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2016

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QUARTERLY STATEMENT
AS OF JUNE 30, 2016
OF THE CONDITION AND AFFAIRS OF THE
Paramount Advantage

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	12353	Employer's ID Number	20-3376102
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	08/10/2005		Commenced Business	12/01/2005		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	www.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Jonathan Burns, Mr. jonathan.burns@promedica.org (E-Mail Address)		(419)887-2500 (Area Code) (Telephone Number) (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
Gary Wayne Akenberger Mr.	Interim 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.
 Mark Leslie Ferris Mr.
 Cynthia Ann Geronimo Ms.
 Vincent Mature Davis Mr.

Dee Ann Bialecki-Haase M.D.
 Timothy Bublick Mr.
 Cathy Lynn Cantor M.D.
 Jeffrey William Boersma Mr.
 Amy Lynn Hall Ms.

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 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 _____, 2016

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)

Lynn Eric Olman Mr.
Lee William Hammerling Mr.
Andrea Marie Gibbons Ms. #

Richard Arthur Wasserman Mr.
Judi Anne Gribble Ms. #
Traci Nicole Watkins M.D. #

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	71,613,575		71,613,575	71,450,186
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 (\$.....189,311,836), cash equivalents (\$.....0) and short-term investments (\$.....635,676)	189,947,512		189,947,512	175,590,770
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	216,786		216,786	
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	261,777,873		261,777,873	247,040,956
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	249,676		249,676	221,685
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	12,193,297		12,193,297	9,863,725
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 (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				985,039
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	1,394,150		1,394,150	1,394,150
18.2 Net deferred tax asset				
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	5,598,269		5,598,269	5,450,200
24. Health care (\$.....2,541,837) and other amounts receivable	2,541,837		2,541,837	2,401,676
25. Aggregate write-ins for other-than-invested assets	4,914,220	30,150	4,884,070	2,178,923
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	288,669,322	30,150	288,639,172	269,536,354
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	288,669,322	30,150	288,639,172	269,536,354
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. Other AR	1,150	1,150		
2503. Pay per Performance	3,469,715		3,469,715	761,568
2598. Summary of remaining write-ins for Line 25 from overflow page	1,414,355		1,414,355	1,417,355
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	4,914,220	30,150	4,884,070	2,178,923

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	94,551,492		94,551,492	96,605,983
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	1,944,000		1,944,000	1,549,000
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	15,847,783		15,847,783	17,762,381
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				935,034
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	4,407,977		4,407,977	6,462,360
16. Derivatives				
17. Payable for securities	24,988		24,988	
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)	116,776,240		116,776,240	123,314,758
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	113,241,247	87,599,911
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	171,862,932	146,221,596
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	288,639,172	269,536,354
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
	1 Uncovered	2 Total		4 Total
			3 Total	
1. Member Months	XXX	1,390,956	1,322,173	2,694,709
2. Net premium income (including \$.....0 non-health premium income)	XXX	498,972,798	490,378,212	1,001,072,354
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	3,469,715	1,528,438	3,083,111
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	502,442,513	491,906,650	1,004,155,465
Hospital and Medical:				
9. Hospital/medical benefits		287,316,302	299,185,148	585,321,606
10. Other professional services		1,200,355	1,425,177	4,322,621
11. Outside referrals				
12. Emergency room and out-of-area		13,467,124	12,512,891	31,751,207
13. Prescription drugs		104,036,846	79,780,482	175,073,563
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		406,020,627	392,903,698	796,468,997
Less:				
17. Net reinsurance recoveries		1,161,915	2,891,439	5,131,858
18. Total hospital and medical (Lines 16 minus 17)		404,858,712	390,012,259	791,337,139
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....2,784,229 cost containment expenses		3,245,519	2,157,426	13,563,749
21. General administrative expenses		70,827,869	65,772,794	126,607,409
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)		478,932,100	457,942,479	931,508,297
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	23,510,413	33,964,171	72,647,168
25. Net investment income earned		405,357	334,998	752,671
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(4,736)	13,706	(4,468)
27. Net investment gains or (losses) (Lines 25 plus 26)		400,621	348,704	748,203
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		95	60	153
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	23,911,129	34,312,935	73,395,524
31. Federal and foreign income taxes incurred	XXX		12,006,689	26,183,546
32. Net income (loss) (Lines 30 minus 31)	XXX	23,911,129	22,306,246	47,211,978
DETAILS OF WRITE-INS				
0601. Performance revenue	XXX	3,469,715	1,528,438	3,083,111
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	3,469,715	1,528,438	3,083,111
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		95	60	153
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)		95	60	153

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	146,221,596	100,904,138	100,904,138
34. Net income or (loss) from Line 32	23,911,129	22,306,246	47,211,978
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	(7,946)	19,405	14,113
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			(1,849,656)
39. Change in nonadmitted assets	1,738,153	1,645,517	(58,977)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	25,641,336	23,971,168	45,317,458
49. Capital and surplus end of reporting period (Line 33 plus 48)	171,862,932	124,875,306	146,221,596
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	496,643,226	490,351,791	1,000,566,971
2.	Net investment income	524,278	457,684	1,017,057
3.	Miscellaneous income	3,469,715	1,528,438	3,083,111
4.	TOTAL (Lines 1 to 3)	500,637,219	492,337,913	1,004,667,139
5.	Benefit and loss related payments	404,486,992	374,154,253	801,552,971
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	75,592,891	70,467,315	137,448,399
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		5,878,312	29,792,789
10.	TOTAL (Lines 5 through 9)	480,079,883	450,499,880	968,794,159
11.	Net cash from operations (Line 4 minus Line 10)	20,557,336	41,838,033	35,872,980
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	25,428,259	22,547,281	41,593,842
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	0
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	25,428,259	22,927,565	41,593,842
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	25,743,296	33,431,811	52,539,138
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications		199,744	10,182
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	25,943,040	33,441,993	52,554,612
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)	(514,781)	(10,514,428)	(10,960,770)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)		(5,685,813)	(919,592)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(5,685,813)	(919,592)	(23,231,178)
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)		14,356,742	30,404,013
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year		175,590,770	173,909,738
19.2	End of period (Line 18 plus Line 19.1)	189,947,512	204,313,751	175,590,770

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	227,592								227,592	
2. First Quarter	231,803								231,803	
3. Second Quarter	235,801								235,801	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,390,956								1,390,956	
Total Member Ambulatory Encounters for Period:										
7. Physician	131,283								131,283	
8. Non-Physician	20,625								20,625	
9. Total	151,908								151,908	
10. Hospital Patient Days Incurred	65,502								65,502	
11. Number of Inpatient Admissions	13,373								13,373	
12. Health Premiums Written (a)	500,993,526								500,993,526	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	500,993,526								500,993,526	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	406,633,947								406,633,947	
18. Amount Incurred for Provision of Health Care Services	406,020,627								406,020,627	

(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	15,239,905	3,786,746	1,440,343	799,966	1,237,463	22,504,423
0499999 Subtotals	15,239,905	3,786,746	1,440,343	799,966	1,237,463	22,504,423
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	72,047,069
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	94,551,492
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
7. Title XIX - Medicaid	66,128,567	339,343,464	1,035,549	93,515,943	67,164,116	96,605,983
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	66,128,567	339,343,464	1,035,549	93,515,943	67,164,116	96,605,983
10. Healthcare receivables (a) .....	.....	2,541,837	.....	.....	.....	3,983,009
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. Totals (Lines 9 - 10 + 11 + 12)	66,128,567	336,801,627	1,035,549	93,515,943	67,164,116	92,622,974

(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 2016	Dec. 31 2015
	Ohio		
NET INCOME			
Paramount Advantage state basis		23,911,129	47,211,978
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		23,911,129	47,211,978
SURPLUS			
Paramount Advantage state basis		171,862,932	146,221,596
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		171,862,932	146,221,596

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	\$ 635,676	\$ 635,676	\$ 635,676			
Bonds	\$ 72,055,733	\$ 71,613,575	\$			72,055,733

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, 2015 were \$98,154,983. As of June 30, 2016 \$66,599,576 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,035,619 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 \$30,519,788 favorable prior-year development since December 31, 2015 to June 30, 2016. 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	1/20/2016
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[X] No[]
Yes[X] No[] N/A[]

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. 12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/07/2011

6.4 By what department or departments?
 Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]

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

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 Investment Analysis 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	.....	82.000%
1.2 A&H cost containment percent	.....	1.000%
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	01/01/2016	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			500,993,526					500,993,526
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			500,993,526					500,993,526
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1			500,993,526					500,993,526

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, ProMedica Memorial Hospital Foundation, 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 Health Network, Inc., an Ohio for profit corporation, with ProMedica Health System, Inc. as the sole shareholder.
- 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.
- ◆ HCRMC- ProMedica JV, LLC, dba Heartland at ProMedica Flower Hospital, a Delaware limited liability company in which ProMedica Physicians & Continuum Services holds 10% ownership interest and ManorCare Health Services of Toledo OH, LLC holding the remaining 90% interest.
- ◆ Lifestream, LLC, an Ohio limited liability company which ProMedica Physicians & Continuum Services holds 50% ownership interest and Harbor holding the remaining 50% interest.
- ◆ The Surgical Institute of Monroe Ambulatory Surgery Center, LLC, a Michigan limited liability company which ProMedica Physicians & Continuum Services holds 51% ownership interest and various physicians holding the remaining 49% interest.
- ◆ 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.
 - 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.
 - Midwest Cardiovascular 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 Northwest Ohio Cardiology Consultants, LLC, an 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 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

- Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options
- ◆ NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation and a wholly-owned subsidiary of ProMedica Insurance Corporation.
- ◆ Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- ◆ NAIC 95566-Paramount Care of Michigan, Inc., a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Insurance Corporation.
- ◆ NAIC 11518-Paramount Insurance Company f/k/a ProMedica Life Insurance Company, a for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- ◆ NAIC 12353-Paramount Advantage, an Ohio 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ 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.
- 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- Care Enterprises, Inc., an Ohio nonprofit corporation.
 - ◆ 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.
 - ◆ 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.
 - ◆ 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ 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 and which is a wholly-owned subsidiary of Monroe Regional Hospital.

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	47-4006496	.....	.....	.....	ProMedica Health Network, Inc.	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.	00000001
		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	34-4434924	.....	.....	.....	HCRMC-ProMedica JV, LLC	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	10.0	ProMedica Health System, Inc.	
		00000	34-4434924	.....	.....	.....	HCRMC-ProMedica JV, LLC	OH	OTH	ManorCare Health Services of Toledo, OH, LLC	Ownership	90.0	Manor Care Health Services of Toledo, OH, LLC	00000001
		00000	27-0843485	.....	.....	.....	The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	OTH	Various Physicians	Ownership	49.0	Various Physicians	0000001
		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	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	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	27-2920342	.....	.....	.....	ProMedica Monroe Cardiology, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	45-3230331	ProMedica Physician Management Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	

SCHEDULE Y
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Q16.1	ProMedica Health System, Inc.	00000	34-1899439			ProMedica Surgical Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	61-1528443			WellCare Physicians Group, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	46-1111822			ProMedica Monroe Physicians, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	45-4976786			ProMedica Multi Specialty Physicians, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	46-1120436			ProMedica Genito-Urinary Surgeons, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1899439			ProMedica Hospitalists, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1899439			ProMedica Hospitalists, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	27-3763993			Memorial Professional Services, Ltd.	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	20-5763680			Memorial Anesthesia, Ltd.	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1931936			ProMedica Indemnity Corporation	VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1570675			ProMedica Insurance Corporation	OH	UDP	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1623220			Paramount Preferred Options, Inc.	OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
		00000	31-1463193			Health Management Solutions, Inc.	OH	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	47-3952430			Paramount Preferred Solutions, Inc.	OH	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
1212	ProMedica Insurance Corp	95189	34-1549926			Paramount Care, Inc.	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1773766			Paramount Benefits Agency, Inc.	OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
		95566	38-3200310			Paramount Care of Michigan, Inc.	MI	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
		11518	01-0580404			Paramount Insurance Company	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
		12353	20-3376102			Paramount Advantage	OH	RE	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-1883132			Bay Park Community Hospital	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	34-4446484			Defiance Hospital, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	45-4781053			Kaitlyn's Cottage, Inc.	OH	NIA	Defiance Hospital, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	38-2796005			Emma L. Bixby Medical Center	MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		
		00000	38-2972398			Bixby Medical Office Limited Partnership	MI	NIA	Emma L. Bixby Medical Center	Ownership	64.4	ProMedica Health System, Inc.		
		00000	38-2972398			Bixby Medical Office Limited Partnership	MI	OTH	Various Physicians	Ownership	35.6	Various Physicians		0000001

SCHEDULE Y

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Q16.2		00000	38-2879330			Lenawee Long Term Care Corporation	MI	NIA		Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	
		00000	38-3146907			Herrick Memorial Development Corporation	MI	NIA		Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association	MI	NIA		Herrick Memorial Development Corporation	Ownership	71.8	ProMedica Health System, Inc.	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association	MI	OTH		Various Physicians	Ownership	28.2	Various Physicians	0000001
		00000	38-3605511			Lenawee Physician Hospital Organization LLC	MI	NIA		Emma L. Bixby Medical Center	Ownership	50.0	ProMedica Health System, Inc.	
		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.	
		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	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

SCHEDULE Y

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Q16.3		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	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	46-4315135			M Trust Assuranc Company, Ltd.		MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	
		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	34-1883284			Caymich Insurance Company, Ltd.		MI	NIA	Monroe Regional Hospital	Ownership	1.9	ProMedica Health System, Inc.	
		00000	34-1883284			Caymich Insurance Company, Ltd.		MI	OTH	Various other entities	Ownership	98.1	Various other entities	0000001
		00000	26-4105613			Lima Memorial Joint Operating Company		OH	NIA	PHS Ventures, Inc.	Ownership	50.0	ProMedica Health System, Inc.	
		00000	26-4105613			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	27-0962366			ProMedica Orthopedic Co-Management Company, LLC		OH	OTH	Various Physicians	Ownership	60.0	Various Physicians	0000001
		00000	27-0962366			ProMedica Cardiovasucular Co-Management Company, LLC		OH	NIA	The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	38.4	ProMedica Health System, Inc.	
		00000	45-4810767			ProMedica Cardiovasucular 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	46-1989695			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.	

SCHEDULE Y

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		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			
		00000	27-1302183			Monroe Cancer Center	MI .. OTH ..	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.			

Asterisk	Explanation
0000001	Non-related entity

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2016

Document Code: 365

1235320163650002

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. ODM receivable	1,414,355		1,414,355	1,417,355
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,414,355		1,414,355	1,417,355

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	71,450,186	60,811,165
2. Cost of bonds and stocks acquired	25,743,296	52,539,138
3. Accrual of discount	11,608	23,629
4. Unrealized valuation increase (decrease)	(4,736)	29,587
5. Total gain (loss) on disposals	25,428,259	41,593,842
6. Deduct consideration for bonds and stocks disposed of	158,520	359,692
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)	71,613,575	71,450,186
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	71,613,575	71,450,186

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)	68,429,498	9,321,420	12,847,291	(619,667)	68,429,498	64,283,959	.....	64,503,340
2. NAIC 2 (a)	7,204,252	1,273,381	1,059,571	547,229	7,204,252	7,965,292	.....	7,582,548
3. NAIC 3 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
4. NAIC 4 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
5. NAIC 5 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
6. NAIC 6 (a) .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Total Bonds	75,633,750	10,594,801	13,906,863	(72,438)	75,633,750	72,249,250	.....	72,085,888
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	75,633,750	10,594,801	13,906,863	(72,438)	75,633,750	72,249,250	.....	72,085,888

(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 \$.....635,676; 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	635,676	XXX	635,705	407	937

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	635,702	3,731,043
2. Cost of short-term investments acquired	368,586	317,417
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	368,583	3,412,758
7. Deduct amortization of premium	29	
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)	635,676	635,702
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	635,676	635,702

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									
912828UR9 ..	U S TREASURY NOTE 0.750% 02/28/2018 DD 0		04/20/2016 ..	JP MORGAN CHASE BANK/HSBCI, NEW YORK	XXX	694,891	695,000	737	1
912828Q94 ..	U S TREASURY NOTE 0.750% 04/30/2018 DD 0		05/05/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	694,973	695,000	85	1
912828Q45 ..	U S TREASURY NOTE 0.875% 03/31/2018 DD 0		04/06/2016 ..	GOLDMAN SACHS & CO, NY	XXX	1,037,871	1,035,000	173	1
912828R44 ..	U S TREASURY NOTE 0.875% 05/15/2019 DD 0		06/03/2016 ..	MORGAN STANLEY & CO INC, NY	XXX	1,040,387	1,045,000	547	1
912828P95 ..	U S TREASURY NOTE 1.000% 03/15/2019 DD 0		04/06/2016 ..	GOLDMAN SACHS & CO, NY	XXX	692,668	690,000	431	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	4,160,790	4,160,000	1,973	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
64966H4G2 ..	NEW YORK NY 3.947% 10/01/2019 DD 10/20/1		06/10/2016 ..	RAYMOND JAMES/FI, SAINT PETERSBURG	XXX	394,280	365,000	2,961	1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					XXX	394,280	365,000	2,961	XXX
Bonds - U.S. Special Revenue, Special Assessment									
64990CEM9 ..	NEW YORK ST DORM AUTH REVENUES 1.456% 07		06/02/2016 ..	WELLS FARGO BANK, N.A., CHARLOTTE	XXX	210,000	210,000		1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	210,000	210,000		XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00817YAT5 ..	AETNA INC 1.900% 06/07/2019 DD 06/09/16		06/02/2016 ..	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	199,850	200,000		2FE
0258M0DV8 ..	AMERICAN EXPRESS CREDIT CORP 1.800% 07/3		04/12/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	368,354	365,000	1,369	1FE
03076CAD8 ..	AMERIPRISE FINANCIAL INC 7.300% 06/28/20		05/19/2016 ..	BAIRD, ROBERT W & CO INC, MILWAUKEE	XXX	185,198	160,000	4,737	1FE
00206RCC4 ..	AT&T INC 2.300% 03/11/2019 DD 03/10/14		05/03/2016 ..	KING (CL) & ASSOCIATES, ALBANY	XXX	213,816	210,000	818	2FE
053332AU6 ..	AUTOZONE INC 1.625% 04/21/2019 DD 04/21/		04/18/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	204,857	205,000		2FE
05565QDC9 ..	BP CAPITAL MARKETS PLC 1.676% 05/03/2019		04/28/2016 ..	JP MORGAN CHASE BANK/HSBCI, NEW YORK	XXX	175,000	175,000		1FE
11575TAA6 ..	BROWN UNIVERSITY IN PROVIDENCE 4.570% 09		05/24/2016 ..	JEFFERIES & CO INC, NEW YORK	XXX	292,950	267,000	2,915	1FE
12189TBC7 ..	BURLINGTON NORTHERN SANTA FE L 4.700% 10		05/05/2016 ..	PERSHING LLC, JERSEY CITY	XXX	211,485	190,000	967	1FE
172967KS9 ..	CITIGROUP INC 2.050% 06/07/2019 DD 06/09		06/02/2016 ..	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	169,912	170,000		2FE
191216BV1 ..	COCA-COLA CO/THE 1.375% 05/30/2019 DD 05		05/25/2016 ..	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	179,874	180,000		1FE
345397XY4 ..	FORD MOTOR CREDIT CO LLC 2.021% 05/03/20		04/29/2016 ..	DEUTSCHE BK SECS INC, NY (NWSCUS33)	XXX	250,000	250,000		2FE
38141GVT8 ..	GOLDMAN SACHS GROUP INC/THE 2.000% 04/25		04/20/2016 ..	GOLDMAN SACHS & CO, NY	XXX	239,333	240,000		1FE
459200JE2 ..	INTERNATIONAL BUSINESS MACHINE 1.800% 05		06/24/2016 ..	US BANCORP INVESTMENTS INC, ST PAUL	XXX	178,063	175,000	1,138	1FE
60871RAE0 ..	MOLSON COORS BREWING CO 1.450% 07/15/201		06/28/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	24,988	25,000		2FE
69353REM6 ..	PNC BANK NA 1.600% 06/01/2018 DD 06/01/1		04/08/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	251,240	250,000	1,467	1FE
842587CQ8 ..	SOUTHERN CO/THE 1.850% 07/01/2019 DD 05/		05/19/2016 ..	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	209,960	210,000		2FE
89837RAA0 ..	TRUSTEES OF DARTMOUTH COLLEGE 4.750% 06/		06/02/2016 ..	RAYMOND JAMES/FI, SAINT PETERSBURG	XXX	382,309	348,000	276	1FE
931142CP6 ..	WAL-MART STORES INC 4.125% 02/01/2019 DD		05/05/2016 ..	PERSHING LLC, JERSEY CITY	XXX	346,858	320,000	3,630	1FE
95000DBA8 ..	WELLS FARGO COMMERCIAL C34 A1 1.423% 06/		05/10/2016 ..	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	155,000	155,000	141	1Fm
03066DAD8 ..	AMERICREDIT AUTOMOBILE RE 2 A3 1.600% 11		04/05/2016 ..	RBC CAPITAL MARKETS LLC, NEW YORK	XXX	134,998	135,000		1FE
12594DAD0 ..	CNH EQUIPMENT TRUST 2016- B A3 1.630% 08		05/24/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	179,955	180,000		1FE
34532EAD7 ..	FORD CREDIT AUTO OWNER TR B A3 1.330% 10		04/19/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	224,979	225,000		1FE
41284DAC6 ..	HARLEY-DAVIDSON MOTORCYCL A A3 1.340% 01		06/07/2016 ..	JPMORGAN SECURITIES INC, NEW YORK	XXX	369,973	370,000		1FE
65478VAD9 ..	NISSAN AUTO RECEIVABLES 2 B A3 1.320% 01		04/18/2016 ..	SG AMERICAS SECURITIES LLC, NEW YORK	XXX	69,989	70,000		1FE
80285CAF8 ..	SANTANDER DRIVE AUTO RECE 2 A3 1.560% 05		05/03/2016 ..	JPMORGAN SECURITIES INC, NEW YORK	XXX	254,955	255,000		1FE

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)
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	5,473,894	5,330,000	17,457	XXX
8399997 Subtotal - Bonds - Part 3					XXX	10,238,965	10,065,000	22,391	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	10,238,965	10,065,000	22,391	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
9999999 Total - Bonds, Preferred and Common Stocks					XXX	10,238,965	XXX	22,391	XXX

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

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 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.								
Bonds - U.S. Governments																					
912828J92	U.S. TREASURY 0.500% 03/31/2017 DD 03/31/.....	04/06/2016	BNP PARIBAS SECS CP/FIXED.....	XXX	1,368,876	1,370,000	1,368,448	1,369,222		15		15		1,369,237		(361)	(361)	131	03/31/2017	1	
912828TWO	U.S. TREASURY 0.750% 10/31/2017 DD 10/31/.....	06/14/2016	CITIGROUP GBL MKT/SALOMO.....	XXX	700,848	700,000	698,770	699,016		129		129		699,144		1,703	1,703	3,281	10/31/2017	1	
912828WP1	U.S. TREASURY 0.875% 06/15/2017 DD 06/15/.....	05/25/2016	CITIGROUP GBL MKT/SALOMO.....	XXX	1,123,016	1,120,000	1,118,604	1,119,424		(6)		(6)		1,119,419		3,597	3,597	4,062	06/15/2017	1	
912828D98	U.S. TREASURY 1.000% 09/15/2017 DD 09/15/.....	06/03/2016	DEUTSCHE BK SECS INC, NY CITIGROUP GBL	XXX	1,228,158	1,225,000	1,225,144	1,225,072		(9)		(9)		1,225,063		3,096	3,096	2,763	09/15/2017	1	
912828M72	U.S. TREASURY NOTE 0.875% 11/30/2017 DD 11	06/08/2016	MKT/SALOMO.....	XXX	691,429	690,000	689,326	689,427		66		66		689,492		1,936	1,936	3,167	11/30/2017	1	
0599999 Subtotal - Bonds - U.S. Governments				XXX	5,112,326	5,105,000	5,100,291	5,102,160		194		194		5,102,354		9,972	9,972	13,404	XX X	XX X	
Bonds - U.S. Special Revenue, Special Assessment																					
91412GSX4	UNIV OF CALIFORNIA CA REVENUES 0.907% 05	05/16/2016	Maturity	XXX	65,000	65,000	65,000	65,000						65,000				295	05/15/2016	1FE	
3138LVXA6	FNMA POOL #0AO5172 3.000% 06/01/2022	04/19/2016	Redemption	XXX	134,770	129,049	136,470	134,208		(96)		(96)		134,112		658	658	545	06/01/2022	1	
31418AH76	FNMA POOL #0MA1153 3.000% 07/01/2022	04/19/2016	WELLS FARGO SECURITIES LL	XXX	295,087	282,682	296,904	292,485		(245)		(245)		292,240		2,847	2,847	1,189	07/01/2022	1	
31418A4S4	FNMA POOL #0MA1732 3.500% 01/01/2024	06/27/2016	Redemption	XXX	6,521	6,521	6,895	6,529		(8)		(8)		6,521				38	01/01/2024	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	501,378	483,252	505,269	498,222		(349)		(349)		497,873		3,505	3,505	2,067	XX X	XX X	
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
02580MDM8	AMERICAN EXPRESS CREDIT CORP		US BANCORP INVESTMENTS	IN	484,636	485,000	482,604	483,980		33		33		484,013		624	624	1,970	06/15/2017	1FE	
00206RBM3	AT&T INC 1.400% 12/01/2017 DD	05/03/2016	MIZUHO SECURITIES USA/FIX	XXX	230,152	230,000	228,401	229,021		55		55		229,075		1,077	1,077	1,386	12/01/2017	2FE	
053332AQ5	AUTOZONE INC 1.300% 01/13/2017 DD 01/14/.....	04/18/2016	MORGAN STANLEY & CO INC,	XXX	195,410	195,000	195,457	195,215		(14)		(14)		195,200		209	209	690	01/13/2017	2FE	
12189TAYO	BURLINGTON NORTHERN SANTA FE L 5.650% 05	05/05/2016	JPMORGAN SECURITIES INC	XXX	182,933	175,000	192,556	183,347		(829)		(829)		182,518		415	415	5,191	05/01/2017	1FE	
345397VP5	FORD MOTOR CREDIT CO LLC 6.625% 08/15/20	04/29/2016	MERRILL LYNCH PIERCE FENN	XXX	265,810	250,000	279,504	266,159		(1,004)		(1,004)		265,155		655	655	3,635	08/15/2017	2FE	
38144LAB6	GOLDMAN SACHS GROUP INC/THE 6.250% 09/01	04/20/2016	WELLS FARGO SECURITIES LL	XXX	233,484	220,000	245,846	234,434		(674)		(674)		233,760		(277)	(277)	2,063	09/01/2017	1FE	
459200HZ7	INTERNATIONAL BUSINESS MACHINE 1.125% 02	06/24/2016	GOLDMAN SACHS & CO, NY CITY	XXX	150,548	150,000	149,543	149,716		37		37		149,754		794	794	670	02/06/2018	1FE	
693476BB8	PNC FUNDING CORP 5.625% 02/01/2017 DD 02	04/08/2016	PERSHING LLC, JERSEY CITY	XXX	180,773	175,000	189,432	180,988		(199)		(199)		180,789		(16)	(16)	1,969	02/01/2017	1FE	
74432QBC8	PRUDENTIAL FINANCIAL INC 6.000% 12/01/20	06/10/2016	MELLON BANK	XXX	151,352	145,000	161,447	155,811		(1,313)		(1,313)		154,498		(3,146)	(3,146)	4,737	12/01/2017	2FE	
921813AA9	VANDERBILT UNIVERSITY/THE 5.250% 04/01/12	04/29/2016	Call	XXX	133,039	120,000	134,131		(343)		(343)		133,116		(78)	(78)	3,640	04/01/2019	1FE		
931427AE8	WALGREENS BOOTS ALLIANCE INC	06/28/2016	BK OF NEW YORK MELLON/TOR	XXX	216,327	215,000	216,221	215,760		(117)		(117)		215,643		684	684	2,341	11/17/2017	2FE	
931142DE0	WAL-MART STORES INC 0.600% 04/11/2016 DD	04/11/2016	Maturity	XXX	105,000	105,000	104,925	104,999		1		1		105,000				315	04/11/2016	1FE	
931142DNO	WAL-MART STORES INC 1.000% 04/21/2017 DD	05/05/2016	JPMORGAN SECURITIES INC	XXX	315,967	315,000	314,953	314,983		2		2		314,985		982	982	1,741	04/21/2017	1FE	
05565QBT4	BP CAPITAL MARKETS PLC 2.248% 11/01/2016	F 04/28/2016	BK OF NEW YORK MELLON/TOR	XXX	236,558	235,000	244,767	236,594		(249)		(249)		236,344		214	214	2,685	11/01/2016	1FE	
76720AAE6	RIO TINTO FINANCE USA PLC 1.625% 08/21/2	F 04/25/2016	MORGAN STANLEY & CO INC,	XXX	211,229	210,000	211,632	210,600		(52)		(52)		210,547		681	681	645	08/21/2017	1FE	
23312LAN8	DBJP M 16-C1 MORTGAGE TRU C1 A1																				
36250PAA3	GS MORTGAGE SECURITIES GC32 A1 1.593% 07	06/10/2016	Redemption	XXX	8,977	8,977	8,977	8,977		0		0		8,977				5	05/10/2049	1FM	
36250VAA0	GS MORTGAGE SECURITIES GC34 A1 1.539% 10	06/10/2016	Redemption	XXX	9,669	9,669	9,669	9,669		0		0		9,669				25	10/10/2048	1FM	

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 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 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.									
95000DBA8 .	WELLS FARGO COMMERCIAL C34 A1	1.423% 06/	Redemption	XXX	1,546	1,546	1,546							1,546					2	06/15/2049	1Fm	
02005AEB0 .	ALLY MASTER OWNER TRUST 3 A	1.330% 03/15	JP MORGAN CHASE BANK/HSBC	XXX	310,024	310,000	309,925	309,954		1		1		309,955		69	69		412	03/19/2019	1FE	
14313RAC7 .	CARMAX AUTO OWNER TRUST 2 2 A3	0.980% 01	Redemption	XXX	50,678	50,678	50,674	50,678		0		0		50,678					81	01/15/2019	1FE	
12632XAC2 .	CNH EQUIPMENT TRUST 2014- C A3	1.050% 11	WELLS FARGO SECURITIES	LL	299,531	300,000	299,988	299,991		0		0		299,992		(461)	(461)		665	11/15/2019	1FE	
34530BAC7 .	FORD CREDIT AUTO OWNER TR A A3	0.550% 07	Call	XXX	3,396	3,396	3,395	3,396						3,396		0	0		2	07/15/2017	1FE	
34530QAD2 .	FORD CREDIT AUTO OWNER TR A A3	1.280% 09	WELLS FARGO SECURITIES	LL	110,228	110,000	109,991	109,993		0		0		109,993		234	234		141	09/15/2019	1FE	
34530PAD4 .	FORD CREDIT AUTO OWNER TR C A3	1.060% 05	WELLS FARGO SECURITIES	LL	255,040	255,000	254,962	254,974		0		0		254,974		66	66		278	05/15/2019	1FE	
41284AAD0 .	HARLEY-DAVIDSON MOTORCYCL 1 A3	1.100% 09	JPMORGAN SECURITIES INC	XXX	100,031	100,000	99,974	99,983		1		1		99,984		47	47		260	09/15/2019	1FE	
44890RAC5 .	HYUNDAI AUTO RECEIVABLES A A3	0.790% 07/	Redemption	XXX	24,763	24,763	24,759	24,763		0		0		24,763					32	07/16/2018	1FE	
44890UAC8 .	HYUNDAI AUTO RECEIVABLES B A3	0.900% 12/	Redemption	XXX	51,833	51,833	51,831	51,833		0		0		51,833					76	12/17/2018	1FE	
477877AD6 .	JOHN DEERE OWNER TRUST 20 B A3	1.070% 11	MERRILL LYNCH PIERCE	XXX	16,710	16,710	16,706	16,709		0		0		16,710					41	11/15/2018	1FE	
80284CAD4 .	SANTANDER DRIVE AUTO RECE 1 A3	1.270% 02	FENN	XXX	160,050	160,000	159,978	159,984		0		0		159,984		66	66		147	02/15/2019	1FE	
92867QAD3 .	VOLKSWAGEN AUTO LEASE TRU A A3	0.800% 04	Redemption	XXX	72,811	72,811	72,805	72,809		1		1		72,811					98	04/20/2017	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	4,771,023	4,702,902	4,829,119	4,635,320		(4,662)		(4,662)		4,768,183		2,840	2,840		35,965	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	10,384,727	10,291,154	10,434,679	10,235,701		(4,816)		(4,816)		10,368,410		16,317	16,317		51,436	XXX	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999 Subtotal - Bonds					XXX	10,384,727	10,291,154	10,434,679	10,235,701		(4,816)		(4,816)		10,368,410		16,317	16,317		51,436	XXX	XXX
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	
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	
9899999 Subtotal - Preferred and Common Stocks					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	10,384,727	XXX	10,434,679	10,235,701		(4,816)		(4,816)		10,368,410		16,317	16,317		51,436	XXX	XXX

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

QE05.1

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 .....	.....	.....	.....	.....	.....	178,955,655	189,967,096	189,311,836	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 ..	.....	.....	178,955,655	189,967,096	189,311,836	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 ..	.....	.....	178,955,655	189,967,096	189,311,836	XXX	
0499999 Cash in Company's Office	XXX	... XXX ..	... XXX ..	.....	.....	.....	.....	.....	XXX
0599999 Total Cash	XXX	... XXX ..	.....	.....	178,955,655	189,967,096	189,311,836	XXX	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

N O N E

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