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2016

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QUARTERLY STATEMENT
AS OF SEPTEMBER 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	Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)		(419)887-2500 (Area Code) (Telephone Number)			
Internet Web Site Address	www.paramounthhealthcare.com		Toledo, OH, US 43697-0928 (City or Town, State, Country and Zip Code)			
Statutory Statement Contact	Jonathan Burns, Mr. jonathan.burns@promedica.org (E-Mail Address)		(419)887-2909 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

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

OTHERS

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

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

DIRECTORS OR TRUSTEES

Julie Anne Bartnik Ms.
John Charles Randolph Mr.
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.
Secretary
(Title)

(Signature)
Jeffrey Craig Kuhn
(Printed Name)
3.
Treasurer
(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.
Judi Anne Gribble Ms. #
Traci Nicole Watkins M.D. #

Richard Arthur Wasserman Mr.
Andrea Marie Gibbons Ms. #

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	71,152,874		71,152,874	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 (\$.....177,918,486), cash equivalents (\$.....0) and short-term investments (\$.....1,113,587)	179,032,073		179,032,073	175,590,770
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	386,524		386,524	
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	250,571,471		250,571,471	247,040,956
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	257,828		257,828	221,685
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,333,607		8,333,607	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	5,965,042		5,965,042	5,450,200
24. Health care (\$.....1,446,556) and other amounts receivable	1,446,556		1,446,556	2,401,676
25. Aggregate write-ins for other-than-invested assets	8,144,748	21,821	8,122,927	2,178,923
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	276,113,402	21,821	276,091,581	269,536,354
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	276,113,402	21,821	276,091,581	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. Pay per Performance	5,204,572		5,204,572	761,568
2502. ODM receivable	1,418,355		1,418,355	1,417,355
2503. Use Tax Receivable	1,500,000		1,500,000	
2598. Summary of remaining write-ins for Line 25 from overflow page	21,821	21,821		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	8,144,748	21,821	8,122,927	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)	87,883,022		87,883,022	96,605,983
2. Accrued medical incentive pool and bonus amounts	670,000		670,000	
3. Unpaid claims adjustment expenses	1,792,000		1,792,000	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	16,947,326		16,947,326	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	3,911,298		3,911,298	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	4,891,333		4,891,333	6,462,360
16. Derivatives				
17. Payable for securities				
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)	116,094,979		116,094,979	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	101,374,917	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	159,996,602	146,221,596
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	276,091,581	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
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	2,096,176	2,005,540	2,694,709
2. Net premium income (including \$.....0 non-health premium income)	XXX	742,381,981	744,978,084	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	6,486,032	2,292,656	3,083,111
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	748,868,013	747,270,740	1,004,155,465
Hospital and Medical:				
9. Hospital/medical benefits		444,354,355	440,178,061	585,321,606
10. Other professional services		2,983,074	2,836,434	4,322,621
11. Outside referrals				
12. Emergency room and out-of-area		23,068,247	21,923,557	31,751,207
13. Prescription drugs		157,870,283	125,896,537	175,073,563
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		1,133,293		
16. Subtotal (Lines 9 to 15)		629,409,252	590,834,589	796,468,997
Less:				
17. Net reinsurance recoveries		1,894,104	3,168,966	5,131,858
18. Total hospital and medical (Lines 16 minus 17)		627,515,148	587,665,623	791,337,139
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,567,391 cost containment expenses		4,851,707	3,206,796	13,563,749
21. General administrative expenses		105,085,506	99,551,359	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)		737,452,361	690,423,778	931,508,297
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	11,415,652	56,846,962	72,647,168
25. Net investment income earned		598,742	534,081	752,671
26. Net realized capital gains (losses) less capital gains tax of \$.....0		21,904	8,673	(4,468)
27. Net investment gains or (losses) (Lines 25 plus 26)		620,646	542,754	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		110	80	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	12,036,408	57,389,796	73,395,524
31. Federal and foreign income taxes incurred	XXX		20,084,879	26,183,546
32. Net income (loss) (Lines 30 minus 31)	XXX	12,036,408	37,304,917	47,211,978
DETAILS OF WRITE-INS				
0601. Performance revenue	XXX	6,486,032	2,292,656	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	6,486,032	2,292,656	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		110	80	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)		110	80	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	12,036,408	37,304,917	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	(7,884)	17,219	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	1,746,482	1,651,817	(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)	13,775,006	38,973,953	45,317,458
49. Capital and surplus end of reporting period (Line 33 plus 48)	159,996,602	139,878,091	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	743,912,099	744,453,557	1,000,566,971
2.	Net investment income	784,562	720,941	1,017,057
3.	Miscellaneous income	6,486,032	2,292,656	3,083,111
4.	TOTAL (Lines 1 to 3)	751,182,693	747,467,154	1,004,667,139
5.	Benefit and loss related payments	632,046,617	572,133,813	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	110,509,158	101,960,710	137,448,399
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		20,622,390	29,792,789
10.	TOTAL (Lines 5 through 9)	742,555,775	694,716,913	968,794,159
11.	Net cash from operations (Line 4 minus Line 10)	8,626,918	52,750,241	35,872,980
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	38,995,874	29,746,863	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			0
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	38,995,874	29,746,863	41,593,842
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	38,898,621	40,307,657	52,539,138
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	394,408	170,221	15,474
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	39,293,029	40,477,878	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)	(297,155)	(10,731,015)	(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)	(4,888,460)	(7,667,524)	(23,231,178)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(4,888,460)	(7,667,524)	(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)	3,441,303	34,351,702	1,681,032
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	175,590,770	173,909,738	173,909,738
19.2	End of period (Line 18 plus Line 19.1)	179,032,073	208,261,440	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	235,400								235,400	
5. Current Year										
6. Current Year Member Months	2,096,176								2,096,176	
Total Member Ambulatory Encounters for Period:										
7. Physician	220,091								220,091	
8. Non-Physician	34,784								34,784	
9. Total	254,875								254,875	
10. Hospital Patient Days Incurred	127,851								127,851	
11. Number of Inpatient Admissions	23,154								23,154	
12. Health Premiums Written (a)	745,422,965								745,422,965	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	745,422,965								745,422,965	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	635,595,760								635,595,760	
18. Amount Incurred for Provision of Health Care Services	629,409,252								629,409,252	

(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	18,439,090	3,890,007	1,276,891	725,410	2,059,857	26,391,255
0499999 Subtotals	18,439,090	3,890,007	1,276,891	725,410	2,059,857	26,391,255
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	61,491,767
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	87,883,022
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	670,000

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	67,852,731	564,715,632	63,031	87,819,991	67,915,762	96,605,983
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	67,852,731	564,715,632	63,031	87,819,991	67,915,762	96,605,983
10. Healthcare receivables (a) .....	.....	1,446,556	.....	.....	.....	3,983,009
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	463,293	.....	670,000	.....	.....
13. Totals (Lines 9 - 10 + 11 + 12)	67,852,731	563,732,369	63,031	88,489,991	67,915,762	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	Sept. 30 2016	Dec. 31 2015
	Ohio		
NET INCOME			
Paramount Advantage state basis		12,036,408	47,211,978
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		12,036,408	47,211,978
SURPLUS			
Paramount Advantage state basis		159,996,602	146,221,596
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		159,996,602	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

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D.
 1. When necessary the Company uses internal estimates in determining prepayment assumptions and whether an other-than-temporary impairment has occurred.
 2. None
 3. None
 4. None
 5. None
- E. The company does not have any re-purchase agreements.
- F. The company does not have any real estate investments.
- G. The company does not have any low-income housing tax credits.
- H. Restricted Assets

No significant change.
- I. The company does not have any working capital financing investments.
- J. The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.

Notes to Financial Statement

K. Structured notes
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

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

Notes to Financial Statement

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	\$ 1,113,587	\$ 1,113,587	\$ 1,113,587			
Bonds	\$ 71,381,192	\$ 71,152,874	\$	71,381,192		

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 September 30, 2016 \$68,511,344 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$63,031 a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicaid lines of insurance. Therefore, there has been a \$29,580,608 favorable prior-year development since December 31, 2015 to September 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

Notes to Financial Statement

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?

Yes[] No[X]

14.2 If yes, please complete the following:

		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

\$..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$..... 0

16.3 Total payable for securities lending reported on the liability page

\$..... 0

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?

Yes[X] No[]

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

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	.....	85.000%
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]

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

\$..... 0

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

Yes[] No[X]

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

\$..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
93440	06-1041332	01/01/2016	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			745,422,965					745,422,965
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			745,422,965					745,422,965
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1			745,422,965					745,422,965

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 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

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- 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.
- 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 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.
 - Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation with ProMedica Insurance Corporation as its sole member.
- ◆ 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 with ProMedica Insurance Corporation as its sole shareholder.
- ◆ 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 with ProMedica Insurance Corporation as its sole member.
- 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 ProMedica Health System, Inc as its sole member.
 - ◆ 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 with Emma L. Bixby Medical Center as its sole member.
 - ◆ Herrick Memorial Development Corporation, a Michigan for-profit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
 - Herrick Memorial Office Plaza Condominium Association, a Michigan nonprofit corporation in which Herrick Memorial Development Corporation holds 71.8% ownership interest with various physicians having the remaining 28.2% interest.
 - ◆ Lenawee Physician Hospital Organization LLC, a Michigan limited liability company in which Emma L. Bixby Medical Center holds 50% ownership interest with Raisin River Physicians, PLC, holding the remaining 50% interest.
- Herrick Memorial Hospital, Inc., a Michigan nonprofit corporation with ProMedica Health System, Inc as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- 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, LLC f/k/a PHS Ventures, Inc., f/k/a BVPH Ventures, Inc., a Vermont LLC with ProMedica Health System, Inc., as its sole member.
- 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.
- Mercy Memorial Hospital Corporation, a Michigan nonprofit corporation d/b/a ProMedica Monroe Regional Hospital.
 - ◆ Monroe Community Health Services, a Michigan nonprofit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ Monroe Health Ventures, Inc., a Michigan for-profit 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.

Other Affiliated Entities

- Lima Memorial Joint Operating Company, an Ohio nonprofit corporation, in which Lima Memorial Hospital, an Ohio nonprofit corporation and PHS Ventures, LLC, 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.

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	42-2857004	.....	.....	.....	Lifestream, LLC	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	50.0	ProMedica Health System, Inc.	
		00000	42-2857004	.....	.....	.....	Lifestream, LLC	OH	OTH	Harbor	Ownership	50.0	Harbor	00000001
		00000	27-0843485	.....	.....	.....	The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	NIA	ProMedica Physicians and Continuum Services	Ownership	51.0	ProMedica Health System, Inc.	
		00000	27-0843485	.....	.....	.....	The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	OTH	Various Physicians	Ownership	49.0	Various Physicians	00000001
		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.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Q16.1		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.		
		00000	34-1899439			ProMedica Surgical Services, 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.		
1212 ..	ProMedica Insurance Corp ..	95566	38-3200310			Paramount Care of Michigan, Inc.	MI	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
1212 ..	ProMedica Insurance Corp ..	11518	01-0580404			Paramount Insurance Company	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.		
1212 ..	ProMedica Insurance Corp ..	12353	20-3376102			Paramount Advantage	OH	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.		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Q16.2		00000	38-2972398			Bixby Medical Office Limited Partnership	MI	NIA		Emma L. Bixby Medical Center	Ownership	64.4	ProMedica Health System, Inc.	
		00000	38-2972398			Bixby Medical Office Limited Partnership	MI	OTH		Various Physicians	Ownership	35.6	Various Physicians	
		00000	38-2879330			Lenawee Long Term Care Corporation	MI	NIA		Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	0000001
		00000	38-3146907			Herrick Memorial Development Corporation	MI	NIA		Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association	MI	NIA		Herrick Memorial Development Corporation	Ownership	71.8	ProMedica Health System, Inc.	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association	MI	OTH		Various Physicians	Ownership	28.2	Various Physicians	0000001
		00000	38-3605511			Lenawee Physician Hospital Organization LLC	MI	NIA		Emma L. Bixby Medical Center	Ownership	50.0	ProMedica Health System, Inc.	
		00000	38-3605511			Lenawee Physician Hospital Organization LLC	MI	OTH		Raisin River Physicians	Ownership	50.0	Raisin River Physicians	0000001
		00000	38-3049015			Herrick Memorial Hospital, Inc.	MI	NIA		ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-4428256			The Toledo Hospital	OH	NIA		ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	31-1569454			Reynolds Road Surgery Center, LLC	OH	NIA		The Toledo Hospital	Ownership	62.7	ProMedica Health System, Inc.	
		00000	31-1569454			Reynolds Road Surgery Center, LLC	OH	OTH		Various Physicians	Ownership	37.3	Various Physicians	0000001
		00000	26-0679898			Northwest Ohio Dedicated Breast MRI, LLC	OH	NIA		The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	26-0679898			Northwest Ohio Dedicated Breast MRI, LLC	OH	OTH		TRA Investment Club, LLC	Ownership	50.0	TRA Investment Club, LLC	0000001
		00000	27-0608044			Arrowhead Behavioral Health, LLC	DE	NIA		The Toledo Hospital	Ownership	30.0	ProMedica Health System, Inc.	
		00000	27-0608044			Arrowhead Behavioral Health, LLC	OH	OTH		Toledo Holding Company, LLC	Ownership	70.0	Toledo Holding Company, LLC	0000001
		00000	20-0088459			West Central Surgical Center, LLC	OH	NIA		The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	20-0088459			West Central Surgical Center, LLC	OH	OTH		Various Physicians	Ownership	50.0	Various Physicians	0000001
		00000	34-4428794			Flower Hospital	OH	NIA		ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	
		00000	34-1880473			PHS Ventures, LLC.	VT	NIA		ProMedica Health System, Inc.	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			Mercy Memorial Hospital	MI	NIA		ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Q16.3		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			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			Lima Memorial Joint Operating Company	OH	NIA		PHS Ventures, LLC.	Ownership	50.0	ProMedica Health System, Inc.	
		00000	34-1883284			Lima Memorial Joint Operating Company	OH	OTH		Lima Memorial Hospital	Ownership	50.0	Lima Memorial Hospital	0000001
		00000	26-4105613			ProMedica Orthopedic Co-Management Company, LLC	OH	NIA		The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	40.0	ProMedica Health System, Inc.	
		00000	26-4105613			ProMedica Orthopedic Co-Management Company, LLC	OH	OTH		Various Physicians	Ownership	60.0	Various Physicians	0000001
		00000	27-0962366			ProMedica Cardiovascular Co-Management Company, LLC	OH	NIA		The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	38.4	ProMedica Health System, Inc.	
		00000	27-0962366			ProMedica Cardiovascular Co-Management Company, LLC	OH	OTH		Various Physicians	Ownership	61.6	Various Physicians	0000001
		00000	45-4810767			Interactive Physical Therapy	OH	NIA		ProMedica Health System, Inc.	Ownership	50.0	ProMedica Health System, Inc.	
		00000	45-4810767			Interactive Physical Therapy	OH	OTH		Various Individuals	Ownership	50.0	Various Individuals	0000001
		00000	46-1989695			ProMedica Surgical Services Co-Management Company, LLC	OH	NIA		The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	50.0	ProMedica Health System, Inc.	
		00000	46-1989695			ProMedica Surgical Services Co-Management Company, LLC	OH	OTH		Various Physicians	Ownership	50.0	Various Physicians	0000001
		00000	02-0753921			Monroe Community Ambulance	MI	NIA		ProMedica Continuing Care Services Corporation	Ownership	25.0	ProMedica Health System, Inc.	
		00000	02-0753921			Monroe Community Ambulance	MI	NIA		Monroe Regional Hospital	Ownership	25.0	ProMedica Health System, Inc.	
		00000	02-0753921			Monroe Community Ambulance	MI	OTH		Various other corporations	Ownership	50.0	Huron Valley Ambulance	0000001

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

1235320163650003

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. Prepaid other	21,821	21,821		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	21,821	21,821		

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	38,898,621	52,539,138
3. Accrual of discount	16,917	23,629
4. Unrealized valuation increase (decrease) .....	.....	29,587
5. Total gain (loss) on disposals	21,904	202
6. Deduct consideration for bonds and stocks disposed of	38,995,874	41,593,842
7. Deduct amortization of premium	238,880	359,692
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)	71,152,874	71,450,186
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	71,152,874	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)	64,283,960	11,477,591	11,714,159	(382,044)	68,429,498	64,283,960	63,665,348	64,503,340
2. NAIC 2 (a)	7,965,291	1,677,733	1,348,643	306,732	7,204,252	7,965,291	8,601,113	7,582,548
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	72,249,251	13,155,325	13,062,802	(75,312)	75,633,750	72,249,251	72,266,461	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	72,249,251	13,155,325	13,062,802	(75,312)	75,633,750	72,249,251	72,266,461	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 \$.....1,113,587; 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	1,113,587	XXX	1,113,879	2,421	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	490,943	317,417
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	12,766	3,412,758
7. Deduct amortization of premium	292	
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)	1,113,587	635,702
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,113,587	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									
912828S43 ..	U S TREASURY NOTE 0.750% 07/15/2019 DD 0		07/14/2016 ..	HARRIS NA DEALER, CHICAGO	XXX	698,770	700,000	1	
912828S68 ..	U S TREASURY NOTE 0.750% 07/31/2018 DD 0		08/03/2016 ..	GOLDMAN SACHS & CO, NY	XXX	1,391,900	1,390,000	113	1
912828B5 ..	U S TREASURY NOTE 0.750% 08/15/2019 DD 0		09/02/2016 ..	GOLDMAN SACHS & CO, NY	XXX	2,110,975	2,120,000	806	1
912828C3 ..	U S TREASURY NOTE 0.750% 08/31/2018 DD 0		09/01/2016 ..	JP MORGAN CHASE BANK/HSBC, NEW YORK	XXX	354,750	355,000	15	1
912828R85 ..	U S TREASURY NOTE 0.875% 06/15/2019 DD 0		07/06/2016 ..	GOLDMAN SACHS & CO, NY	XXX	1,740,745	1,730,000	910	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	6,297,140	6,295,000	1,844	XXX
Bonds - U.S. Special Revenue, Special Assessment									
3130A8Y72 ..	FEDERAL HOME LN BK CONS BD 0.875% 08/05/		08/03/2016 ..	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	848,368	850,000	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	848,368	850,000		XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
02665WBE0 ..	AMERICAN HONDA FINANCE CORP 1.200% 07/12		07/07/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	199,800	200,000	1FE	
031162BU3 ..	AMGEN INC 2.200% 05/22/2019 DD 05/22/14		09/14/2016 ..	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	214,358	210,000	1,502	2FE
06051GDZ9 ..	BANK OF AMERICA CORP 7.625% 06/01/2019 D		09/02/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	334,271	290,000	5,958	2FE
084664CK5 ..	BERKSHIRE HATHAWAY FINANCE COR 1.300% 08		08/08/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	279,728	280,000	1FE	
260543BX0 ..	DOW CHEMICAL CO/THE 8.550% 05/15/2019 DD		09/14/2016 ..	GOLDMAN SACHS & CO, NY	XXX	206,260	175,000	5,154	2FE
26441CAD7 ..	DUKE ENERGY CORP 5.050% 09/15/2019 DD 08		09/20/2016 ..	US BANCORP INVESTMENTS INC, ST PAUL	XXX	230,985	210,000	236	2FE
26875PAD3 ..	EOG RESOURCES INC 5.625% 06/01/2019 DD 0		09/19/2016 ..	KEYBANC CAPITAL MARKETS INC, NEW YORK	XXX	136,891	125,000	2,168	2FE
594918BN3 ..	MICROSOFT CORP 1.100% 08/08/2019 DD 08/0		08/01/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	244,748	245,000	1FE	
92343VDF8 ..	VERIZON COMMUNICATIONS INC 1.375% 08/15/		07/27/2016 ..	MIZUHO SECURITIES USA/FIXED, NEW YORK	XXX	204,982	205,000		2FE
25468PDL7 ..	WALT DISNEY CO/THE 0.875% 07/12/2019 DD		07/07/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	209,294	210,000	1FE	
94974BFU9 ..	WELLS FARGO & CO 2.125% 04/22/2019 DD 04		09/13/2016 ..	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	701,323	690,000	5,865	1FE
06367TJW1 ..	BANK OF MONTREAL 1.350% 08/28/2018 DD 08	I	08/24/2016 ..	BMO CAPITAL MARKETS CORP, CHICAGO	XXX	349,986	350,000		2FE
064159CU8 ..	BANK OF NOVA SCOTIA/THE 2.050% 10/30/201	I	09/02/2016 ..	BK OF NEW YORK MELLON/TORONTO DOMINION	XXX	243,230	240,000	1,749	1FE
21688AAG7 ..	COOPERATIEVE RABOBANK UA/NY 1.375% 08/09	R	08/02/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	254,263	255,000	1FE	
82481LAA7 ..	SHIRE ACQ INV IRELAND DA 1.900% 09/23/20	R	09/19/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	174,858	175,000	1FE	
95000GAW4 ..	WELLS FARGO COMMERCIAL BNK1 A1 1.321% 08		08/04/2016 ..	WELLS FARGO SECURITIES LLC, CHARLOTTE	XXX	185,000	185,000	115	1FM
05582QAD9 ..	BMW VEHICLE OWNER TRUST 2 A A3 1.160% 11		07/12/2016 ..	JPMORGAN SECURITIES INC, NEW YORK	XXX	344,998	345,000	1FE	
13976AAE0 ..	CAPITAL AUTO RECEIVABLES 3 A4 1.690% 03/		09/12/2016 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	214,954	215,000	1FE	
14314EAC5 ..	CARMAX AUTO OWNER TRUST 2 3 A3 1.390% 05		07/14/2016 ..	CREDIT SUISSE, NEW YORK (CSUS)	XXX	349,948	350,000	1FE	
36251PAA2 ..	GS MORTGAGE SECURITIES GS3 A1 1.429% 10/		09/22/2016 ..	GOLDMAN SACHS & CO, NY	XXX	364,995	365,000	420	1FM
47788NAC2 ..	JOHN DEERE OWNER TRUST 20 B A3 1.250% 06		07/19/2016 ..	RBC CAPITAL MARKETS LLC, NEW YORK	XXX	299,976	300,000		1FE
98161FAD7 ..	WORLD OMNI AUTOMOBILE LEA A A3 1.375% 08		07/12/2016 ..	MERRILL LYNCH PIERCE FENNER, CHARLOTTE	XXX	264,967	265,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	6,009,817	5,885,000	23,167	XXX
8399997 Subtotal - Bonds - Part 3					XXX	13,155,325	13,030,000	25,011	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX

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)
8399999 Subtotal - Bonds				XXX	13,155,325	13,030,000		25,011	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				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
9899999 Subtotal - Preferred and Common Stocks				XXX		XXX			XXX
9999999 Total - Bonds, Preferred and Common Stocks				XXX	13,155,325	XXX		25,011	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																					
912828TWO	U.S TREASURY 0.750% 10/31/2017 DD 10/31/.....	07/06/2016	CITIGROUP GBL MKT/SALOMO	XXX	1,022,749	1,020,000	1,018,207	1,018,790		17		17			1,018,807		3,942	3,942	1,414	10/31/2017	1
912828WP1	U.S TREASURY 0.875% 06/15/2017 DD 06/15/.....	07/06/2016	SCOTIA CAPITAL (USA) INC. CITIGROUP GBL	XXX	371,286	370,000	369,539	369,849		3		3			369,852		1,435	1,435	195	06/15/2017	1
912828G20	U.S TREASURY 0.875% 11/15/2017 DD 11/15/.....	08/03/2016	MKT/SALOMO MORGAN STANLEY & CO	XXX	2,241,653	2,235,000	2,230,981	2,233,114		113		113			2,233,227		8,426	8,426	4,073	11/15/2017	1
912828J68	U.S TREASURY 1.000% 03/15/2018 DD 03/15/.....	09/16/2016	INC.	XXX	351,354	350,000	351,189	350,692		(89)		(89)			350,603		750	750	1,789	03/15/2018	1
912828P20	U.S TREASURY NOTE 0.750% 01/31/2018 DD 0	07/11/2016	JPMORGAN SECURITIES INC	XXX	535,982	535,000	534,854			2		2			534,886		1,096	1,096	1,797	01/31/2018	1
912828UR9	U.S TREASURY NOTE 0.750% 02/28/2018 DD 0	09/01/2016	JPMORGAN SECURITIES INC	XXX	1,384,892	1,385,000	1,382,385			220		220			1,382,987		1,905	1,905	5,251	02/28/2018	1
05999999 Subtotal - Bonds - U.S. Governments				XXX	5,907,916	5,895,000	5,887,154	3,972,444		267		267			5,890,362		17,554	17,554	14,518	XXX	XXX
Bonds - All Other Governments																					
683234DP0	PROVINCE OF ONTARIO CANADA 1.600% 09/21/.....	09/21/2016	Maturity	XXX	900,000	900,000	916,686	901,279		(1,279)		(1,279)			900,000				7,200	09/21/2016	1FE
10999999 Subtotal - Bonds - All Other Governments				XXX	900,000	900,000	916,686	901,279		(1,279)		(1,279)			900,000				7,200	XXX	XXX
Bonds - U.S. Special Revenue, Special Assessment																					
3130A5EP0	FEDERAL HOME LN BK CONS BD 0.625% 05/30/.....	08/03/2016	MORGAN STANLEY & CO INC.	XXX	535,049	535,000	534,556	534,800		19		19			534,819		230	230	594	05/30/2017	1
3130A62S5	FEDERAL HOME LN BK CONS BD 0.750% 08/28/.....	09/01/2016	MORGAN STANLEY & CO INC.	XXX	685,474	685,000	683,466	684,146		126		126			684,272		1,202	1,202	2,626	08/28/2017	1
3133782NO	FEDERAL HOME LN BK CONS BD 0.875% 03/10/.....	08/03/2016	MORGAN STANLEY & CO INC.	XXX	305,593	305,000	305,748	305,264		(36)		(36)			305,228		365	365	1,068	03/10/2017	1
3134G6R88	FEDERAL HOME LN MTG CORP 1.250% 05/25/2020	08/25/2016	Call	XXX	345,000	345,000	344,741	344,834		13		13			344,848		152	152	1,078	05/25/2018	1
31418A4S4	FNMA POOL #0MA1732 3.500% 01/01/2024	09/26/2016	Redemption	XXX	7,069	7,069	7,475	7,080		(11)		(11)			7,069				43	01/01/2024	1
31999999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	1,878,186	1,877,069	1,875,985	1,876,124		112		112			1,876,236		1,950	1,950	5,409	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
02665WAT8	AMERICAN HONDA FINANCE CORP 1.500% 03/13/.....	07/07/2016	US BANCORP INVESTMENTS IN	XXX	186,487	185,000	184,752	184,858		3		3			184,861		1,627	1,627	917	03/13/2018	1FE
94973VBC0	ANTHEM INC 1.875% 01/15/2018 DD 09/10/12/.....	09/27/2016	MERRILL LYNCH PIERCE FENN	XXX	206,089	205,000	207,157	206,223		(197)		(197)			206,026		62	62	2,723	01/15/2018	2FE
060505DH4	BANK OF AMERICA CORP 6.000% 09/01/2017 D	09/02/2016	JPMORGAN SECURITIES INC	XXX	407,421	390,000	432,165	410,227		(2,865)		(2,865)			407,362		59	59	12,155	09/01/2017	2FE
084664BE0	BERKSHIRE HATHAWAY FINANCE COR 5.400% 05/.....	08/08/2016	BK OF NEW YORK MELLON/TOR	XXX	408,424	380,000	430,635	409,232		(1,930)		(1,930)			407,302		1,122	1,122	5,130	05/15/2018	1FE
26441CAH8	DUKE ENERGY CORP 1.625% 08/15/2017 DD 08	09/20/2016	MARKETS I PERSHING LLC, JERSEY	XXX	245,708	245,000	245,853	245,509		(104)		(104)			245,405		303	303	2,411	08/15/2017	2FE
26875PAA9	EOG RESOURCES INC 5.875% 09/15/2017 DD 0	09/19/2016	CITY	XXX	193,014	185,000	205,122	195,283		(1,925)		(1,925)			193,358		(344)	(344)	5,646	09/15/2017	2FE
60871RAE0	MOLSON COORS BREWING CO 1.450% 07/15/201	07/01/2016	DEUTSCHE BK SECS INC, NY	XXX	25,048	25,000	24,988			0		0			24,988		60	60	60	07/15/2019	2FE
75884RAQ6	REGENCY CENTERS LP 5.875% 06/15/2017 DD	08/12/2016	Call	XXX	115,889	111,000	121,686	115,457		(540)		(540)			114,917		972	972	1,033	06/15/2017	2FE
775371AV9	ROHM & HAAS CO 6.000% 09/15/2017 DD 09/1/.....	09/14/2016	WELLS FARGO SECURITIES LL	XXX	156,543	150,000	166,808	158,033		(1,446)		(1,446)			156,587		(44)	(44)	4,600	09/15/2017	2FE
94974BGB0	WELLS FARGO & CO 1.400% 09/08/2017 DD 09/.....	09/13/2016	MORGAN STANLEY & CO INC	XXX	575,184	575,000	576,507	575,781		(136)		(136)			575,645		(461)	(461)	4,204	09/08/2017	1FE
983024AM2	WYETH LLC 5.450% 04/01/2017 DD 03/27/07/.....	08/24/2016	BK OF NEW YORK MELLON/TOR	XXX	195,003	190,000	216,401	195,612		(1,216)		(1,216)			194,397		606	606	4,257	04/01/2017	1FE
064159DA1	BANK OF NOVA SCOTIA/THE 1.100% 12/13/201	09/02/2016	GOLDMAN SACHS & CO, NY	XXX	185,085	185,000	184,946	184,992		3		3			184,995		90	90	480	12/13/2016	1FE
23312LAN8	DBJP M16-C1 MORTGAGE TRU C1 A1 1.676% 05	09/12/2016	Redemption	XXX	3,748	3,748	3,748	3,748		0		0			3,748		10	10	05/10/2049	1FE	

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.							
36250PAA3	GS MORTGAGE SECURITIES GC32 A1	1.593% 07	09/12/2016	Redemption	XXX	9,989	9,989	9,988	9,989	0	0	0	9,989					27	07/10/2048	1FM
36250VAA0	GS MORTGAGE SECURITIES GC34 A1	1.539% 10	09/12/2016	Redemption	XXX	9,790	9,790	9,790	9,790				9,790					25	10/10/2048	1FM
95000GAW4	WELLS FARGO COMMERCIAL BNK1 A1	1.321% 08	09/16/2016	Redemption	XXX	2,072	2,072	2,072	2,072				2,072					2	08/15/2049	1FM
95000DBA8	WELLS FARGO COMMERCIAL C34 A1	1.423% 06	09/16/2016	Redemption	XXX	4,862	4,862	4,862	4,862				4,862					11	06/15/2049	1FM
02006XAD9	ALLY AUTO RECEIVABLES T SN1 A3	1.210% 12	09/20/2016	Redemption	XXX	10,491	10,491	10,490	10,491	0	0	0	10,491					32	03/20/2017	1FE
03065LAD1	AMERICREDIT AUTOMOBILE RE 2 A3	1.270% 01	09/29/2016	BNP PARIBAS SECS CPI/FIXED	XXX	220,009	220,000	219,915	219,935	5	5	5	219,940		69	69	900	01/08/2020	1FE	
03062AAD8	AMERICREDIT AUTOMOBILE RE 3 A3	1.150% 06	07/08/2016	MELLON BANK CITIGROUP GBL	XXX	185,027	185,000	184,995	184,997	2	2	2	184,999		29	29	205	06/10/2019	1FE	
03065JAD6	AMERICREDIT AUTOMOBILE RE 4 A3	1.270% 07	07/08/2016	MKTS/SALOMO	XXX	130,041	130,000	129,976	129,984	0	0	0	129,984		56	56	161	07/08/2019	1FE	
13975KAC3	CAPITAL AUTO RECEIVABLES 1 A3	1.610% 06	09/13/2016	BARCLAYS CAPITAL INC, NEW	XXX	150,598	150,000	149,961	149,973	2	2	2	149,975		622	622	577	06/20/2019	1FE	
14313RAC7	CARMAX AUTO OWNER TRUST 2 2 A3	0.980% 01	09/15/2016	Redemption	XXX	46,661	46,661	46,658	46,661	0	0	0	46,661					76	01/15/2019	1FE
14313UAC0	CARMAX AUTO OWNER TRUST 2 4 A3	1.250% 11	07/08/2016	MERRILL LYNCH PIERCE	XXX	215,428	215,000	214,980	214,986	0	0	0	214,986		442	442	209	11/15/2019	1FE	
34530TAE4	FORD CREDIT AUTO LEASE TR A A4	1.310% 08	07/08/2016	CREDIT AGRICOLE USA, NEW	XXX	120,347	120,000	119,988	119,992	0	0	0	119,992		354	354	122	08/15/2018	1FE	
44890RAC5	HYUNDAI AUTO RECEIVABLES A A3	0.790% 07	09/15/2016	Redemption	XXX	22,905	22,905	22,901	22,905	0	0	0	22,905				30	07/16/2018	1FE	
44890WAC4	HYUNDAI AUTO RECEIVABLES A A3	1.050% 04	07/08/2016	WELLS FARGO SECURITIES	LL	300,293	300,000	299,956	299,971	0	0	0	299,971		322	322	245	04/15/2019	1FE	
44890UAC8	HYUNDAI AUTO RECEIVABLES B A3	0.900% 12	07/08/2016	CREDIT SUISSE, NEW YORK	XXX	191,330	191,345	191,339	191,343	0	0	0	191,343		(13)	(13)	134	12/17/2018	1FE	
477877AD6	JOHN DEERE OWNER TRUST 20 B A3	1.070% 11	07/19/2016	CITIGROUP GBL	XXX	158,325	158,290	158,256	158,272	2	2	2	158,273		52	52	172	11/15/2018	1FE	
80284LAE2	SANTANDER DRIVE AUTO RECEI 3 B	2.070% 04	09/29/2016	GOLDMAN SACHS & CO, NY	XXX	166,134	165,000	164,981	164,985	1	1	1	164,986		1,149	1,149	1,034	04/16/2020	1FE	
92867QAD3	VOLKSWAGEN AUTO LEASE TRU A A3	0.800% 04	07/20/2016	Call	XXX	33,568	33,568	33,565	33,567	0	0	0	33,567		1	1	22	04/20/2017	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	4,881,513	4,804,722	4,975,440	4,849,047	(10,339)	(10,339)	(10,339)	4,874,378		7,136	7,136	47,551	XXX	XXX	
8399997 Subtotal - Bonds - Part 4					XXX	13,567,615	13,476,791	13,655,266	11,598,895	(11,239)	(11,239)	(11,239)	13,540,976		26,639	26,639	74,677	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
8399999 Subtotal - Bonds					XXX	13,567,615	13,476,791	13,655,266	11,598,895	(11,239)	(11,239)	(11,239)	13,540,976		26,639	26,639	74,677	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
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
9899999 Subtotal - Preferred and Common Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	13,567,615	XXX	13,655,266	11,598,895	(11,239)	(11,239)	(11,239)	13,540,976		26,639	26,639	74,677	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0.

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 .....	.....	.....	.....	.....	.....	182,772,913	185,250,961	177,918,486	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 ..	.....	.....	182,772,913	185,250,961	177,918,486	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 ..	.....	.....	182,772,913	185,250,961	177,918,486	XXX	
0499999 Cash in Company's Office	XXX	... XXX ..	... XXX ..	.....	.....	.....	.....	.....	XXX
0599999 Total Cash	XXX	... XXX ..	.....	.....	182,772,913	185,250,961	177,918,486	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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