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2014

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QUARTERLY STATEMENT
AS OF JUNE 30, 2014
OF THE CONDITION AND AFFAIRS OF THE
Paramount Advantage

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	12353	Employer's ID Number	20-3376102
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	08/10/2005		Commenced Business	12/01/2005		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	www.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Anne Rospo, Ms. anne.rospo@promedica.org (E-Mail Address)		(419)887-2500 (Area Code) (Telephone Number)			
			(419)887-2929 (Area Code)(Telephone Number)(Extension)			
			(419)887-2020 (Fax Number)			

OFFICERS

Name	Title
John Charles Randolph Mr.	President
Jeffrey Craig Kuhn Mr.	Secretary
Alan Michael Sattler Mr.	Treasurer #
Robert William LaClair Mr.	Chairman #

Jeffrey William Martin Mr., Vice President, Operations
Stacey Lee Bock Mrs., Vice President, Finance

John David Meier M.D., Vice President, Health Services

OTHERS

Julie Anne Bartnik Ms.
John Charles Randolph Mr.
Daniel Sullivan Murtagh M.D.
Deborah Anne Dickenson Peters Ms.
Dale Joseph Seymour Mr.

Dee Ann Bialecki-Haase M.D.
Richard Dean Heltzel Mr.
Calvin Joseph Lawshe Mr.
Garry Walter Roberts Mr.
Timothy Bublick 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.

(Signature)
John Charles Randolph
(Printed Name)
1.
President
(Title)

(Signature)
Stacey Lee Bock
(Printed Name)
2.
Vice President, Finance
(Title)

(Signature)
Jeffrey Craig Kuhn
(Printed Name)
3.
Secretary
(Title)

Subscribed and sworn to before me this
day of _____, 2014

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

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Mark Leslie Ferris Mr.
Richard Lawrence Munk M.D.
Jeffrey William Boersma Mr.

Cathy Lynn Cantor M.D.
Cynthia Ann Geronimo Ms.
Rajiv H. Naik Mr.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	63,858,694		63,858,694	63,748,233
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....88,516,513), cash equivalents (\$.....0) and short-term investments (\$.....718,102)	89,234,615		89,234,615	51,019,301
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	487,223		487,223	
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	153,580,532		153,580,532	114,767,534
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	134,675		134,675	126,027
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,792,799		8,792,799	6,640,520
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	34,867		34,867	
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	1,010,618		1,010,618	
18.2 Net deferred tax asset	458,880	23,034	435,846	435,846
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	7,576,813		7,576,813	7,453,443
24. Health care (\$.....0) and other amounts receivable	474,182	474,182		753,233
25. Aggregate write-ins for other than invested assets	1,347,002	46,455	1,300,547	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	173,410,368	543,671	172,866,697	130,176,603
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	173,410,368	543,671	172,866,697	130,176,603
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid	46,455	46,455		
2502. ODJFS P4P	1,300,547		1,300,547	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,347,002	46,455	1,300,547	

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	75,306,898		75,306,898	46,069,867
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	1,093,000		1,093,000	686,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	9,382,683		9,382,683	7,493,998
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				1,485,687
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	20,786,859		20,786,859	10,501,173
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	491,335		491,335	104
16. Derivatives				
17. Payable for securities	677,101		677,101	217,827
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	107,737,876		107,737,876	66,454,656
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	31,621,685	31,621,685
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	33,507,136	32,100,262
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	65,128,821	63,721,947
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	172,866,697	130,176,603
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	938,596	567,659	1,408,889
2. Net premium income (including \$.....0 non-health premium income)	XXX	284,411,403	147,575,691	387,877,722
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	1,223,547		2,107,358
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	285,634,950	147,575,691	389,985,080
Hospital and Medical:				
9. Hospital/medical benefits		184,191,971	87,172,253	230,835,866
10. Other professional services		987,590	395,551	1,369,291
11. Outside referrals				
12. Emergency room and out-of-area		7,944,756	11,413,757	26,611,379
13. Prescription drugs		46,403,430	23,528,792	58,073,435
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		239,527,747	122,510,353	316,889,971
Less:				
17. Net reinsurance recoveries		884,670	1,126,561	1,388,202
18. Total hospital and medical (Lines 16 minus 17)		238,643,077	121,383,792	315,501,769
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,287,863 cost containment expenses		1,643,783	1,117,684	5,537,484
21. General administrative expenses		42,646,568	25,644,964	60,320,058
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		282,933,428	148,146,440	381,359,311
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,701,522	(570,749)	8,625,769
25. Net investment income earned		175,797	156,090	259,135
26. Net realized capital gains (losses) less capital gains tax of \$.....0		27,749	5,774	(3,774)
27. Net investment gains or (losses) (Lines 25 plus 26)		203,546	161,864	255,361
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				(17,985)
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	2,905,068	(408,885)	8,863,145
31. Federal and foreign income taxes incurred	XXX	1,003,695	(151,609)	3,403,746
32. Net income (loss) (Lines 30 minus 31)	XXX	1,901,373	(257,276)	5,459,399
DETAILS OF WRITE-INS				
0601. Performance revenue	XXX	1,223,547		2,107,358
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	1,223,547		2,107,358
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Other				(17,985)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				(17,985)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	63,721,947	58,001,237	58,001,237
34. Net income or (loss) from Line 32	1,901,373	(257,276)	5,459,399
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(4,469)	(23,859)	(25,371)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			306,669
39. Change in nonadmitted assets	(490,030)	(15,760)	(19,987)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
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			
48. Net change in capital and surplus (Lines 34 to 47)	1,406,874	(296,895)	5,720,710
49. Capital and surplus end of reporting period (Line 33 plus 48)	65,128,821	57,704,342	63,721,947
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	282,259,124	147,602,248	386,669,752
2.	Net investment income	320,796	203,162	495,815
3.	Miscellaneous income	1,223,547		2,107,358
4.	TOTAL (Lines 1 to 3)	283,803,467	147,805,410	389,272,925
5.	Benefit and loss related payments	209,161,862	122,219,401	295,276,642
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	41,994,665	28,259,404	62,936,912
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	3,500,000		7,378,834
10.	TOTAL (Lines 5 through 9)	254,656,527	150,478,805	365,592,388
11.	Net cash from operations (Line 4 minus Line 10)	29,146,940	(2,673,395)	23,680,537
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	21,116,834	12,048,670	30,055,253
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			217,827
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	21,116,834	12,048,670	30,273,080
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	21,353,193	72,360,408	90,767,234
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	32,418	24,023	25,659
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	21,385,611	72,384,431	90,792,894
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(268,777)	(60,335,761)	(60,519,814)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	9,337,151	(395,619)	5,334,463
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	9,337,151	(395,619)	5,334,463
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)	38,215,314	(63,404,775)	(31,504,814)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	51,019,301	82,524,115	82,524,115
19.2	End of period (Line 18 plus Line 19.1)	89,234,615	19,119,340	51,019,301

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	.....	.....	.....
20.0002	.....	.....	.....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	141,165								141,165	
2. First Quarter	148,205								148,205	
3. Second Quarter	182,320								182,320	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	938,596								938,596	
Total Member Ambulatory Encounters for Period:										
7. Physician	39,845								39,845	
8. Non-Physician	46,465								46,465	
9. Total	86,310								86,310	
10. Hospital Patient Days Incurred	31,768								31,768	
11. Number of Inpatient Admissions	8,448								8,448	
12. Health Premiums Written (a)	285,685,424								285,685,424	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	285,685,424								285,685,424	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	210,011,665								210,011,665	
18. Amount Incurred for Provision of Health Care Services	239,527,747								239,527,747	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

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
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	12,927,187	628,830	215,247	115,540	163,635	14,050,439
0499999 Subtotals	12,927,187	628,830	215,247	115,540	163,635	14,050,439
0599999 Unreported claims and other claim reserves						61,256,459
0799999 Total Claims Unpaid						75,306,898
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
7. Title XIX - Medicaid	34,608,561	174,518,434	2,710,122	72,596,776	37,318,683	46,069,867
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	34,608,561	174,518,434	2,710,122	72,596,776	37,318,683	46,069,867
10. Healthcare receivables (a) .....	.....	474,182	.....	.....	.....	753,233
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. Totals (Lines 9 - 10 + 11 + 12)	34,608,561	174,044,252	2,710,122	72,596,776	37,318,683	45,316,634

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Advantage (Company) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

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

	State of Domicile	Jun. 30 2014	Dec. 31 2013
	Ohio		
NET INCOME			
Paramount Advantage state basis		1,901,373	5,459,399
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		1,901,373	5,459,399
SURPLUS			
Paramount Advantage state basis		65,128,821	63,721,947
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		65,128,821	63,721,947

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 the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. The Company has no common stock investments.
4. The Company has no preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.

Notes to Financial Statement

- 8. The Company has no investments in joint ventures.
- 9. The Company does not invest in derivatives.
- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- 11. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on limited past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- 12. The Company has not modified its capitalization policy from the prior period.
- 13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments.

- 2. Accounting Changes and Corrections of Errors
 - NOT APPLICABLE**
- 3. Business Combinations and Goodwill
 - NOT APPLICABLE**
- 4. Discontinued Operations
 - NOT APPLICABLE**
- 5. Investments
 - No significant change.
- 6. Joint ventures, Partnerships and Limited Liability Companies
 - NOT APPLICABLE**
- 7. Investment Income
 - No significant change.
- 8. Derivative Instruments
 - NOT APPLICABLE**
- 9. Income Taxes
 - No significant change.
- 10. Information Concerning Parent, Subsidiaries and Affiliates
 - No significant changes.
- 11. Debt
 - NOT APPLICABLE**
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits

Notes to Financial Statement

-NOT APPLICABLE

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant change.

14. Contingencies

-NOT APPLICABLE

15. Leases

-NOT APPLICABLE

16. Off-Balance Sheet Risk

-NOT APPLICABLE

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

-NOT APPLICABLE

18. Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans

-NOT APPLICABLE

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

-NOT APPLICABLE

20. Fair Value Measurement

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Short Term Investments	\$ 718,102	\$ 718,102	\$ 718,102			
Bonds	\$ 63,962,594	\$ 63,858,694	\$			63,962,594

21. Other Items

No significant change.

22. Subsequent Events

No significant change.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

-NOT APPLICABLE

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$46,755,867. As of June 30, 2014 \$34,814,110 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are

Notes to Financial Statement

now \$2,710,122 a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicaid lines of insurance. Therefore, there has been a \$9,231,635 favorable prior-year development since December 31, 2013 to June 30, 2014. The decrease is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

27. Structured Settlements

-NOT APPLICABLE

28. Health Care Receivables

No significant change.

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve	\$ -
2. Date of the most recent evaluation of this liability	1/27/2014
3. Was anticipated investment income utilized in the calculation?	yes

31. Anticipated Salvage and Subrogation

-NOT APPLICABLE

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No[X]
Yes[] No[] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state?

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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]

3.2 If yes, complete Schedule Y, Parts 1 and 1A. Yes[] No[X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

4.2 If yes, provide the name of 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
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010

6.2 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. 12/31/2010

6.3 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). 09/07/2011

6.4 By what department or departments?
Ohio Department of Insurance

6.5 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]
Yes[X] No[] N/A[]

6.6 Have all of the recommendations within the latest financial examination report been complied with?

7.1 Has this 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]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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 location (city and state of the main office) of any affiliates regulated by a federal 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
.....	Yes[] No[X] Yes[] No[X]			

9.1 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.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 5,500,000

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 14.2 If yes, please complete the following:

Yes[] No[X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgages Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
 If no, attach a description with this statement. Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.3 Total payable for securities lending reported on the liability page

17. 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?

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

\$ 0
\$ 0
\$ 0

Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
The Bank of New York Mellon	Three Mellon Center, Suite 153-3925, Pittsburgh, PA ..

17.2 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)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[] No[X]
 17.4 If yes, give full and complete information relating thereto:

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

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[]
 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	.....	84.000%
1.2 A&H cost containment percent	.....	0.000%
1.3 A&H expense percent excluding cost containment expenses	.....	15.000%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

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

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

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

\$..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
93440	06-1041332	01/01/2014	HM LIFE INS CO	PA	SSL/A/I	Authorized .....	.....	.....
.....
.....
.....
.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L			285,685,424					285,685,424
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX			285,685,424					285,685,424
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1			285,685,424					285,685,424

DETAILS OF WRITE-INS

5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ORGANIZATION CHART

Paramount Advantage is ultimately controlled by ProMedica Health System, Inc. (“ProMedica”), a nonprofit holding company exempt from federal taxation under Section 501(c)(3) and 509(a)(3) of the Internal Revenue Code. The following coding system is used to show the interrelationships among the various members of the insurance holding company system:

- A circle means that ProMedica is the sole member/parent of the entity
- ◆ Each entity marked with a diamond is a subsidiary of the entity listed directly above and denoted with a circle.
- Each entity marked with a square is a subsidiary of the entity listed directly above and marked with a diamond.
- Each entity marked with an arrow is a member of the insurance holding company system.

The following list depicts the identities and interrelationships of affiliated persons within the insurance holding company system.

- ProMedica Foundation, an Ohio nonprofit corporation of which Bay Park Community Hospital Foundation, Toledo Hospital Foundation, Toledo Children’s Hospital Foundation, Flower Foundation, Defiance Foundation, Fostoria Community Hospital Foundation, ProMedica Physicians & Continuum Service Foundation f/k/a ProMedica Continuing Care Services Corporation, Bixby Hospital Foundation, Herrick Hospital Foundation and ProMedica Memorial Hospital Foundation are divisions of.
 - ◆ Mission Pointe Golf Course, LLC, a Michigan limited liability company with ProMedica Foundation dba ProMedica Herrick Hospital Foundation as its sole member
- Academic Health Center Corporation f/k/a ProMedica Health, Education and Research Corporation, an Ohio nonprofit corporation
- ProMedica Innovations, LLC, an Ohio limited liability company with ProMedica Health System, Inc. as its sole member
- Fostoria Hospital Association, an Ohio nonprofit corporation
 - ◆ NWO Health Partners, LLC, an Ohio limited liability company in which Fostoria Hospital Association has 50% ownership interest with Northwest Ohio Orthopedic and Sports Medicine, Inc. having the remaining 50% interest
- ProMedica Physicians and Continuum Services f/k/a ProMedica Physician Corporation f/k/a ProMedica Physicians Enterprises, an Ohio nonprofit corporation.
 - ◆ ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

■ Monroe Community Ambulance, a Michigan nonprofit corporation in which ProMedica Continuing Care Services Corporation has 25% ownership interest with various other corporations holding the remaining 75%

◆ Toledo District Nurse Association, an Ohio nonprofit corporation

◆ Visiting Nurse Hospice & Health Care, an Ohio nonprofit corporation

◆ ProMedica Retail Group, Inc. f/k/a The Flower Market, Inc., an Ohio corporation

◆ ProMedica Courier Services, Inc., an Ohio nonprofit corporation

◆ ErieWest Hospice and Palliative Care, LTD, an Ohio limited liability company

◆ ProMedica Physician Hospital Organization, Inc., an Ohio for-profit corporation and a wholly-owned subsidiary of ProMedica Physicians & Continuum Services

◆ ProMedica Physician Group, Inc., an Ohio professional association which is beneficially owned by ProMedica Physicians & Continuum Services f/k/a ProMedica Physician Corporation pursuant to the terms of a Share Control Agreement, dated as of June 2, 1999, by and among ProMedica Physician Corporation, Lee Hammerling, M.D. and ProMedica Physician Group, Inc. Dr. Hammerling holds legal ownership of all outstanding shares of capital stock of ProMedica Physician Group.

■ The Pharmacy Counter, LLC, an Ohio limited liability company

■ ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.

■ EVOLV Medical Aesthetics, LLC, an Ohio limited liability company in which ProMedica Physicians & Continuum Services has 50% ownership interest and Frank Barone, M.D. has the remaining 50%.

■ ProMedica Central Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member

■ ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ProMedica West Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica South Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica East Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica Orthopedic Physicians, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- Midwest Cardiovascular Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica GI Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica Northwest Ohio Cardiology Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica Cardiothoracic Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member.
- ProMedica Hematology/Oncology Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member.
- ProMedica Critical Care Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member.
- ProMedica ENT, LLC, an Ohio limited liability company with ProMedica Physician Group as its sole member
- ProMedica Monroe Cardiology, PLLC, a Michigan limited liability company with ProMedica Physician Group as its sole member
- ProMedica Anesthesiology Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member
- WellCare Physicians Group, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc. as its sole member

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ProMedica Monroe Physicians, PLLC, a Michigan limited liability company with ProMedica Physician Group as its sole member
- ProMedica Multi Specialty Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group as its sole member
- ProMedica Genito-Urinary Surgeons, LLC, an Ohio limited liability company with ProMedica Physicians Group as its sole member
- ProMedica Hospitalists, LLC, an Ohio limited liability company with ProMedica Physician Group as its sole member
- ProMedica Hospitalists, PLLC, a Michigan limited liability company with ProMedica Physician Group as its sole member
- ProMedica Indemnity Corporation, a Vermont nonprofit corporation
- ProMedica Insurance Corporation f/k/a ProMedica Health Ventures Corporation f/k/a Vanguard Health Ventures, Incorporated, an Ohio nonprofit corporation
 - ◆ Paramount Preferred Options, Inc., an Ohio for-profit corporation, which is wholly-owned by ProMedica Insurance Corporation
 - Health Management Solutions, Inc, an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options
 - ◆ NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation and a wholly-owned subsidiary of ProMedica Insurance Corporation
 - ◆ Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation
 - ◆ NAIC 95566-Paramount Care of Michigan, Inc., a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Insurance Corporation
 - ◆ NAIC 11518-Paramount Insurance Company f/k/a ProMedica Life Insurance Company, a for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation
 - ◆ NAIC 12353-Paramount Advantage, an Ohio corporation wholly owned subsidiary of ProMedica Insurance Corporation
- Bay Park Community Hospital, an Ohio nonprofit corporation

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ ProMedica Bay Park Surgical Services Co-Management Company, LLC, in which Bay Park Community Hospital has a 50% ownership interest with various other corporations holding the remaining 50%-in process of being dissolved
- Defiance Hospital, Inc., an Ohio nonprofit corporation
 - ◆ Kaitlyn's Cottage, Inc., an Ohio nonprofit corporation with Defiance Hospital Inc. as its sole member
- Emma L. Bixby Medical Center, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Health System, Inc.
 - ◆ Bixby Medical Office Limited Partnership, a Michigan limited partnership in which Emma L. Bixby Medical Center has 64.44% ownership interest with various physicians having the remaining 35.56%
 - ◆ Monroe Cancer Center, a Michigan nonprofit corporation in which Emma L. Bixby Medical Center has 33.33% ownership interest with Barbara Ann Karmanos Cancer Center having 33.33% and Mercy Memorial Hospital Corporation having 33.33%
 - ◆ Lenawee Long Term Care Corporation, a Michigan nonprofit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
 - ◆ Herrick Memorial Development Corporation, a Michigan for profit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
 - Herrick Memorial Office Plaza Condominium Association, a Michigan nonprofit corporation in which Herrick Memorial Development Corporation has 71.8% ownership interest with various physicians having the remaining 28.2%
 - ◆ Lenawee Physician Hospital Organization LLC, a Michigan limited liability company in which Emma L. Bixby Medical Center has 50% ownership interest with Raisin River Physicians having the remaining 50%
 - ◆ Wolf Creek Associates, LLC, a Michigan limited liability company with Emma L. Bixby Medical Center as its sole member
- Herrick Memorial Hospital, Inc., a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Health System, Inc.
- The Toledo Hospital, an Ohio nonprofit corporation, of which Toledo Children's Hospital f/k/a ProMedica Children's Medical Center of Northwest Ohio and ProMedica Wildwood Orthopedic and Spine Hospital are divisions
 - ◆ Reynolds Road Surgery Center, LLC, an Ohio limited liability company in which The Toledo Hospital has a 62.66% ownership interest, with various physicians having a remaining 37.34% interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Q55

- ◆ Northwest Ohio Dedicated Breast MRI, LLC, an Ohio limited liability company in which The Toledo Hospital has a 50% ownership interest with TRA Investment Club, LLC having the remaining 50% interest
- ◆ Arrowhead Behavioral Health, LLC, a Delaware limited liability company in which The Toledo Hospital has a 30% ownership interest and Toledo Holding Company, LLC having a remaining 70% interest.
- ◆ West Central Surgical Center, LLC, an Ohio limited liability company of which The Toledo Hospital has a 50% ownership interest and various physicians having the remaining 50%.
- Flower Hospital, an Ohio nonprofit corporation
- PHS Ventures, Inc. f/k/a BVPH Ventures, Inc., an Ohio non-profit corporation in which ProMedica Health System, Inc., an Ohio nonprofit corporation, holds a 100% ownership interest
- St. Luke's Hospital, an Ohio non-profit corporation
 - ◆ OhioCare Ambulatory Surgery Center, LLC, an Ohio limited liability company of which St. Luke's Hospital holds 50% interest and various physicians having the remaining 50%.
 - ◆ St. Luke's Physician Hospital Organization, Inc., an Ohio for-profit corporation of which St. Luke's Hospital holds 50% interest and various physicians having the remaining 50%.
- Care Enterprises, Inc., an Ohio non-profit corporation.
 - ◆ Perrysburg Medical Arts, LLC, an Ohio limited liability company of which Care Enterprises, Inc. holds 11.1% interest with various physicians and investment groups holding the remaining interest.
 - ◆ Waterville Medical Center, LLC, an Ohio limited liability company of which Care Enterprises, Inc. holds 70% interest and SB Medical Building Venture, Ltd. holding the remaining 30%.
- Care Holdings, Inc., an Ohio for-profit corporation.
- Physicians Advantage Management Services Organization, Inc., an Ohio for-profit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- St. Luke's Hospital Foundation, an Ohio non-profit corporation
 - ◆ Cobra Ventures, LLC, an Ohio limited liability company.
- Memorial Hospital, an Ohio non-profit corporation
 - ◆ Memorial Professional Services, Ltd., an Ohio limited liability company with Memorial Hospital as its sole member.
 - ◆ Memorial Anesthesia , Ltd., an Ohio limited liability company with Memorial Hospital as its sole member.
 - ◆ Memorial Medical Center, Inc., and Ohio corporation with Memorial Hospital as its sole shareholder.
 - ◆ Fremont Hospital/Physician Organization (d/b/a Cooperative Care), an Ohio Corporation of which Memorial Hospital owns 50% and physicians own the remaining 50%
 - Sandusky County Medical Specialists, LLC, and Ohio limited liability company of which Fremont Hospital/Physician Organizations owns 100%.
 - ◆ North Central Ohio Health Services, LLC, and Ohio limited liability Company of which Memorial Hospital has 20% interest.
 - ◆ East-West Holding, Ltd., and Ohio limited liability company of which Memorial Hospital has 50% interest.
 - ◆ Northwest Ohio Medical Equipment, LLC which Memorial Hospital has a 6.25% membership interest.

Q15.6

Other Affiliated Entities

- Lima Memorial Joint Operating Company, an Ohio non-profit corporation, in which Lima Memorial Hospital, an Ohio non-profit corporation, and PHS Ventures, Inc. each hold a 50% ownership interest.
- ProMedica Orthopedic Co-Management Company, LLC, an Ohio limited liability company is which The Toledo Hospital, Bay Park Community Hospital and Flower Hospital share 40% ownership interest with various physicians having the remaining 60% interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ProMedica Cardiovascular Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital and Flower Hospital share 40% ownership interest with various physicians having the remaining 60% interest.
- Interactive Physical Therapy, an Ohio limited liability company in which ProMedica owns 50% ownership interest and various individuals owning the other 50%.
- ProMedica Surgical Services Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital and Flower Hospital share 50% ownership interest with various physicians having the remaining 50% interest.

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)	Names 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)	*
Q16		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.	0000001
		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	0000001
		00000	02-0753921			Monroe Community Ambulance	MI	OTH	Huron Valley Ambulance	Ownership		25.0	Huron Valley Ambulance	0000001
		00000	02-0753921			Monroe Community Ambulance	MI	OTH	Mercy Memorial Hospital Corporation	Ownership		25.0	Mercy Memorial Hospital Corporation	0000001
		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.	0000001
		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

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Q16.1		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	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	27-5165922				Hematology/Oncology Physicians, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	27-2404505				ProMedica Critical Care Physicians, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	27-2920342				ProMedica ENT, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	45-3251737				ProMedica Monroe Cardiology, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	45-3230331				ProMedica Anesthesiology Consultants, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1899439				ProMedica Physician Management Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	61-1528443				ProMedica Surgical Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	46-1111822				WellCare Physicians Group, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	45-4976786				ProMedica Monroe Physicians, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	46-1120436				ProMedica Multi Specialty Physicians, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1899439				ProMedica Genito-Urinary Surgeons, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1899439				ProMedica Hospitalists, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1931936				ProMedica Hospitalists, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1570675				ProMedica Indemnity Corporation	VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
							ProMedica Insurance Corporation	OH	UDP	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	

SCHEDULE Y

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		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.	
1212 ..	ProMedica Insurance Corp ..	95189	34-1549926			Paramount Care, Inc.		OH	IA	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.	
1212 ..	ProMedica Insurance Corp ..	95566	38-3200310			Paramount Care of Michigan, Inc.		MI	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	
1212 ..	ProMedica Insurance Corp ..	11518	01-0580404			Paramount Insurance Company		OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	
1212 ..	ProMedica Insurance Corp ..	12353	20-3376102			Paramount Advantage		OH	UDP	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	0000001
		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	0000001
		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	0000001
		00000	27-1302183			Monroe Cancer Center		MI	OTH	Mercy Memorial Hospital Corporation	Ownership	33.3	Mercy Memorial Hospital Corporation	0000001
		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	71.8	ProMedica Health System, Inc.	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association		MI	OTH	Various Physicians	Ownership	28.2	Various Physicians	0000001
		00000	38-3605511			Lenawee Physician Hospital Organization LLC		MI	NIA	Emma L. Bixby Medical Center	Ownership	50.0	ProMedica Health System, Inc.	

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Q16.3		00000	38-3605511			Lenawee Physician Hospital Organization LLC		MI	OTH	Raisin River Physicians	Ownership	50.0	Raisin River Physicians	0000001
		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	0000001
		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	0000001
		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	0000001
		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	0000001
		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	0000001
		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	0000001
		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	0000001
		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.	0000001
		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

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Q164		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	34-4430849			Memorial Hospital		OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	27-3763993			Memorial Professional Services, Ltd.		OH	NIA	Memorial Hospital	Ownership	100.0	ProMedica Health System, Inc.	
		00000	20-5763680			Memorial Anesthesia, Ltd.		OH	NIA	Memorial Hospital	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-0939146			Memorial Medical Center, Inc.		OH	NIA	Memorial Hospital	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1770910			Fremont Hospital Physician Organization		OH	NIA	Memorial Hospital	Ownership	50.0	Various Physicians	0000001
		00000	34-1770910			Fremont Hospital Physician Organization		OH	OTH	Fremont Physicians Associations	Ownership	50.0	Fremont Hospital Physician Organization	0000001
		00000	34-1935261			Sandusky County Medical Specialist, LLC		OH	NIA	Fremont Hospital Physician Organization	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1935261			North Central Ohio Health Services, LLC		OH	NIA	Memorial Hospital	Ownership	20.0		
		00000	34-1935261			North Central Ohio Health Services, LLC		OH	OTH	Bellevue Hospital	Ownership	20.0	Bellevue Hospital	0000001
		00000	34-1935261			North Central Ohio Health Services, LLC		OH	OTH	Firelands Regional Health System	Ownership	20.0	Firelands Regional Health System	0000001
		00000	34-1935261			North Central Ohio Health Services, LLC		OH	OTH	Fisher Titus Medical Center	Ownership	20.0	Fisher Titus Medical Center	0000001
		00000	34-1935261			North Central Ohio Health Services, LLC		OH	OTH	H.B. McGruder Memorial Hospital	Ownership	20.0	H.B. McGruder Memorial Hospital	0000001
		00000	20-4066818			Erie-West Holdings, Ltd.		OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	20-4066818			Erie-West Holdings, Ltd.		OH	OTH	Bellevue Hospital	Ownership	50.0	Bellevue Hospital	0000001
		00000	34-1882390			Nothwest Ohio Medical Equipment, LLC		OH	NIA	Memorial Hospital	Ownership	6.3	ProMedica Health System, Inc.	
		00000	34-1882390			Nothwest Ohio Medical Equipment, LLC		OH	OTH	Bellevue Hospital	Ownership	6.3	Bellevue Hospital	0000001
		00000	34-1882390			Nothwest Ohio Medical Equipment, LLC		OH	OTH	Blanchard Valley Health System	Ownership	68.8	Blanchard Valley Health System	0000001
		00000	34-1882390			Nothwest Ohio Medical Equipment, LLC		OH	OTH	Wood County Hospital	Ownership	18.8	Wood County Hospital	0000001
		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	0000001
		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.	

SCHEDULE Y

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		00000	26-4105613			ProMedica Orthopedic Co-Management Company, LLC		OH	OTH	Various Physicians	Ownership	60.0	Various Physicians	0000001
		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	0000001
		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	0000001
		00000	46-1989695			ProMedica Surgical Services Co-Management Company, LLC		OH	NIA	The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	46-1989695			ProMedica Surgical Services Co-Management Company, LLC		OH	OTH	Various Physicians	Ownership	50.0	Various Physicians	0000001

Q16.5

Asterisk	Explanation
0000001	Non-related entity

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2014

Document Code: 365

1235320143650002

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying va.....
7. Deduct current year's other than temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest poin.....
9. Total foreign exchange change in book value/recorded inve.....
10. Deduct current year's other than temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and depreciation
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other than temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	63,748,233	3,402,444
2. Cost of bonds and stocks acquired	21,353,193	90,767,234
3. Accrual of discount	6,676	12,194
4. Unrealized valuation increase (decrease)	27,749	(3,486)
5. Total gain (loss) on disposals	21,116,834	30,055,253
6. Deduct consideration for bonds and stocks disposed of	160,323	374,901
7. Deduct amortization of premium .....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	63,858,694	63,748,233
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	63,858,694	63,748,233

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	64,279,601	8,057,071	7,687,324	(72,551)	64,279,601	64,576,796		64,440,788
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	64,279,601	8,057,071	7,687,324	(72,551)	64,279,601	64,576,796		64,440,788
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	64,279,601	8,057,071	7,687,324	(72,551)	64,279,601	64,576,796		64,440,788

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....246,079; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	718,102	XXX	718,102	8	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	692,555	60,740,915
2. Cost of short-term investments acquired	25,547	1,304,697
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		(260)
6. Deduct consideration received on disposals		61,345,992
7. Deduct amortization of premium		6,805
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	718,102	692,555
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	718,102	692,555

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - Verification
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		16,068,842
3. Accrual of discount		971
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		(29)
6. Deduct consideration received on disposals		16,069,784
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828WH9	U S TREASURY NOTES		05/12/2014	BARCLAYS CAPITAL INC, NEW YORK	XXX	1,830,292	1,830,000		1
0599999 Subtotal - Bonds - U.S. Governments					XXX	1,830,292	1,830,000		XXX
Bonds - U.S. Special Revenue, Special Assessment									
31398ADM1	FEDERAL NATL MTG ASSN		04/24/2014	NOMURA SECS, NEW YORK	XXX	612,646	540,000	10,723	1
3135G0JA2	FEDERAL NATL MTG ASSN		06/26/2014	MORGAN STANLEY & CO INC, NY	XXX	1,208,066	1,200,000	2,250	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	1,820,713	1,740,000	12,973	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00440EAJ6	ACE INA HOLDINGS INC		06/30/2014	WELLS FARGO SECURITIES LLC, CHARLOTTE		212,412	190,000	4,152	1FE
037833AM2	APPLE INC		04/29/2014	DEUTSCHE BK SECS INC, NY (NWSCUS33)	XXX	149,921	150,000		1FE
36962G3H5	GENERAL ELECTRIC CAPITAL CORP		04/10/2014	US BANCORP INVESTMENTS INC, ST. PAUL	XXX	159,575	140,000	656	1FE
49327M2J2	KEYBANK NA/CLEVELAND OH		06/11/2014	KEYBANC CAPITAL MARKETS INC, NEW YORK	XXX	250,908	250,000	160	1FE
61166WAR2	MONSANTO CO		06/26/2014	WILLIAMS CAPITAL GROUP LP, JERSEY CITY	XXX	149,855	150,000		1FE
828807CJ4	SIMON PROPERTY GROUP LP		06/30/2014	MITSUBISHI UFJ SECURITIES, NEW YORK	XXX	308,748	300,000	1,935	1FE
842400GB3	SOUTHERN CAL EDISON		05/06/2014	CASTLEOAK SEC/CANTOR FITZGERALD & CO, NY	XXX	149,952	150,000		1FE
931142DN0	WAL-MART STORES INC		04/15/2014	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	314,953	315,000		1FE
05579UAD5	BMW VEHICLE LEASE TRUST 1 A4		04/09/2014	BARCLAYS CAPITAL INC, NEW YORK	XXX	249,995	250,000		1FE
13975HAC0	CAPITAL AUTO RECEIVABLES 2 A3		04/16/2014	DEUTSCHE BK SECS INC, NY (NWSCUS33)	XXX	274,967	275,000		1FE
14313RAC7	CARMAX AUTO OWNER TRUST 2 A3		05/07/2014	JPMORGAN SECURITIES INC, NEW YORK	XXX	304,978	305,000		1FE
34530KAB9	FORD CREDIT AUTO OWNER TR B A3		06/17/2014	MORGAN STANLEY & CO INC, NY	XXX	194,999	195,000		1FE
36163NAD8	GE EQUIPMENT TRANSPORTATI 1 A4		06/10/2014	BARCLAYS CAPITAL INC, NEW YORK	XXX	279,918	280,000		1FE
41284AAD0	HARLEY-DAVIDSON MOTORCYCL 1 A3		04/08/2014	JPMORGAN CHASE BK/RBS SEC INC, NEW YORK	XXX	99,974	100,000		1FE
43814GAC4	HONDA AUTO RECEIVABLES OW 2 A3		05/13/2014	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	224,973	225,000		1FE
44890UAC8	HYUNDAI AUTO RECEIVABLES B A3		05/07/2014	JPMORGAN SECURITIES INC, NEW YORK	XXX	304,991	305,000		1FE
47787VAC5	JOHN DEERE OWNER TR A A3		04/02/2014	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	299,952	300,000		1FE
63938EAA2	NAVIENT STUDENT 14-1 A1		05/20/2014	RBC CAPITAL MARKETS LLC, NEW YORK	XXX	275,000	275,000		1FE
80283XAD9	SANTANDER DRIVE AUTO REC 3 A3		06/11/2014	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	199,998	200,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	4,406,066	4,355,000	6,903	XXX
8399997 Subtotal - Bonds - Part 3					XXX	8,057,071	7,925,000	19,876	XXX
8399999 Subtotal - Bonds					XXX	8,057,071	7,925,000	19,876	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	8,057,071	XXX	19,876	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A.C.V.	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)			
Bonds - U.S. Governments																						
912828SZ4	U.S. TREASURY NOTE	05/12/2014	DEUTSCHE BK SEC'S INC, NY	XXX	1,835,141	1,830,000	1,832,365	1,831,143	(110)	(110)	(110)	0	1,831,032	2,414	4,108	4,108	4,108	2,809	06/15/2015	1		
38378KGV5	GNMA GTD REMIC P/T 13-57 A	06/16/2014	Redemption	XXX	2,414	2,414	2,419	2,414	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0599999 Subtotal - Bonds - U.S. Governments				XXX	1,837,555	1,832,414	1,834,784	1,833,557		(110)	(110)	(110)	0	1,833,446		4,108	4,108	4,108	2,815	XXX	XXX	
Bonds - U.S. States, Territories and Possessions																						
452152HQ7	ILLINOIS ST	06/12/2014	JPMORGAN SECURITIES INC	XXX	210,338	205,000	217,027	210,831		(1,338)	(1,338)	(1,338)	0	209,493		845	845	845	2,723	03/01/2015	1FE	
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions				XXX	210,338	205,000	217,027	210,831		(1,338)	(1,338)	(1,338)	0	209,493		845	845	845	2,723	XXX	XXX	
Bonds - U.S. Special Revenue, Special Assessment																						
313381PY5	FEDERAL HOME LN BK CONS BD	04/23/2014	Call	XXX	1,230,000	1,230,000	1,228,401	1,229,084		916	916	916	0	1,230,000		0	0	0	2,460	10/23/2015	1	
3137EADD8	FEDERAL HOME LN MTG CORP	06/26/2014	MERRILL LYNCH PIERCE	XXX	1,198,616	1,195,000	1,200,579	1,197,946		(673)	(673)	(673)	0	1,197,273		1,343	1,343	1,343	4,149	04/17/2015	1	
3138LVXA6	FNMA POOL #0A05172	06/25/2014	Redemption	XXX	24,192	24,192	25,583	24,304		(112)	(112)	(112)	0	24,192		121	121	121	06/01/2022	1		
3141VAH76	FNMA POOL #0MA1153	06/25/2014	Redemption	XXX	27,714	27,714	29,108	27,764		(51)	(51)	(51)	0	27,714		137	137	137	07/01/2022	1		
3141VA4S4	FNMA POOL #MA1732	06/25/2014	Redemption	XXX	5,233	5,233	5,534	5,534		(9)	(9)	(9)	0	5,233		31	31	31	01/01/2024	1		
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	2,485,755	2,482,139	2,489,205	2,479,099		70	70	70	0	2,484,412		1,343	1,343	1,343	6,898	XXX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
00440EAL1	ACE INA HOLDINGS INC	06/30/2014	JPMORGAN SECURITIES INC	XXX	198,157	190,000	211,172	200,395		(2,360)	(2,360)	(2,360)	0	198,034		122	122	122	6,739	05/15/2015	1FE	
00206RAV4	AT&T INC	05/09/2014	WELLS FARGO SECURITIES	XXX	153,702	150,000	156,530	153,522		(305)	(305)	(305)	0	153,216		486	486	486	927	08/15/2015	1FE	
166764AC4	CHEVRON CORP	05/12/2014	BARCLAYS CAPITAL INC	XXX	95,672	95,000	95,000	95,000		(490)	(490)	(490)	0	95,000		672	672	672	331	06/24/2016	1FE	
263534BY4	EI DU PONT DE NEMOURS & CO	05/12/2014	CREDIT SUISSE NEW YORK	XXX	142,733	140,000	147,375	143,170		(1,021)	(1,021)	(1,021)	0	206,974		30	30	30	1,583	03/15/2015	1FE	
263534BX6	EI DU PONT DE NEMOURS & CO	05/12/2014	WELLS FARGO SECURITIES	XXX	207,004	200,000	217,748	207,995		(80)	(80)	(80)	0	151,511		541	541	541	860	01/09/2015	1FE	
36962G5M2	GENERAL ELECTRIC CAPITAL CORP	04/10/2014	CITIGROUP GBL	XXX	152,052	150,000	154,013	151,591		(520)	(520)	(520)	0	152,986		(29)	(29)	(29)	2,340	05/01/2015	1FE	
74456QAW6	PUBLIC SERVICE ELECTRIC & GAS	05/23/2014	MERRILL LYNCH PIERCE	XXX	152,957	150,000	155,028	153,506		(3,025)	(3,025)	(3,025)	0	286,300		646	646	646	7,714	06/15/2015	1FE	
828807BM8	SIMON PROPERTY GROUP LP	06/30/2014	WELLS FARGO SECURITIES	XXX	286,946	275,000	303,267	289,325		(170)	(170)	(170)	0	304,638		339	339	339	2,200	10/25/2015	1FE	
931142CX9	WAL-MART STORES INC	04/15/2014	US BANCORP INVESTMENTS	XXX	304,977	300,000	308,382	304,807		(1,353)	(1,353)	(1,353)	0	231,597		107	107	107	4,725	10/15/2014	1FE	
85771SAC0	STATOIL ASA	F 06/25/2014	MERRILL LYNCH PROFESSIONA	XXX	231,704	230,000	239,402	232,950		(219)	(219)	(219)	0	330,000		529	529	529	183	06/15/2018	1FE	
12591FAC0	CNH EQUIPMENT TRUST A A3	04/09/2014	CITIGROUP GBL	XXX	330,529	330,000	330,000	330,000		(219)	(219)	(219)	0	82,769		219	219	219	10/17/2016	1FE		
12622XAD2	CNH EQUIPMENT TRUST A A4	06/16/2014	Redemption	XXX	82,769	82,769	84,489	82,988		(1,021)	(1,021)	(1,021)	0	234,986		363	363	363	227	03/15/2016	1FE	
34530CAC5	FORD CREDIT AUTO LEASE TR A A3	05/08/2014	CITIGROUP GBL	XXX	235,349	235,000	234,977	234,985		1	1	1	0	254,986		353	353	353	401	11/25/2016	1FE	
36162WAC1	GE EQUIPMENT TRANSPORTATI A A3	06/11/2014	MIZUHO SECURITIES USA	XXX	255,339	255,000	254,978	254,984		1	1	1	0	284,983		284	284	284	135	02/15/2016	1FE	
58768VAC5	MERCEDES-BENZ AUTO LEASE A A3	04/09/2014	CREDIT SUISSE NEW YORK	XXX	285,267	285,000	284,975	284,983		2	2	2	0	52,173		411	411	411	40	03/15/2016	1FE	
80283DAB7	SANTANDER DRIVE AUTO RECE 2 A2	06/16/2014	Redemption	XXX	52,173	52,169	52,171	52,171		0	0	0	0	314,995		411	411	411	557	10/16/2017	1FE	
80283GAC8	SANTANDER DRIVE AUTO RECE 3 A3	06/11/2014	NOMURA SEC'S, NEW YORK	XXX	315,406	315,000	314,994	314,995		0	0	0	0	314,995		411	411	411	40	03/15/2016	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	3,482,734	3,434,942	3,544,499	3,487,367		(9,539)	(9,539)	(9,539)	0	3,477,828		4,907	4,907	4,907	30,698	XXX	XXX	
8399997 Subtotal - Bonds - Part 4				XXX	8,016,382	7,954,495	8,085,515	8,010,854		(10,917)	(10,917)	(10,917)	0	8,005,179		11,204	11,204	11,204	43,133	XXX	XXX	
8399999 Subtotal - Bonds				XXX	8,016,382	7,954,495	8,085,515	8,010,854		(10,917)	(10,917)	(10,917)	0	8,005,179		11,204	11,204	11,204	43,133	XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks				XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks				XXX	8,016,382	XXX	8,085,515	8,010,854		(10,917)	(10,917)	(10,917)	0	8,005,179		11,204	11,204	11,204	43,133	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE05

E06 Schedule DB Part A Section 1 **NONE**

E07 Schedule DB Part B Section 1 **NONE**

E08 Schedule DB Part D Section 1 **NONE**

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity **NONE**

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity **NONE**

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets **NONE**

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets **NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Huntington Bank .....	.....	.....	.....	21,563	.....	76,463,588	84,416,324	88,516,513	XXX
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	XXX	XXX ..	.....	.....	.....	.....	.....	.....	XXX
0199999 Totals - Open Depositories	XXX	XXX ..	21,563	.....	76,463,588	84,416,324	88,516,513	88,516,513	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	XXX	XXX ..	.....	.....	.....	.....	.....	.....	XXX
0299999 Totals - Suspended Depositories	XXX	XXX ..	.....	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit	XXX	XXX ..	21,563	.....	76,463,588	84,416,324	88,516,513	88,516,513	XXX
0499999 Cash in Company's Office	XXX	XXX ..	XXX ..	XXX ..	XXX ..	.....	.....	.....	XXX
0599999 Total Cash	XXX	XXX ..	21,563	.....	76,463,588	84,416,324	88,516,513	88,516,513	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8699999 Total - Cash Equivalents							

N O N E

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