



12353201520100102

2015

Document Code: 201

12355201520100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2015

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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				
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 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 928 (Street and Number or P.O. Box)		Toledo, OH, US 43697-0928 (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 (Area Code) (Telephone Number)			
Internet Web Site Address	www.paramounthealthcare.com		(419)887-2500			
Statutory Statement Contact	Jonathan Burns, Mr. (Name) jonathan.burns@promedica.org (E-Mail Address)		(419)887-2909 (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

OTHERS

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

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

DIRECTORS OR TRUSTEES

Julie Anne Bartnik Ms.
John Charles Randolph Mr.
Dale Joseph Seymour Mr.
Mark Leslie Ferris Mr.
Cynthia Ann Geronimo Ms.

Dee Ann Bialecki-Haase M.D.
Garry Walter Roberts Mr.
Timothy Bublick Mr.
Cathy Lynn Cantor M.D.
Jeffrey William Boersma 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 , 2015

- 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)

Vincent M. Davis Mr. #
Lynn Eric Olman Mr. #
Lee William Hammerling Mr. #

Amy Lynn Hall Ms. #
Richard A. Wasserman 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	71,563,158		71,563,158	60,811,165
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 (\$....203,720,382), cash equivalents (\$.....0) and short-term investments (\$.....593,369)	204,313,751		204,313,751	173,909,738
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	275,876,909		275,876,909	234,720,903
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	210,530		210,530	150,006
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,384,763		9,384,763	9,358,342
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				
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				
18.2 Net deferred tax asset	1,849,656	34,809	1,814,847	1,814,847
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	4,390,055		4,390,055	1,477,530
24. Health care (\$.....1,663,713) and other amounts receivable	1,663,713		1,663,713	1,486,552
25. Aggregate write-ins for other than invested assets	3,203,921	29,000	3,174,921	7,000,000
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	296,579,547	63,809	296,515,738	256,008,180
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	296,579,547	63,809	296,515,738	256,008,180
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. Prepays	29,000	29,000		
2502. Dividends receivable				7,000,000
2503. Other AR	1,646,483		1,646,483	
2598. Summary of remaining write-ins for Line 25 from overflow page	1,528,438		1,528,438	
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,203,921	29,000	3,174,921	7,000,000

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	119,375,486		119,375,486	104,622,346
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	1,570,000		1,570,000	1,605,000
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	12,481,620		12,481,620	14,983,775
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	8,346,180		8,346,180	2,210,423
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	24,520,631		24,520,631	31,674,871
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	4,966,231		4,966,231	7,627
16. Derivatives				
17. Payable for securities	380,284		380,284	
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)	171,640,432		171,640,432	155,104,042
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	58,621,685	58,621,685
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	66,253,621	42,282,453
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	124,875,306	100,904,138
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	296,515,738	256,008,180
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	1,322,173	938,596	2,187,212
2. Net premium income (including \$.....0 non-health premium income)	XXX	490,378,212	284,411,403	725,282,736
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	1,528,438	1,223,547	1,791,432
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	491,906,650	285,634,950	727,074,168
Hospital and Medical:				
9. Hospital/medical benefits		299,185,148	184,191,971	460,059,552
10. Other professional services		1,425,177	987,590	3,286,013
11. Outside referrals				
12. Emergency room and out-of-area		12,512,891	7,944,756	24,580,116
13. Prescription drugs		79,780,482	46,403,430	119,085,552
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		392,903,698	239,527,747	607,011,233
Less:				
17. Net reinsurance recoveries		2,891,439	884,670	2,680,427
18. Total hospital and medical (Lines 16 minus 17)		390,012,259	238,643,077	604,330,806
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,701,341 cost containment expenses		2,157,426	1,643,783	8,308,070
21. General administrative expenses		65,772,794	42,646,568	97,529,443
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)		457,942,479	282,933,428	710,168,319
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	33,964,171	2,701,522	16,905,849
25. Net investment income earned		334,998	175,797	403,877
26. Net realized capital gains (losses) less capital gains tax of \$.....7,380		13,706	27,749	27,745
27. Net investment gains or (losses) (Lines 25 plus 26)		348,704	203,546	431,622
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		60		8,869
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	34,312,935	2,905,068	17,346,340
31. Federal and foreign income taxes incurred	XXX	12,006,689	1,003,695	6,865,597
32. Net income (loss) (Lines 30 minus 31)	XXX	22,306,246	1,901,373	10,480,743
DETAILS OF WRITE-INS				
0601. Performance revenue	XXX	1,528,438	1,223,547	1,791,432
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	1,528,438	1,223,547	1,791,432
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		60		8,869
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)		60		8,869

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	100,904,138	63,721,947	63,721,947
34. Net income or (loss) from Line 32	22,306,246	1,901,373	10,480,743
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	19,405	(4,469)	(33,643)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			1,390,776
39. Change in nonadmitted assets	1,645,517	(490,030)	(1,655,685)
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			27,000,000
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)	23,971,168	1,406,874	37,182,191
49. Capital and surplus end of reporting period (Line 33 plus 48)	124,875,306	65,128,821	100,904,138
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	490,351,791	282,259,124	722,564,914
2.	Net investment income	457,684	320,796	669,601
3.	Miscellaneous income	1,528,438	1,223,547	1,791,432
4.	TOTAL (Lines 1 to 3)	492,337,913	283,803,467	725,025,947
5.	Benefit and loss related payments	374,154,253	209,161,862	547,793,673
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	70,467,315	41,994,665	97,419,866
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	5,878,312	3,500,000	6,155,801
10.	TOTAL (Lines 5 through 9)	450,499,880	254,656,527	651,369,340
11.	Net cash from operations (Line 4 minus Line 10)	41,838,033	29,146,940	73,656,607
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	22,547,281	21,116,834	44,146,190
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	380,284		
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	22,927,565	21,116,834	44,146,190
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	33,431,811	21,353,193	41,485,727
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	10,182	32,418	221,882
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	33,441,993	21,385,611	41,707,609
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)	(10,514,428)	(268,777)	2,438,580
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			27,000,000
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)	(919,592)	9,337,151	19,795,250
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(919,592)	9,337,151	46,795,250
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	30,404,013	38,215,314	122,890,437
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	173,909,738	51,019,301	51,019,301
19.2	End of period (Line 18 plus Line 19.1)	204,313,751	89,234,615	173,909,738

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	221,598								221,598	
2. First Quarter	226,338								226,338	
3. Second Quarter	215,195								215,195	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,322,173								1,322,173	
Total Member Ambulatory Encounters for Period:										
7. Physician	62,021								62,021	
8. Non-Physician	71,007								71,007	
9. Total	133,028								133,028	
10. Hospital Patient Days Incurred	54,250								54,250	
11. Number of Inpatient Admissions	11,545								11,545	
12. Health Premiums Written (a)	492,112,372								492,112,372	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	492,112,372								492,112,372	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	377,045,691								377,045,691	
18. Amount Incurred for Provision of Health Care Services	392,903,698								392,903,698	

(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 .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	13,331,971	2,926,499	834,631	636,467	1,431,201	19,160,769
0499999 Subtotals	13,331,971	2,926,499	834,631	636,467	1,431,201	19,160,769
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	100,214,717
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	119,375,486
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 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	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	71,555,289	302,598,964	3,571,113	115,804,373	75,126,402	104,622,346
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	71,555,289	302,598,964	3,571,113	115,804,373	75,126,402	104,622,346
10. Healthcare receivables (a) .....	.....	1,663,713	.....	.....	.....	2,768,579
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. Totals (Lines 9 - 10 + 11 + 12)	71,555,289	300,935,251	3,571,113	115,804,373	75,126,402	101,853,767

(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 2015	Dec. 31 2014
	Ohio		
NET INCOME			
Paramount Advantage state basis		22,306,246	10,480,743
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		22,306,246	10,480,743
SURPLUS			
Paramount Advantage state basis		124,875,306	100,904,138
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		124,875,306	100,904,138

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.
8. The Company has no investments in joint ventures.

Notes to Financial Statement

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 and actual prescriptions filled.

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

-NOT APPLICABLE

Notes to Financial Statement

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	\$ 593,369	\$ 593,369	\$ 593,369			
Bonds	\$ 71,620,009	\$ 71,563,158	\$			71,620,009

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, 2014 were \$106,227,346. As of June 30, 2015 \$71,942,248 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,571,113 a result of re-estimation of unpaid claims and claim adjustment

Notes to Financial Statement

expenses principally on Medicaid lines of insurance. Therefore, there has been a \$30,713,984 favorable prior-year development since December 31, 2014 to June 30, 2015. 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	1/22/2015
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[]

 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? 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?

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]
Yes[X] No[] N/A[]

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. Yes[] No[X]

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: \$ 0

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	.....	80.000%
1.2 A&H cost containment percent	.....	0.000%
1.3 A&H expense percent excluding cost containment expenses	.....	14.000%

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

Yes[] No[X]

\$..... 0

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

Yes[] No[X]

\$..... 0

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

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

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	01/01/2015	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			492,112,372					492,112,372
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			492,112,372					492,112,372
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1			492,112,372					492,112,372

DETAILS OF WRITE-INS

58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (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 Services Foundation f/k/a ProMedica Continuing Care Services Corporation, Bixby Hospital Foundation, Herrick Hospital Foundation, and Memorial Hospital Foundation are divisions.
 - ◆ Mission Pointe Golf Course, LLC, a Michigan limited liability company, with ProMedica Foundation d/b/a Herrick Hospital Foundation as its sole member.
- 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 holds 50% ownership interest with Northwest Ohio Orthopedic and Sports Medicine, Inc., holding 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.
 - ◆ Toledo District Nurse Association, an Ohio nonprofit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation.
- ◆ ProMedica Retail Group, Inc., f/k/a The Flower Market, Inc., an Ohio for-profit corporation.
- ◆ ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
- ◆ Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.
- ◆ 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, Inc.
 - The Pharmacy Counter, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - 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 Physician Group, Inc., holds 50% ownership interest and Frank Barone, M.D., Inc., holds the remaining 50% interest.
 - 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.
 - ProMedica West 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.
 - Midwest Cardiovascular Consultants, 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ProMedica Cardiothoracic Physicians, LLC, and Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Monroe Cardiology, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., 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.
- ProMedica Monroe Physicians, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Multi Specialty Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Genito-Urinary Surgeons, LLC, an Ohio limited liability company with ProMedica Physicians Group, Inc., as its sole member.
- ProMedica Hospitalists, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Hospitalists, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.
- Memorial Professional Services, Ltd., and Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- Memorial Anesthesia, Ltd., an Ohio limited liability company with ProMedica Physicians Group, Inc., 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, Inc., 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

◆ 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 nonprofit corporation wholly owned subsidiary of ProMedica Insurance Corporation.

● Bay Park Community Hospital, an Ohio nonprofit corporation.

● 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 holds 64.44% ownership interest with various physicians having the remaining 35.56% interest.

◆ 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 holds 71.8% ownership interest with various physicians having the remaining 28.2% interest.

◆ Lenawee Physician Hospital Organization LLC, a Michigan limited liability company in which Emma L. Bixby Medical Center holds 50% ownership interest with Raisin River Physicians, PLC, holding the remaining 50% interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- 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 Orthopaedic and Spine Hospital are divisions.
 - ◆ Reynolds Road Surgery Center, LLC, an Ohio limited liability company in which The Toledo Hospital holds 62.66% ownership interest, with various physicians holding a remaining 37.34% interest.
 - ◆ Northwest Ohio Dedicated Breast MRI, LLC, an Ohio limited liability company in which The Toledo Hospital holds 50% ownership interest with TRA Investment Club, LLC, holding the remaining 50% interest.
 - ◆ Arrowhead Behavioral Health, LLC, a Delaware limited liability company in which The Toledo Hospital holds 30% ownership interest and Toledo Holding Company, LLC, holding a remaining 70% interest.
 - ◆ West Central Surgical Center, LLC, an Ohio limited liability company of which The Toledo Hospital holds 50% ownership interest and various physicians holding the remaining 50% interest.
- Flower Hospital, an Ohio nonprofit corporation.
- PHS Ventures, Inc., f/k/a BVPH Ventures, Inc., an Ohio nonprofit corporation in which ProMedica Health System, Inc., an Ohio nonprofit corporation, holds a 100% ownership interest.
- St. Luke's Hospital, an Ohio nonprofit corporation.
 - ◆ OhioCare Ambulatory Surgery Center, LLC, an Ohio limited liability company of which St. Luke's Hospital holds 50% ownership interest and various physicians holding the remaining 50% interest.
 - ◆ St. Luke's Physician Hospital Organization, Inc., an Ohio for-profit corporation of which St. Luke's Hospital holds 50% ownership interest and various physicians holding the remaining 50% interest.
- Care Enterprises, Inc., an Ohio nonprofit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ Perrysburg Medical Arts, LLC, an Ohio limited liability company of which Care Enterprises, Inc., holds 11.1% ownership 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% ownership interest and SB Medical Building Venture, Ltd., holds the remaining 30% interest.
- Care Holdings, Inc., an Ohio for-profit corporation.
- Physicians Advantage Management Services Organization, Inc., an Ohio for-profit corporation.
- St. Luke's Hospital Foundation, an Ohio nonprofit corporation.
 - ◆ Cobra Ventures, LLC, an Ohio limited liability company.
- Memorial Hospital, an Ohio nonprofit corporation.
 - ◆ Fremont Hospital/Physician Organization d/b/a Cooperative Care, an Ohio for-profit corporation of which Memorial Hospital holds 50% ownership interest and various other physicians hold the remaining 50% interest.
 - Sandusky County Medical Specialists, LLC, an Ohio limited liability company of which Fremont Hospital/Physician Organizations holds 100% ownership interest.
 - ◆ North Central Ohio Health Services, LLC, an Ohio limited liability company of which Memorial Hospital holds 20% ownership interest with various other entities holding the remaining interest.
 - ◆ East-West Holding, Ltd., an Ohio limited liability company of which Memorial Hospital holds 50% ownership interest with The Bellevue Hospital, an Ohio nonprofit corporation holding the remaining 50% interest.
- Monroe Regional Hospital, a Michigan nonprofit corporation d/b/a Mercy Memorial Hospital Corporation.
 - ◆ Monroe Community Health Services, a Michigan nonprofit corporation.
 - ◆ Monroe Health Ventures, Inc., a Michigan for-profit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ M Trust Assurance Company, Ltd., a Cayman Islands corporation.
- ◆ Mercy Memorial Surgical Co-Management Company, LLC, a Michigan limited liability company of which Monroe Regional Hospital holds a 50% ownership interest and various other physicians hold the remaining 50% interest.
- ◆ Caymich Insurance Company, Ltd., a Cayman Islands corporation of which Monroe Regional Hospital holds 1.89% ownership interest with various other entities holding the remaining interest.

Other Affiliated Entities

- Lima Memorial Joint Operating Company, an Ohio nonprofit corporation, in which Lima Memorial Hospital, an Ohio nonprofit corporation and PHS Ventures, Inc., each hold 50% ownership interest.
- ProMedica Orthopedic 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 holding the remaining 60% interest.
- ProMedica Cardiovascular Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 38.4% ownership interest with various physicians holding the remaining 61.6% interest.
- Interactive Physical Therapy, an Ohio limited liability company in which ProMedica Health System, Inc., holds 50% ownership interest and various individuals holding the remaining 50% interest.
- 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 holding the remaining 50% interest.
- Monroe Community Ambulance, a Michigan nonprofit corporation in which ProMedica Continuing Care Services Corporation holds 25% ownership interest, Monroe Regional Hospital holds 25% interest, and various other corporations hold the remaining 50% interest.
- Monroe Cancer Center, a Michigan nonprofit corporation in which Emma L. Bixby Medical Center holds 33.33% ownership interest, Monroe Regional Hospital holds 33.33% interest, and Barbara Ann Karmanos Cancer Center holds 33.33% 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	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	34-1517671			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.	
		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	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	34-1899439			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.	
		00000	34-1881137			ProMedica Central Physicians	OH	NIA	ProMedica Physician Group, Inc.	Ownership		100.0	ProMedica Health System, Inc.	
		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	34-1881145			ProMedica East Physicians, LLC	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	26-3888045			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.	

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	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)	*
Q16.1		00000	27-2920342			ProMedica Monroe Cardiology, PLLC	ProMedica Physician Group, Inc.	MI	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	45-3251737			ProMedica Anesthesiology Consultants, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	45-3230331			ProMedica Physician Management Services, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1899439			ProMedica Surgical Services, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	61-1528443			WellCare Physicians Group, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	46-1111822			ProMedica Monroe Physicians, PLLC	ProMedica Physician Group, Inc.	MI	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	45-4976786			ProMedica Multi Specialty Physicians, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	46-1120436			ProMedica Genito-Urinary Surgeons, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1899439			ProMedica Hospitalists, LLC	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1899439			ProMedica Hospitalists, PLLC	ProMedica Physician Group, Inc.	MI	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	27-3763993			Memorial Professional Services, Ltd.	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	20-5763680			Memorial Anesthesia, Ltd.	ProMedica Physician Group, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1931936			ProMedica Indemnity Corporation	ProMedica Health System, Inc.	VT	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1570675			ProMedica Insurance Corporation	ProMedica Health System, Inc.	OH	UDP	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1623220			Paramount Preferred Options, Inc.	ProMedica Insurance Corporation	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
		00000	31-1463193			Health Management Solutions, Inc.	Paramount Preferred Options, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.		
1212 ..	ProMedica Insurance Corp	95189	34-1549926			Paramount Care, Inc.	ProMedica Insurance Corporation	OH	IA	Ownership	100.0	ProMedica Health System, Inc.		
	00000	34-1773766			Paramount Benefits Agency, Inc.	ProMedica Insurance Corporation	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.			
	95566	38-3200310			Paramount Care of Michigan, Inc.	ProMedica Insurance Corporation	MI	IA	Ownership	100.0	ProMedica Health System, Inc.			
	11518	01-0580404			Paramount Insurance Company	ProMedica Insurance Corporation	OH	IA	Ownership	100.0	ProMedica Health System, Inc.			
	12353	20-3376102			Paramount Advantage	ProMedica Insurance Corporation	OH	UDP	Ownership	100.0	ProMedica Health System, Inc.			
	00000	34-1883132			Bay Park Community Hospital	ProMedica Health System, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.			
	00000	34-4446484			Defiance Hospital, Inc.	ProMedica Health System, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.			
	00000	45-4781053			Kaitlyn's Cottage, Inc.	Defiance Hospital, Inc.	OH	NIA	Ownership	100.0	ProMedica Health System, Inc.			
	00000	38-2796005			Emma L. Bixby Medical Center	ProMedica Health System, Inc.	MI	NIA	Ownership	100.0	ProMedica Health System, Inc.			

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	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)	*
Q16.2		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	
		00000	38-2879330			Lenawee Long Term Care Corporation		MI	NIA	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	0000001
		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.	
		00000	38-3605511			Lenawee Physician Hospital Organization LLC		MI	OTH	Raisin River Physicians	Ownership	50.0	Raisin River Physicians	0000001
		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.	

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	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)	*
Q16.3		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.	
		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	34-1770910			Fremont Hospital Physician Organization		OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	34-1770910			Fremont Hospital Physician Organization		OH	OTH	Fremont Physicians Associations	Ownership	50.0	Various Physicians	0000001
		00000	34-1770910			Sandusky County Medical Specialist, LLC		OH	NIA	Fremont Hospital Physician Organization	Ownership	100.0	Fremont Hospital Physician Organization	0000001
		00000	34-1935261			North Central Ohio Health Services, LLC		OH	NIA	Memorial Hospital	Ownership	20.0	ProMedica Health System, Inc.	
		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			East-West Holdings, Ltd.		OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	20-4066818			East-West Holdings, Ltd.		OH	OTH	Bellevue Hospital	Ownership	50.0	Bellevue Hospital	0000001
		00000	38-1984289			Monroe Regional Hospital		MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	38-2934134			Monroe Community Health Services		MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	
		00000	38-2704426			Monroe Health Ventures, Inc.		MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	
		00000				M Trust Assuranc Company, Ltd.		MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	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)	*
Q16.4		00000	46-4315135			Mercy Memorial Surgical Co-Management Company, LLC		MI	NIA	Monroe Regional Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	46-4315135			Mercy Memorial Surgical Co-Management Company, LLC		MI	OTH	Various Physicians	Ownership	50.0	Various Physicians	0000001
		00000				Caymich Insurance Company, Ltd.		MI	NIA	Monroe Regional Hospital	Ownership	1.9	ProMedica Health System, Inc.	
		00000				Caymich Insurance Company, Ltd.		MI	OTH	Various other entities	Ownership	98.1	Various other entities	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.	
		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	38.4	ProMedica Health System, Inc.	
		00000	27-0962366			ProMedica Cardiovascular Co-Management Company, LLC		OH	OTH	Various Physicians	Ownership	61.6	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
		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	NIA	Monroe regional Hospital	Ownership	25.0	ProMedica Health System, Inc.	
		00000	02-0753921			Monroe Community Ambulance		MI	OTH	Various other corporations	Ownership	50.0	Huron Valley Ambulance	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 Center	Ownership	33.3	Barbara Ann Karamanos Cancer Center	0000001
		00000	27-1302183			Monroe Cancer Center		MI	OTH	Mercy Memorial Hospital Corporation	Ownership	33.3	Mercy Memorial Hospital Corporation	0000001

STATEMENT AS OF **June 30, 2015** OF THE **Paramount Advantage**

Asterisk	Explanation
0000001	Non-related entity

Q16.5

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



2015

Document Code: 365

1235320153650002

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Pay per Performance	1,528,438		1,528,438	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,528,438		1,528,438	

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 value
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 points
9. Total foreign exchange change in book value/recorded investment
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	60,811,165	63,748,233
2. Cost of bonds and stocks acquired	33,431,811	41,485,727
3. Accrual of discount	10,153	15,716
4. Unrealized valuation increase (decrease)	29,587	(29,587)
5. Total gain (loss) on disposals	21,086	42,685
6. Deduct consideration for bonds and stocks disposed of	22,547,281	44,146,190
7. Deduct amortization of premium	193,363	305,420
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)	71,563,158	60,811,165
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	71,563,158	60,811,165

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)	71,468,726	10,578,690	17,121,480	(263,708)	71,468,726	64,662,227	.....	64,542,208
2. NAIC 2 (a)	5,630,730	1,979,060	306,679	191,189	5,630,730	7,494,300	.....	.....
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds	77,099,456	12,557,750	17,428,159	(72,519)	77,099,456	72,156,527	.....	64,542,208
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	77,099,456	12,557,750	17,428,159	(72,519)	77,099,456	72,156,527	.....	64,542,208

(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 \$.....593,369; 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	593,369	XXX	593,369	16	

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	3,731,043	692,555
2. Cost of short-term investments acquired	275,084	3,408,508
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	3,412,758	370,020
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)	593,369	3,731,043
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	593,369	3,731,043

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
SI08 Schedule E - Verification (Cash Equivalents)	NONE

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									
912828XA3	U S TREASURY NOTE		06/30/2015	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	1,370,027	1,370,000	1,229	1
912828K25	U S TREASURY NOTE		04/10/2015	JPMORGAN SECURITIES INC, NEW YORK	XXX	1,199,352	1,205,000	1	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	2,569,378	2,575,000	1,229	XXX
Bonds - U.S. Special Revenue, Special Assessment									
3130A5EP0	FEDERAL HOME LN BK CONS BD		05/14/2015	LOOP CAPITAL MARKETS LLC, JERSEY CITY	XXX	534,556	535,000		1
3137EACW7	FEDERAL HOME LN MTG CORP		04/29/2015	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	183,652	180,000	650	1
3134G6R88	FEDERAL HOME LN MTG CORP		05/19/2015	BARCLAYS CAPITAL INC, NEW YORK	XXX	344,741	345,000	1	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	1,062,949	1,060,000	650	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00287YAN9	ABBVIE INC		05/05/2015	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	229,765	230,000		2FE
00440EAJ6	ACE INA HOLDINGS INC		04/06/2015	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	5,436	5,000	43	1FE
025816BG3	AMERICAN EXPRESS CO		04/09/2015	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	100,263	100,000	611	1FE
032511BH9	ANADARKO PETROLEUM CORP		06/30/2015	BK OF NEW YORK MELLON/TORONTO DOMINION	XXX	170,292	155,000	2,944	2FE
035229DD2	ANHEUSER-BUSCH COS LLC		04/09/2015	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	345,328	310,000	4,215	1FE
94973VBC0	ANTHEM INC		04/14/2015	CANTOR FITZGERALD & CO/DEBT CAP MKTS, NY	XXX	207,157	205,000	982	2FE
00206RBM3	AT&T INC		04/01/2015	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	69,699	70,000	343	2FE
097023BE4	BOEING CO/THE		05/05/2015	CREDIT AGRICOLE (USA) INC, ISELIN	XXX	237,598	240,000	1,096	1FE
14149YAX6	CARDINAL HEALTH INC		05/08/2015	US BANCORP INVESTMENTS INC, ST. PAUL	XXX	206,015	205,000	561	2FE
14912L5J6	CATERPILLAR FINANCIAL SERVICES		06/04/2015	BNP PARIBAS SEC'S CP/FIXED INCOME, PA	XXX	205,402	205,000	235	1FE
17275RAU6	CISCO SYSTEMS INC		06/10/2015	GOLDMAN SACHS & CO, NY	XXX	209,964	210,000		1FE
20030NAW1	COMCAST CORP		04/09/2015	GOLDMAN SACHS & CO, NY	XXX	67,997	60,000	1,416	1FE
126650BH2	CVS HEALTH CORP		04/14/2015	MORGAN STANLEY & CO INC, NY	XXX	170,295	155,000	3,367	2FE
25746UCD9	DOMINION RESOURCES INC/VA		06/09/2015	RBC CAPITAL MARKETS LLC, NEW YORK	XXX	204,928	205,000		1FE
29379VBG7	ENTERPRISE PRODUCTS OPERATING		05/04/2015	RBC CAPITAL MARKETS LLC, NEW YORK	XXX	169,798	170,000		2FE
26875PAA9	EOG RESOURCES INC		04/22/2015	BBVA/SECURITIES, NEW YORK	XXX	205,122	185,000	1,268	1FE
437076BB7	HOME DEPOT INC/THE		06/04/2015	BARCLAYS CAPITAL INC, NEW YORK	XXX	204,870	200,000	1,113	1FE
46625HJL5	JPMORGAN CHASE & CO		06/08/2015	NOMURA SEC'S, NEW YORK	XXX	168,922	170,000	195	1FE
314275AA6	MACY'S RETAIL HOLDINGS INC		05/19/2015	MORGAN STANLEY & CO INC, NY	XXX	214,588	200,000	5,605	2FE
59156RBE7	METLIFE INC		06/29/2015	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	206,878	205,000	170	1FE
68389XAC9	ORACLE CORP		04/17/2015	BARCLAYS CAPITAL INC, NEW YORK	XXX	203,603	180,000	201	1FE
713448CR7	PEPSICO INC		05/05/2015	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	274,351	275,000	76	1FE
69353REM6	PNC BANK NA		05/27/2015	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	249,833	250,000		1FE
74432QBC8	PRUDENTIAL FINANCIAL INC		06/23/2015	MESIROW FINANCIAL INC, JERSEY CITY, NJ	XXX	200,114	180,000	2,843	2FE
760759AL4	REPUBLIC SERVICES INC		05/26/2015	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	37,028	35,000	52	2FE
761713BC9	REYNOLDS AMERICAN INC		06/09/2015	JPMORGAN SECURITIES INC, NEW YORK	XXX	199,966	200,000		2FE

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)
882508AV6	TEXAS INSTRUMENTS INC .....	.....	04/17/2015	JEFFERIES & CO (BONDS DIR DIV), BROOKLYN .....	..... XXX	209,240	210,000	998	1FE
913017BZ1	UNITED TECHNOLOGIES CORP .....	.....	04/29/2015	JPMORGAN SECURITIES INC, NEW YORK .....	..... XXX	150,563	150,000	19	1FE
92343VBF0	VERIZON COMMUNICATIONS INC .....	.....	04/10/2015	JP MORGAN CHASE BANK/HSBC, NEW YORK .....	..... XXX	104,343	105,000	526	2FE
94974GB0	WELLS FARGO & CO .....	.....	04/09/2015	MILLENNIUM ADVISORS LLC, JERSEY CITY .....	..... XXX	276,804	275,000	385	1FE
25243YAT6	DIAGEO CAPITAL PLC	R	06/04/2015	BK OF NEW YORK MELLON/TORONTO DOMINION .....	..... XXX	243,283	245,000	306	1FE
539473AQ1	LLOYDS BANK PLC	R	04/09/2015	MERRILL LYNCH PIERCE FENNER, CHARLOTTE .....	..... XXX	206,489	195,000	364	1FE
53944VAG4	LLOYDS BANK PLC	R	05/11/2015	MERRILL LYNCH PIERCE FENNER, CHARLOTTE .....	..... XXX	199,808	200,000		1FE
02005AFL7	ALLY MASTER OWNER TRUST 3 A .....	.....	05/28/2015	RBC CAPITAL MARKETS LLC, NEW YORK .....	..... XXX	334,967	335,000		1FE
03065LAD1	AMERICREDIT AUTOMOBILE RE 2 A3 .....	.....	06/09/2015	DEUTSCHE BK SEC'S INC, NY (NWSCUS33) .....	..... XXX	219,915	220,000	1	1FE
139738AD0	CAPITAL AUTO RECEIVABLES 2 A3 .....	.....	05/13/2015	BARCLAYS CAPITAL INC, NEW YORK .....	..... XXX	349,993	350,000		1FE
143127AC2	CARMAX AUTO OWNER TRUST 2 A3 .....	.....	05/06/2015	BARCLAYS CAPITAL INC, NEW YORK .....	..... XXX	334,991	335,000		1FE
12592YAD6	CNH EQUIPMENT TRUST B A3 .....	.....	05/06/2015	CITIGROUP GBL MKTS/SALOMON, NEW YORK .....	..... XXX	339,974	340,000		1FE
34530TAE4	FORD CREDIT AUTO LEASE TR A A4 .....	.....	04/21/2015	CITIGROUP GBL MKTS/SALOMON, NEW YORK .....	..... XXX	119,988	120,000		1FE
34530VAD1	FORD CREDIT AUTO OWNER TR B A3 .....	.....	05/19/2015	RBC CAPITAL MARKETS LLC, NEW YORK .....	..... XXX	239,978	240,000		1FE
38013GAD1	GM FINANCIAL AUTOMOBILE L 2 A4 .....	.....	06/11/2015	JPMORGAN SECURITIES INC, NEW YORK .....	..... XXX	299,916	300,000		1FE
41284CAD6	HARLEY-DAVIDSON MOTORCYCL 2 A3 .....	.....	05/20/2015	JPMORGAN SECURITIES INC, NEW YORK .....	..... XXX	364,979	365,000		1FE
80284LAE2	SANTANDER DRIVE AUTO RECEI 3 B .....	.....	06/17/2015	JPMORGAN SECURITIES INC, NEW YORK .....	..... XXX	164,981	165,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) .....					..... XXX	8,925,422	8,755,000	29,934	XXX
8399997 Subtotal - Bonds - Part 3 .....					..... XXX	12,557,750	12,390,000	31,813	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) .....					..... XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds .....					..... XXX	12,557,750	12,390,000	31,813	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....					..... XXX	XXX	XXX	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....					..... XXX	XXX	XXX	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks .....					..... XXX	XXX	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks .....					..... XXX	12,557,750	XXX	31,813	XXX

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

QE04.1

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	
										Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A.C.V.	15 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)
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A.C.V.	15 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																						
912828VC1	U.S TREASURY NOTE	05/28/2015	DEUTSCHE BK SEC'S INC, NY	XXX	1,219,833	1,220,000	1,212,046	1,216,943		50		50					2,841	2,841	1,583	05/15/2016	1	
912828QP8	U.S TREASURY NOTE	06/10/2015	MERRILL LYNCH PIERCE																			
912828W7	U.S TREASURY NOTE	06/03/2015	DEUTSCHE BK SEC'S INC, NY	XXX	891,963	880,000	917,231	893,074		(2,204)		(2,204)					890,870	1,093	1,093	8,163	05/31/2016	1
912828GX2	U.S TREAS-CPI INFLAT	06/25/2015	CITIGROUP GBL	XXX	1,599,378	1,590,000	1,599,789	1,594,886		(458)		(458)					1,594,428	4,951	4,951	2,539	09/15/2016	1
38378KGV5	GNMA GTD REMIC P/T 13-57 A	06/16/2015	MKTS/SALOMO	XXX	874,852	815,951	912,453	875,476	24,322	(9,074)		15,249				890,724	(15,872)	(15,872)	9,585	07/15/2017	1	
	Redemption			XXX	4,917	4,917	4,927	4,917		0		0				4,917			0	06/16/2037	1FE	
05999999	Subtotal - Bonds - U.S. Governments			XXX	4,590,943	4,510,868	4,646,446	4,585,295	24,322	(11,666)		12,636				4,597,931	(6,988)	(6,988)	21,878	.. XXX	.. XXX ..	
Bonds - U.S. Special Revenue, Special Assessment																						
3130A4GJ5	FEDERAL HOME LN BK CONS BD	05/19/2015	JP MORGAN CHASE																			
3135G0VA8	FEDERAL NATL MTG ASSN	04/10/2015	BANK/HSBC	XXX	305,761	305,000	304,860	305,390	6	(42)		6				304,869	891	891	791	04/25/2018	1	
56045TAA3	MAINE ST MUNI BOND BANK LIQUOR	06/01/2015	NOMURA SEC'S, NEW YORK	XXX	1,201,910	1,200,000	1,203,390	1,201,160		50,000		50,000				1,201,118	792	792	792	03/30/2016	1	
727199WC1	PLANO TX INDEP SCH DIST	05/12/2015	WELLS FARGO BANK, N.A. C	XXX	213,396	210,000	217,827	213,292		(439)		(439)				212,853	543	543	543	02/15/2016	1FE	
3138LVXA6	FNMA POOL #0AO5172	06/25/2015	Redemption	XXX	14,666	14,666	15,509	14,712		(46)		(46)				14,666	73	73	69	06/01/2022	1	
31418AH76	FNMA POOL #0MA1153	06/01/2015	Redemption	XXX	27,851	27,851	29,253	27,909		(57)		(57)				27,851	141	141	141	07/01/2022	1	
31418A4S4	FNMA POOL #0MA1732	06/01/2015	Redemption	XXX	6,950	6,950	7,349	6,964		(13)		(13)				6,950	43	43	43	01/01/2024	1	
31999999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment			XXX	1,820,535	1,814,468	1,828,187	1,514,037		(592)		(592)				1,818,308	2,226	2,226	2,910	.. XXX	.. XXX ..	
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
03523TBA5	ANHEUSER-BUSCH INBEV WORLDWIDE	04/09/2015	WELLS FARGO SECURITIES														289,852	481	481	1,343	02/15/2016	1FE
097014AN4	BOEING CAPITAL CORP	05/05/2015	BK OF NEW YORK	LL	290,332	285,000	300,267	290,061		(209)		(209)										
14912L5S6	CATERPILLAR FINANCIAL SERVICES	06/04/2015	MELLON/TOR	XXX	254,353	250,000	256,723	253,854		(454)		(454)				253,401	952	952	1,225	08/15/2016	1FE	
125509BR9	CIGNA CORP	04/13/2015	WELLS FARGO SECURITIES	LL	201,444	200,000	199,970	199,986		2		2				199,987	1,457	1,457	1,457	09/06/2016	1FE	
191216AP5	COCA-COLA CO/THE	04/17/2015	US BANCORP INVESTMENTS	XXX	154,791	150,000	154,635			(91)		(91)				154,061	730	730	730	11/15/2016	2FE	
437076AP7	HOME DEPOT INC/THE	06/04/2015	WELLS FARGO SECURITIES	XXX	266,638	265,000	271,942	266,680		(157)		(157)				266,522	115	115	1,734	11/15/2015	1FE	
46625HJA9	JPMORGAN CHASE & CO	06/08/2015	BK OF NEW YORK	LL	222,557	215,000	241,934	224,055		(1,807)		(1,807)				222,248	309	309	3,161	03/01/2016	1FE	
61166WAR2	MONSANTO CO	06/05/2015	MELLON/TOR	XXX	117,527	115,000	121,105	117,883		(438)		(438)				117,444	82	82	82	07/05/2016	1FE	
68402LAC8	ORACLE CORP	04/17/2015	BAIRD, ROBERT W & CO INC	XXX	149,022	150,000	149,855	149,890		9		9				149,900	(878)	(878)	767	06/30/2017	1FE	
713448BT4	PEPSICO INC	05/05/2015	KEYBANC CAPITAL													222,076	569	569	3,041	01/15/2016	1FE	
69349LAP3	PNC BANK NA	06/01/2015	MARKETS I	XXX	203,758	200,000	208,060	203,307		(305)		(305)				203,002	756	756	2,472	05/10/2016	1FE	
74432QBR5	PRUDENTIAL FINANCIAL INC	06/23/2015	PERSHING LLC, JERSEY CITY	XXX	250,238	250,000	249,675	249,806		16		16				249,822	415	415	1,701	11/01/2016	1FE	
882508AR5	TEXAS INSTRUMENTS INC	04/17/2015	WELLS FARGO SECURITIES	LL	152,644	150,000	154,169			(879)		(879)				152,617	26	26	2,645	05/12/2016	2FE	
539473AQ1	LLOYDS BANK PLC	F 05/11/2015	BK OF NEW YORK	XXX	147,809	145,000	151,200	147,562		(132)		(132)				147,430	378	378	1,502	05/16/2016	1FE	
539473AG3	LLOYDS TSB BANK PLC	F 04/09/2015	MELLON/TOR	XXX	205,520	195,000	206,489			(483)		(483)				206,006	(486)	(486)	1,047	03/28/2017	1FE	
13975FAC4	CAPITAL AUTO RECEIVABLES 4 A3	05/14/2015	CREDIT AGRICOLE (USA) INC	XXX	305,429	305,000	304,996	304,997		0		0				169,333	835	835	1,855	01/21/2016	1FE	
12618SAC1	CNH EQUIPMENT TRUST D A3	05/07/2015	JP MORGAN CHASE													304,997	432	432	545	03/20/2018	1FE	
34530BAC7	FORD CREDIT AUTO OWNER TR A A3	06/15/2015	BANK/HSBC	XXX	189,852	190,000	189,992	189,994		0		0				189,995	(143)	(143)	232	10/15/2018	1FE	
34530KAB9	FORD CREDIT AUTO OWNER TR B A3	05/28/2015	DEUTSCHE BK SEC'S INC, NY	XXX	48,229	48,229	48,225	48,229		0		0				48,229	43	43	43	07/15/2017	1FE	
63938EEA2	NAVENT STUDENT 14-1 A1	06/25/2015	Redemption	XXX	35,987	35,987	35,987	35,987		0		0				194,999	1	1	1	375	10/15/2018	1FE
65477MAC2	NISSAN AUTO RECEIVABLES 13-C A3	04/21/2015	PERSHING LLC, JERSEY CITY	XXX	259,878	260,000	259,946	259,961		1		1				259,961	(83)	(83)	189	08/15/2018	1FE	
80283XAD9	SANTANDER DRIVE AUTO REC 3 A3	06/11/2015	BARCLAYS CAPITAL INC, NEW	XXX	199,828	200,000	199,998	199,998		0		0				199,998	(170)	(170)	410	07/16/2018	1FE	
38999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)			XXX	4,243,648	4,184,216	4,323,042	3,729,423		(5,693)		(5,693)				4,237,869	5,779	5,779	5,779	28,270	.. XXX ..	
8399997	Subtotal - Bonds - Part 4			XXX	10,655,125	10,509,552	10,797,675	9,828,755		24,322		(17,971)				1						

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A.C.V.								
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX
9899999 Subtotal - Preferred and Common Stocks .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX
9999999 Total - Bonds, Preferred and Common Stocks .....	.... XXX .....	.... 10,655,125	.... XXX .....	.... 10,797,675	.... 9,828,755	.... 24,322	.... (17,971)	.... 6,351	.... 10,654,108	.... 1,017	.... 1,017	.... 53,058	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX .....	.... XXX

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

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 .....	.....	.....	.....	41,534	.....	207,813,070	202,480,103	203,720,382	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 ..	41,534	.....	207,813,070	202,480,103	203,720,382	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 ..	41,534	.....	207,813,070	202,480,103	203,720,382	XXX	
0499999 Cash in Company's Office	XXX	... XXX ..	XXX ..	XXX ..	.....	.....	.....	.....	XXX
0599999 Total Cash	XXX	... XXX ..	41,534	.....	207,813,070	202,480,103	203,720,382	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

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8