



ANNUAL STATEMENT

For the Year Ending December 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

Paramount Health Care

| | | | | | | |
|---------------------------------------|--|--|--|------------|--|-----------|
| NAIC Group Code | 1212 <small>(Current Period)</small> | 1212 <small>(Prior Period)</small> | NAIC Company Code | 95189 | Employer's ID Number | 341549926 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | Ohio | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] | Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X] | | | |
| Incorporated/Organized | 04/22/1987 | | Commenced Business | 01/01/1988 | | |
| Statutory Home Office | 1901 Indian Wood Circle <small>(Street and Number)</small> | | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | | |
| Main Administrative Office | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | 1901 Indian Wood Circle <small>(Street and Number)</small> | | (419)887-2500 <small>(Area Code) (Telephone Number)</small> | |
| Mail Address | 1901 Indian Wood Circle <small>(Street and Number or P.O. Box)</small> | | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | | |
| Primary Location of Books and Records | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | 1901 Indian Wood Circle <small>(Street and Number)</small> | | (419)887-2500 <small>(Area Code) (Telephone Number)</small> | |
| Internet Website Address | www.paramounthealthcare.com | | | | | |
| Statutory Statement Contact | Mary Kathereen Siefke, Mrs. <small>(Name)</small> | | (419)887-2909 <small>(Area Code)(Telephone Number)(Extension)</small> | | | |
| | mary.siefke@promedica.org <small>(E-Mail Address)</small> | | (419)887-2020 <small>(Fax Number)</small> | | | |

OFFICERS

| Name | Title |
|-----------------------------|------------|
| David Scott Hickman Mr. | Chairman # |
| John Charles Randolph Mr. | President |
| Kathleen Sheline Hanley Ms. | Treasurer |
| Jeffrey Craig Kuhn Mr. | Secretary |

OTHERS

| | |
|--|--|
| Jeffrey William Martin Mr., Vice President, Operations | John David Meier M.D., Vice President, Health Services |
| Mark Henry Moser Mr., Vice President, Marketing | Stacey Lee Bock Mrs., Vice President, Finance # |

DIRECTORS OR TRUSTEES

| | |
|-------------------------------|---------------------------------|
| Garry Walter Roberts Mr. | Richard Dean Heltzel Mr. |
| Dee Ann Bialecki-Haase M.D. # | John Charles Randolph Mr. |
| Cynthia Ann Geronimo Ms. # | Calvin Joseph Lawshe Mr. |
| Stephen Peter Malia Mr. # | Russell Leo Dempsey Mr. |
| Steven R. Zirkel Mr. | Timothy Ingraham Martindale Mr. |

State of Ohio
County of Lucas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

| | | |
|--|--|---|
| _____ <small>(Signature)</small> John Charles Randolph _____ <small>(Printed Name)</small> 1. President _____ <small>(Title)</small> | _____ <small>(Signature)</small> Stacey Lee Bock _____ <small>(Printed Name)</small> 2. Vice President, Finance _____ <small>(Title)</small> | _____ <small>(Signature)</small> Jeffrey Craig Kuhn _____ <small>(Printed Name)</small> 3. Secretary _____ <small>(Title)</small> |
|--|--|---|

Subscribed and sworn to before me this _____ day of _____, 2013

- 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 _____

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Richard Lawrence Munk M.D.
Timothy Bublick Mr.
Mark Leslie Ferris Mr.
Dale Joseph Seymour Mr.

Deborah Anne Dickenson Peters Ms.
Cathy Lynn Cantor M.D.
David Scott Hickman Mr.
Daniel Sullivan Murtagh M.D. #

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals | | | | 108,243 | 108,243 | |
| Group Subscribers: | | | | | | |
| Tenneco Automotive | 110,382 | 5,883 | 3,654 | 88,921 | 88,921 | 119,919 |
| Ford Motor Co. | 6,553 | 3,866 | 9,943 | 155,715 | 155,715 | 20,362 |
| 0299997 Subtotal - Group Subscribers: | 116,935 | 9,749 | 13,597 | 244,636 | 244,636 | 140,281 |
| 0299998 Premiums due and unpaid not individually listed | 236,636 | 133,012 | (8,576) | 38,455 | 38,455 | 361,072 |
| 0299999 Total group | 353,571 | 142,761 | 5,021 | 283,091 | 283,091 | 501,353 |
| 0399999 Premiums due and unpaid from Medicare entities | 39,376 | | | | | 39,376 |
| 0499999 Premiums due and unpaid from Medicaid entities | | | | | | |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .. | 392,947 | 142,761 | 5,021 | 391,334 | 391,334 | 540,729 |

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebate Receivables | | | | | | |
| Express Scripts | 68,122 | 71,645 | 66,787 | 78,436 | | 284,990 |
| 0199998 Pharmaceutical Rebate Receivables - Not Individually Listed | | | | | | |
| 0199999 Subtotal - Pharmaceutical Rebate Receivables | 68,122 | 71,645 | 66,787 | 78,436 | | 284,990 |
| 0299998 Claim Overpayment Receivables - Not Individually Listed | | | | | | |
| 0299999 Subtotal - Claim Overpayment Receivables | | | | | | |
| 0399998 Loans and Advances to Providers - Not Individually Listed | | | | | | |
| 0399999 Subtotal - Loans and Advances to Providers | | | | | | |
| 0499998 Capitation Arrangement Receivables - Not Individually Listed | | | | | | |
| 0499999 Subtotal - Capitation Arrangement Receivables | | | | | | |
| 0599998 Risk Sharing Receivables - Not Individually Listed | | | | | | |
| 0599999 Subtotal - Risk Sharing Receivables | | | | | | |
| Other Receivables | | | | | | |
| Gap Coverage | 82,373 | 82,373 | 82,373 | 82,372 | 329,491 | |
| 0699998 Other Receivables - Not Individually Listed | | | | | | |
| 0699999 Subtotal - Other Receivables | 82,373 | 82,373 | 82,373 | 82,372 | 329,491 | |
| 0799999 Gross health care receivables | 150,495 | 154,018 | 149,160 | 160,808 | 329,491 | 284,990 |

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

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 5,452,019 | 1,256,058 | 233,475 | 83,538 | 167,504 | 7,192,594 |
| 0499999 Subtotals | 5,452,019 | 1,256,058 | 233,475 | 83,538 | 167,504 | 7,192,594 |
| 0599999 Unreported claims and other claim reserves | | | | | | 22,241,463 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 29,434,057 |
| 0899999 Accrued Medical Incentive Pool and Bonus Amounts | | | | | | |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|---|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| Individually listed receivables | | | | | | | |
| St. Lukes Hospital | 129,035 | | | | | 129,035 | |
| Paramount Insurance Company | 167,061 | | | | | 167,061 | |
| ProMedica Health System | 388,679 | | | | | 388,679 | |
| 0199999 Total - Individually listed receivables | 684,775 | | | | | 684,775 | |
| 0299999 Receivables not individually listed | 38,386 | | | | | 38,386 | |
| 0399999 Total gross amounts receivable | 723,161 | | | | | 723,161 | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|-------------------------------------|--|-------------|--------------|------------------|
| Individually listed payables | | | | |
| | Paramount Advantage | 2,180,063 | 2,180,063 | |
| | 0199999 Total - Individually listed payables | 2,180,063 | 2,180,063 | |
| | 0299999 Payables not individually listed | 790,792 | 790,792 | |
| | 0399999 Total gross payables | 2,970,855 | 2,970,855 | |

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|-------------------------------------|--|----------------------------|---------------------------------------|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | | | | | | |
| 2. Intermediaries | | | | | | |
| 3. All other providers | | | | | | |
| 4. TOTAL Capitation Payments | | | | | | |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 118,213,835 | 45.433 | X X X | X X X | 43,813,804 | 74,400,031 |
| 6. Contractual fee payments | 141,980,795 | 54.567 | X X X | X X X | 70,866,199 | 71,114,596 |
| 7. Bonus/withhold arrangements - fee-for-service | | | X X X | X X X | | |
| 8. Bonus/withhold arrangements - contractual fee payments | | | X X X | X X X | | |
| 9. Non-contingent salaries | | | X X X | X X X | | |
| 10. Aggregate cost arrangements | | | X X X | X X X | | |
| 11. All other payments | | | X X X | X X X | | |
| 12. TOTAL Other Payments | 260,194,630 | 100.000 | X X X | X X X | 114,680,003 | 145,514,627 |
| 13. TOTAL (Line 4 plus Line 12) | 260,194,630 | 100.000 | X X X | X X X | 114,680,003 | 145,514,627 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------------|---------------------------|----------------------|---------------------------------|--|--|
| NONE | | | | | |
| 9999999 Totals | | | X X X | X X X | X X X |

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| | | 1 | 2 | 3 | 4 | 5 | 6 |
|----|---|------------------|--------------|-----------------------------|------------------------------------|---------------------------|---------------------------|
| | Description | Cost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| 1. | Administrative furniture and equipment | 2,480,942 | ..... | 1,704,979 | 775,963 | 775,963 | ..... |
| 2. | Medical furniture, equipment and fixtures ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | Pharmaceuticals and surgical supplies ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | Durable medical equipment ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | Other property and equipment ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | TOTAL | 2,480,942 | ..... | 1,704,979 | 775,963 | 775,963 | ..... |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 1212

NAIC Company Code 95189

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|------------------------------------|-------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | 45,681 | 58 | 33,036 | | | | | 12,587 | | |
| 2. First Quarter | 44,592 | 55 | 32,112 | | | | | 12,425 | | |
| 3. Second Quarter | 44,265 | 50 | 31,853 | | | | | 12,362 | | |
| 4. Third Quarter | 43,931 | 47 | 31,582 | | | | | 12,302 | | |
| 5. Current Year | 43,658 | 47 | 31,401 | | | | | 12,210 | | |
| 6. Current Year Member Months | 531,236 | 612 | 382,422 | | | | | 148,202 | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 20,945 | 12 | 10,280 | | | | | 10,653 | | |
| 8. Non-Physician | 51,987 | 40 | 28,657 | | | | | 23,290 | | |
| 9. TOTAL | 72,932 | 52 | 38,937 | | | | | 33,943 | | |
| 10. Hospital Patient Days Incurred | 76,630 | 14 | 19,233 | | | | | 57,383 | | |
| 11. Number of Inpatient Admissions | 7,456 | 3 | 2,833 | | | | | 4,620 | | |
| 12. Health Premiums Written (b) | 272,119,246 | 325,168 | 128,279,757 | | | | | 143,514,321 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 272,119,246 | 325,168 | 128,279,757 | | | | | 143,514,321 | | |
| 17. Amount Paid for Provision of Health Care Services | 260,194,630 | 379,522 | 108,946,473 | | | | | 150,868,635 | | |
| 18. Amount Incurred for Provision of Health Care Services | 262,348,195 | 378,214 | 110,080,578 | | | | | 151,889,403 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....129,732,228



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 1212

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95189

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|------------------------------------|-------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | 45,681 | 58 | 33,036 | | | | | 12,587 | | |
| 2. First Quarter | 44,592 | 55 | 32,112 | | | | | 12,425 | | |
| 3. Second Quarter | 44,265 | 50 | 31,853 | | | | | 12,362 | | |
| 4. Third Quarter | 43,931 | 47 | 31,582 | | | | | 12,302 | | |
| 5. Current Year | 43,658 | 47 | 31,401 | | | | | 12,210 | | |
| 6. Current Year Member Months | 531,236 | 612 | 382,422 | | | | | 148,202 | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 20,945 | 12 | 10,280 | | | | | 10,653 | | |
| 8. Non-Physician | 51,987 | 40 | 28,657 | | | | | 23,290 | | |
| 9. TOTAL | 72,932 | 52 | 38,937 | | | | | 33,943 | | |
| 10. Hospital Patient Days Incurred | 76,630 | 14 | 19,233 | | | | | 57,383 | | |
| 11. Number of Inpatient Admissions | 7,456 | 3 | 2,833 | | | | | 4,620 | | |
| 12. Health Premiums Written (b) | 272,119,246 | 325,168 | 128,279,757 | | | | | 143,514,321 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 272,119,246 | 325,168 | 128,279,757 | | | | | 143,514,321 | | |
| 17. Amount Paid for Provision of Health Care Services | 260,194,630 | 379,522 | 108,946,473 | | | | | 150,868,635 | | |
| 18. Amount Incurred for Provision of Health Care Services | 262,348,195 | 378,214 | 110,080,578 | | | | | 151,889,403 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....129,732,228

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|-------------------------|-------------------|-------------------|-----------------------------|-----------------------------------|----------|----------------------|--|--|------------------------------------|---|
| NAIC Company Code | Federal ID Number | Effective Date | Name of Reinsured | Domiciliary Jurisdiction | Type of Reinsurance Assumed | Premiums | Unearned Premiums | Reserve Liability Other Than for Unearned Premiums | Reinsurance Payable on Paid and Unpaid Losses | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| <div style="border: 1px solid black; padding: 10px; display: inline-block;">N O N E</div> | | | | | | | | | | | |
| 0999999 Total (Sum of 0399999 and 0699999) | | | | | | | | | | | |

SCHEDULE S - PART 2

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

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Paid Losses | 7 Unpaid Losses |
|---|------------------------------|------------------------|----------------------|----------------------------------|------------------|--------------------|
| 0799999 Total - Life and Annuity | | | | | | |
| Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 93440 | 06-1041332 | 01/01/2012 | HM LIFE INS CO | PA | 305,799 | |
| 1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | 305,799 | |
| 1399999 Total - Accident and Health - Non-Affiliates | | | | | 305,799 | |
| 1499999 Total - Accident and Health | | | | | 305,799 | |
| 1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) | | | | | 305,799 | |
| 1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) | | | | | | |
| 1799999 Total (Sum of 0799999 and 1499999) | | | | | 305,799 | |

SCHEDULE S - PART 3 - SECTION 2

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

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type | 7 Premiums | 8 Unearned Premiums (estimated) | 9 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 12 Modified Coinsurance Reserve | 13 Funds Withheld Under Coinsurance |
|---|------------------------------|------------------------|----------------------|----------------------------------|-----------|---------------|--|--|----------------------------|---------------------|--|---|
| | | | | | | | | | 10 Current Year | 11 Prior Year | | |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | |
| 93440 | 06-1041332 | 01/01/2012 | HM LIFE INS CO | PA | SSL/A/G | 1,565,082 | | | | | | |
| 93440 | 06-1041332 | 01/01/2012 | HM LIFE INS CO | PA | SSL/A/I | 210,447 | | | | | | |
| 0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | 1,775,529 | | | | | | |
| 0699999 Total - General Account - Authorized - Non-Affiliates | | | | | | 1,775,529 | | | | | | |
| 0799999 Total - General Account Authorized | | | | | | 1,775,529 | | | | | | |
| 1499999 Total - General Account - Unauthorized | | | | | | | | | | | | |
| 2199999 Total - General Account - Certified | | | | | | | | | | | | |
| 2299999 Total - General Account - Authorized, Unauthorized and Certified | | | | | | 1,775,529 | | | | | | |
| 2999999 Total - Separate Accounts - Authorized | | | | | | | | | | | | |
| 3699999 Total - Separate Accounts - Unauthorized | | | | | | | | | | | | |
| 4299999 Total - Separate Accounts - Certified - Non-Affiliates | | | | | | | | | | | | |
| 4399999 Total - Separate Accounts - Certified | | | | | | | | | | | | |
| 4499999 Total - Separate Accounts - Authorized, Unauthorized and Certified | | | | | | | | | | | | |
| 4599999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599993, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999) | | | | | | 1,775,529 | | | | | | |
| 4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999) | | | | | | | | | | | | |
| 4799999 Total (Sum of 2299999 and 4499999) | | | | | | 1,775,529 | | | | | | |

33 Schedule S - Part 4 NONE

34 Schedule S - Part 5 NONE

35 Schedule S - Part 5 (continued) NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

| | 1 2012 | 2 2011 | 3 2010 | 4 2009 | 5 2008 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 1,565 | 1,644 | 1,530 | 1,377 | 753 |
| 2. Title XVIII-Medicare | 210 | 2 | 169 | 214 | 426 |
| 3. Title XIX - Medicaid | | | | | |
| 4. Commissions and reinsurance expense allowance | | | | | |
| 5. TOTAL Hospital and Medical Expenses | 1,776 | 1,647 | 1,699 | 1,590 | 1,178 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | | | | |
| 7. Claims payable | | | | 521 | |
| 8. Reinsurance recoverable on paid losses | 306 | 348 | 486 | 74 | 167 |
| 9. Experience rating refunds due or unpaid | | | | | |
| 10. Commissions and reinsurance expense allowances due | | | | | |
| 11. Unauthorized reinsurance offset | | | | | |
| 12. Offset for reinsurance with Certified Reinsurers | | X X X | X X X | X X X | X X X |
| C. UNAUTHORIZED REINSURANCE | | | | | |
| (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | | | | | |
| 14. Letters of credit (L) | | | | | |
| 15. Trust agreements (T) | | | | | |
| 16. Other (O) | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS | | | | | |
| (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | | X X X | X X X | X X X | X X X |
| 18. Funds deposited by and withheld from (F) | | X X X | X X X | X X X | X X X |
| 19. Letters of credit (L) | | X X X | X X X | X X X | X X X |
| 20. Trust agreements (T) | | X X X | X X X | X X X | X X X |
| 21. Other (O) | | X X X | X X X | X X X | X X X |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 99,257,560 | | 99,257,560 |
| 2. Accident and health premiums due and unpaid (Line 15) | 540,729 | | 540,729 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 305,799 | | 305,799 |
| 4. Net credit for ceded reinsurance | X X X | | |
| 5. All other admitted assets (Balance) | 11,496,181 | | 11,496,181 |
| 6. TOTAL Assets (Line 28) | 111,600,269 | | 111,600,269 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 29,434,057 | | 29,434,057 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | |
| 9. Premiums received in advance (Line 8) | 2,213,709 | | 2,213,709 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | | | |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | | | |
| 14. All other liabilities (Balance) | 21,787,012 | | 21,787,012 |
| 15. TOTAL Liabilities (Line 24) | 53,434,778 | | 53,434,778 |
| 16. TOTAL Capital and Surplus (Line 33) | 58,165,491 | X X X | 58,165,491 |
| 17. TOTAL Liabilities, Capital and Surplus (Line 34) | 111,600,269 | | 111,600,269 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | | | |
| 19. Accrued medical incentive pool | | | |
| 20. Premiums received in advance | | | |
| 21. Reinsurance recoverable on paid losses | | | |
| 22. Other ceded reinsurance recoverables | | | |
| 23. TOTAL Ceded Reinsurance Recoverables | | | |
| 24. Premiums receivable | | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | | | |
| 26. Unauthorized reinsurance | | | |
| 27. Reinsurance with Certified Reinsurers | | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | | | |
| 29. Other ceded reinsurance payables/offsets | | | |
| 30. TOTAL Ceded Reinsurance Payables/Offsets | | | |
| 31. TOTAL Net Credit for Ceded Reinsurance | | | |

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------|-------------------|-------------------|--------------|-----|--|---|----------------------|----------------------------------|---|--|--|---|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | * |
| | | 00000 | 34-1517672 | | | | ProMedica Foundation | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1517672 | | | | Mission Pointe Golf Course, LLC | MI | NIA | ProMedica Foundation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1887062 | | | | Academic Health Center Corp | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1517671 | | | | ProMedica Innovations, LLC | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-0898745 | | | | Fostoria Hospital Association | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-1815305 | | | | NWO Health Partners, LLC | OH | NIA | Fostoria Hospital Association | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-1815305 | | | | NWO Health Partners, LLC | OH | OTH | Northwest Ohio Orthopedic and Sports Medicine, Inc. | Ownership | 50.0 | Northwest Ohio Orthopedic and Sports Medicine, Inc. | 1 |
| | | 00000 | 34-1880767 | | | | ProMedica Physicians and Continuum Services | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-4492440 | | | | ProMedica Continuing Care Services Corporation | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance | MI | NIA | ProMedica Continuing Care Services Corporation | Ownership | 25.0 | ProMedica Health System, Inc. | |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance | MI | OTH | Life Star Ambulance | Ownership | 25.0 | Life Star Ambulance | 1 |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance | MI | OTH | Huron Valley Ambulance | Ownership | 25.0 | Huron Valley Ambulance | 1 |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance | MI | OTH | Mercy Memorial Hospital Corporation | Ownership | 25.0 | Mercy Memorial Hospital Corporation | 1 |
| | | 00000 | 34-4427949 | | | | Toledo District Nurse Association | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1831624 | | | | Visiting Nurse Hospice & Health Care | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1159928 | | | | ProMedica Retail Group, Inc. | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-0324790 | | | | ProMedica Courier Services, Inc. | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 20-5752995 | | | | Erie West Hospice and Palliative Care | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1887065 | | | | ProMedica Physician Hospital Organization, Inc. | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1899439 | | | | ProMedica Physician Group, Inc. | OH | NIA | ProMedica Physicians and Continuum Services | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-1325141 | | | | The Pharmacy Counter, LLC. | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 38-3322278 | | | | ProMedica Central Corporation of Michigan | MI | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-4319239 | | | | EVOLV Medical Aesthetics, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-4319239 | | | | EVOLV Medical Aesthetics, LLC | OH | OTH | Frank Barone, M.D. | Ownership | 50.0 | Frank Barone, M.D. | 1 |
| | | 00000 | 34-1881137 | | | | ProMedica Central Physicians | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------|-------------------|-------------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | * |
| 41.1 | | 00000 | 38-3482148 | | | | ProMedica North Physicians Corporation | MI | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1893773 | | | | ProMedica West Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1898679 | | | | ProMedica South Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1881145 | | | | ProMedica East Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 20-8050622 | | | | ProMedica Orthopedic Physicians | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 61-1448753 | | | | Midwest Cardiovascular Consultants, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-3015991 | | | | ProMedica GI Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-3888045 | | | | ProMedica Northwest Ohio Cardiology Consultants, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-0978204 | | | | ProMedica Cardiothoracic Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-1401750 | | | | ProMedica Hematology/Oncology Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-5165922 | | | | ProMedica Critical Care Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-2404505 | | | | ProMedica ENT, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-2920342 | | | | ProMedica Monroe Cardiology, PLLC | MI | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-3251737 | | | | ProMedica Anesthesiology Consultants, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-3230331 | | | | ProMedica Physician Management Services, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1899439 | | | | ProMedica Surgical Services, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 61-1528443 | | | | WellCare Physicians Group, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 46-1111822 | | | | ProMedica Monroe Physicians, PLLC | MI | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-4976786 | | | | ProMedica Multi Specialty Physicians, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 46-1120436 | | | | ProMedica Genito-Urinary Surgeons, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | 00000 | --- | | | | ProMedica Hospitalists, LLC | OH | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | | |
| | 00000 | --- | | | | ProMedica Hospitalists, PLLC | MI | NIA | ProMedica Physician Group, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | | |
| | 00000 | 34-1931936 | | | | ProMedica Indemnity Corporation | VT | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | | |
| | 00000 | 34-1570675 | | | | ProMedica Insurance Corporation | OH | UDP | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|--------------------------|-------------------|-------------------|--------------|---|--|--|--|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | * |
| 412 | ProMedica Insurance Corp | 00000 | 34-1623220 | | | | Paramount Preferred Options, Inc. | OH | NIA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 31-1463193 | | | | Health Management Solutions, Inc. | OH | NIA | Paramount Preferred Options, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 95189 | 34-1549926 | | | | Paramount Care, Inc. | OH | | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1773766 | | | | Paramount Benefits Agency, Inc. | OH | NIA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 95566 | 38-3200310 | | | | Paramount Care of Michigan, Inc. | MI | IA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 11518 | 01-0580404 | | | | Paramount Insurance Company | OH | IA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 12353 | 20-3376102 | | | | Paramount Advantage | OH | IA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1883132 | | | | Bay Park Community Hospital | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-3458982 | | | | ProMedica Bay Park Surgical Services Co-Management Company | OH | NIA | Bay Park Community Hospital | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-3458982 | | | | ProMedica Bay Park Surgical Services Co-Management Company | OH | OTH | Various Corporations | Ownership | 50.0 | Various Corporations | 1 |
| | | 00000 | 34-4446484 | | | | Defiance Hospital, Inc. | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-4781053 | | | | Kaitlyn's Cottage, Inc. | OH | NIA | Defiance Hospital, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 38-2796005 | | | | Emma L. Bixby Medical Center | MI | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 38-2972398 | | | | Bixby Medical Office Limited Partnership | MI | NIA | Emma L. Bixby Medical Center | Ownership | 64.4 | ProMedica Health System, Inc. | |
| | | 00000 | 38-2972398 | | | | Bixby Medical Office Limited Partnership | MI | OTH | Various Physicians | Ownership | 35.6 | Various Physicians | 1 |
| | | 00000 | 27-1302183 | | | | Monroe Cancer Center | MI | NIA | Emma L. Bixby Medical Center | Ownership | 33.3 | ProMedica Health System, Inc. | |
| | | 00000 | 27-1302183 | | | | Monroe Cancer Center | MI | OTH | Barbara Ann Karamanos Cancer Cetner | Ownership | 33.3 | Barbara Ann Karamanos Cancer Cetner | 1 |
| | | 00000 | 27-1302183 | | | | Monroe Cancer Center | MI | OTH | Mercy Memorial Hospital Corporation | Ownership | 33.3 | Mercy Memorial Hospital Corporation | 1 |
| | | 00000 | 38-2879330 | | | | Lenawee Long Term Care Corporation | MI | NIA | Emma L. Bixby Medical Center | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 38-3146907 | | | | Herrick Memorial Development Corporation | MI | NIA | Emma L. Bixby Medical Center | Ownership | 100.0 | ProMedica Health System, Inc. | |
| 00000 | 38-3639616 | | | | Herrick Memorial Office Plaza Condominium Association | MI | NIA | Herrick Memorial Development Corporation | Ownership | 41.7 | ProMedica Health System, Inc. | | | |
| 00000 | 38-3639616 | | | | Herrick Memorial Office Plaza Condominium Association | MI | OTH | Various Physicians | Ownership | 58.3 | Various Physicians | 1 | | |
| 00000 | 38-3605511 | | | | Lenawee Physician Hospital Organization LLC | MI | NIA | Emma L. Bixby Medical Center | Ownership | 50.0 | ProMedica Health System, Inc. | | | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------|-------------------|-------------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Name of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | * |
| 41.3 | | 00000 | 38-3605511 | | | | Lenawee Physician Hospital Organization LLC | MI | OTH | Raisin River Physicians | Ownership | 50.0 | Raisin River Physicians | 1 |
| | | 00000 | 38-3164818 | | | | Wolf Creek Associates, LLC | MI | NIA | Emma L. Bixby Medical Center | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 38-3049015 | | | | Herrick Memorial Hospital, Inc. | MI | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-4428256 | | | | The Toledo Hospital | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 31-1569454 | | | | Reynolds Road Surgery Center, LLC | OH | NIA | The Toledo Hospital | Ownership | 62.7 | ProMedica Health System, Inc. | |
| | | 00000 | 31-1569454 | | | | Reynolds Road Surgery Center, LLC | OH | OTH | Various Physicians | Ownership | 37.3 | Various Physicians | 1 |
| | | 00000 | 26-0679898 | | | | Northwest Ohio Dedicated Breast MRI, LLC | OH | NIA | The Toledo Hospital | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-0679898 | | | | Northwest Ohio Dedicated Breast MRI, LLC | OH | OTH | TRA Investment Club, LLC | Ownership | 50.0 | TRA Investment Club, LLC | 1 |
| | | 00000 | 27-0608044 | | | | Arrowhead Behavioral Health, LLC | DE | NIA | The Toledo Hospital | Ownership | 30.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-0608044 | | | | Arrowhead Behavioral Health, LLC | OH | OTH | Toledo Holding Company, LLC | Ownership | 70.0 | Toledo Holding Company, LLC | 1 |
| | | 00000 | 20-0088459 | | | | West Central Surgical Center, LLC | OH | NIA | The Toledo Hospital | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 20-0088459 | | | | West Central Surgical Center, LLC | OH | OTH | Various Physicians | Ownership | 50.0 | Various Physicians | 1 |
| | | 00000 | 34-4428794 | | | | Flower Hospital | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1880473 | | | | PHS Ventures, Inc. | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-4428232 | | | | St. Luke's Hospital | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1863472 | | | | Ohio Care Ambulatory Surgery Center, LLC | OH | NIA | St. Luke's Hospital | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1863472 | | | | Ohio Care Ambulatory Surgery Center, LLC | OH | OTH | Various Physicians | Ownership | 50.0 | Various Physicians | 1 |
| | | 00000 | 34-1781420 | | | | St. Luke's Physician Hospital Organization, Inc. | OH | NIA | St. Luke's Hospital | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1781420 | | | | St. Luke's Physician Hospital Organization, Inc. | OH | OTH | Various Physicians | Ownership | 50.0 | Various Physicians | 1 |
| | | 00000 | 34-1366709 | | | | Care Enterprises, Inc. | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 43-2061812 | | | | Perrysburg Medical Arts, LLC | OH | NIA | Care Enterprises, Inc. | Ownership | 11.1 | ProMedica Health System, Inc. | |
| | | 00000 | 43-2061812 | | | | Perrysburg Medical Arts, LLC | OH | OTH | Various Physicians & Investment Groups | Ownership | 88.9 | Various Physicians & Investment Groups | 1 |
| | | 00000 | 32-0160784 | | | | Waterville Medical Center, LLC | OH | NIA | Care Enterprises, Inc. | Ownership | 70.0 | ProMedica Health System, Inc. | |
| | | 00000 | 32-0160784 | | | | Waterville Medical Center, LLC | OH | OTH | SB Medical Building Venture, Ltd. | Ownership | 30.0 | SB Medical Building Venture, Ltd. | 1 |
| | 00000 | 34-1796790 | | | | Care Holdings, Inc. | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 Federal ID Number | 5 FEDERAL RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Name of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity / Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies) / Person(s) | 15 * |
|-----------------|-----------------|------------------------|------------------------|-------------------|----------|---|---|---------------------------|--|---|--|--|--|---------|
| | | 00000 | 06-1811760 | | | | Physicians Advantage Management Services Organization, Inc. | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1292849 | | | | St. Luke's Hospital Foundation | OH | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 20-4671613 | | | | Cobra Ventures, LLC | OH | NIA | St. Luke's Hospital Foundation | Ownership | 100.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1883284 | | | | Lima Memorial Joint Operating Company | OH | NIA | PHS Ventures, Inc. | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 34-1883284 | | | | Lima Memorial Joint Operating Company | OH | OTH | Lima Memorial Hospital | Ownership | 50.0 | Lima Memorial Hospital | 1 |
| | | 00000 | 26-4105613 | | | | ProMedica Orthopedic Co-Management Company, LLC | OH | NIA | The Toledo Hospital, Flower Hospital, Bay Park Community Hospital | Ownership | 40.0 | ProMedica Health System, Inc. | |
| | | 00000 | 26-4105613 | | | | ProMedica Orthopedic Co-Management Company, LLC | OH | OTH | Various Physicians | Ownership | 60.0 | Various Physicians | 1 |
| | | 00000 | 27-0962366 | | | | ProMedica Cardiovascular Co-Management Company, LLC | OH | NIA | The Toledo Hospital, Flower Hospital, Bay Park Community Hospital | Ownership | 40.0 | ProMedica Health System, Inc. | |
| | | 00000 | 27-0962366 | | | | ProMedica Cardiovascular Co-Management Company, LLC | OH | OTH | Various Physicians | Ownership | 60.0 | Various Physicians | 1 |
| | | 00000 | 45-4810767 | | | | Interactive Physical Therapy | OH | NIA | ProMedica Health System, Inc. | Ownership | 50.0 | ProMedica Health System, Inc. | |
| | | 00000 | 45-4810767 | | | | Interactive Physical Therapy | OH | OTH | Various Individuals | Ownership | 50.0 | Various Individuals | 1 |

41.4

| Asterisk | Explanation |
|----------|--------------------|
| 0000001 | Non-related entity |

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|-------------------------|---|--------------------------|--------------------------|--|---|---|---|-------|--|--------------|---|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 95189 | 34-1549926 | PARAMOUNT HLTH CARE | | | | | (5,817,929) | | | | (5,817,929) | |
| 95566 | 38-3200310 | PARAMOUNT CARE OF MI INC | | | | | 2,025,365 | | | | 2,025,365 | |
| | 34-1623220 | Paramount Preferred Options, Inc. | | | | | 42,097 | | | | 42,097 | |
| | 34-1517671 | ProMedica Health System | | | | | (17,308,356) | | | | (17,308,356) | |
| 12353 | 20-3376102 | PARAMOUNT ADVANTAGE | | | | | 17,878,577 | | | | 17,878,577 | |
| 11518 | 01-0580404 | PARAMOUNT INS CO | | | | | 3,175,242 | | | | 3,175,242 | |
| | 34-1570675 | ProMedica Insurance Corp | 2,000,000 | | | | | | | | 2,000,000 | |
| | 34-1773766 | Paramount Benefits Agency | | | | | 5,004 | | | | 5,004 | |
| | 34-1463193 | Health Management Solutions | (2,000,000) | | | | | | | | (2,000,000) | |
| | 56-2480392 | Paramount Enhanced Care Management | | | | | | | | | | |
| 9999999 Control Totals | | | | | | | | | X X X | | | |

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|--|--------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Waived |
|--|--------|

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

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | No |
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | No |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanations:

Bar Codes:

Communication of Internal Control Related Matters Noted in an Audit



Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95189201222600000 2012 Document Code: 226

LTC Supplemental Interrogatories



95189201230600000 2012 Document Code: 306

Analysis of Annuity Operations by Lines of Business



95189201221400000 2012 Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



95189201221300000 2012 Document Code: 213

Management's Report of Internal Control over Financial Reporting



95189201222300000 2012 Document Code: 223

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