: YE 2024 Retro Rev Liability | 0 | | 0 | |
| 2597. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |

Additional Write-ins for Liabilities Line 23

| | | Current Year | | | Prior Year |
|-------|---------------------------------------------------------------|--------------|-----------|-------|------------|
| | | 1 | 2 | 3 | 4 |
| | | Covered | Uncovered | Total | Total |
| 2304. | 2021 Part D Estimate | | | 0 | 0 |
| 2305. | 2022 FYRA | | | 0 | 0 |
| 2306. | 2022 Part D Estimate | | | 0 | 0 |
| 2307. | CGD Payable | | | 0 | 0 |
| 2397. | Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |