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2016

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**ANNUAL STATEMENT**

For the Year Ending **DECEMBER 31, 2016**

OF THE CONDITION AND AFFAIRS OF THE

**PARAMOUNT INSURANCE COMPANY**

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	11518	Employer's ID Number	010580404	
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		OH		
Country of Domicile		United States of America					
Licensed as business type:	Life, Accident & Health <input checked="" type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>				
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>				
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
Incorporated/Organized	04/19/2002		Commenced Business	09/26/2002			
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)				
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (Area Code) (Telephone Number)				
Mail Address	1901 Indian Wood Circle (Street and Number or P.O. Box)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (Area Code) (Telephone Number)				
Internet Website Address	www.paramounthealthcare.com		(419)887-2500				
Statutory Statement Contact	Jonathan Burns, Mr. (Name) jonathan.burns@promedica.org (E-Mail Address)		(419)887-2909 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)				

## OFFICERS

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

## 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**

Judi Anne Gribble Ms. #  
Cynthia Ann Geronimo Ms.  
Cathy Lynn Cantor M.D.  
Mark Leslie Ferris Mr.  
Jeffrey William Boersma Mr.  
Dee Ann Bialecki-Haase MD.  
John Charles Randolph Mr.  
Timothy Bublick Mr.  
Julie Anne Bartnik Ms.  
Vincent Mature Davis Mr.

State of Ohio  
County of Lucas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

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

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

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2017

- 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)**

Amy Lynn Hall Ms.  
Richard Arthur Wasserman Mr.  
Traci Nicole Watkins M.D. #

Lynn Eric Olman Mr.  
Andrea Marie Gibbons Ms. #

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	6,185	.....	.....	.....	.....	6,185
<b>Group Subscribers:</b>						
Tenneco Automotive .....	(112)	(9,764)	169,356	(17,158)	.....	142,322
Pro Pak Industries .....	70,847	(4,706)	3,990	.....	.....	70,131
0299997 Subtotal - Group Subscribers: .....	70,735	(14,470)	173,346	(17,158)	.....	212,453
0299998 Premiums due and unpaid not individually listed .....	332,370	(10,225)	30,789	81,365	108,356	325,943
0299999 TOTAL Group .....	403,105	(24,695)	204,135	64,207	108,356	538,396
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .....	409,290	(24,695)	204,135	64,207	108,356	544,581

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
CVS Caremark .....	501,129	501,128	501,128	.....	.....	1,503,385
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	501,129	501,128	501,128	.....	.....	1,503,385
0299998 Claim Overpayment Receivables - Not Individually Listed .....	415,799	.....	.....	.....	.....	415,799
0299999 Subtotal - Claim Overpayment Receivables .....	415,799	.....	.....	.....	.....	415,799
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables .....	.....	.....	.....	.....	.....	.....
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables .....	916,928	501,128	501,128	.....	.....	1,919,184

## EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	3,451,037	4,667,064		1,503,385	3,451,037	1,366,650
2. Claim overpayment receivables .....				415,799		
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	9,825	10,947			9,825	
7. TOTALS (Lines 1 through 6) .....	3,460,862	4,678,011		1,919,184	3,460,862	1,366,650

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	3,367,216	623,460	123,376	101,612	560,727	4,776,391
0499999 Subtotals .....	3,367,216	623,460	123,376	101,612	560,727	4,776,391
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	10,903,349
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	15,679,740
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	757,142

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
Toledo Hospital .....	2,433,516	.....	.....	.....	.....	2,433,516	.....
ProMedica Health System .....	1,167,160	.....	.....	.....	.....	1,167,160	.....
ProMedica Central Physicians .....	1,610,809	.....	.....	.....	.....	1,610,809	.....
0199999 Total - Individually listed receivables .....	5,211,485	.....	.....	.....	.....	5,211,485	.....
0299999 Receivables not individually listed .....	4,185,688	.....	.....	.....	.....	4,185,688	.....
0399999 TOTAL Gross Amounts Receivable .....	9,397,173	.....	.....	.....	.....	9,397,173	.....

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Paramount Care Inc. ....		1,701,789	1,701,789	.....
Paramount Advantage ....		5,774,137	5,774,137	.....
ProMedica Insurance Corp. ....		1,465,208	1,465,208	.....
0199999 Total - Individually Listed Payables .....	XXX .....	8,941,134	8,941,134	.....
0299999 Payables not Individually Listed .....	XXX .....	3,999	3,999	.....
0399999 TOTAL Gross Payables .....	XXX .....	8,945,133	8,945,133	.....

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
<b>Other Payments:</b>						
5. Fee-for-service .....	77,907,436	60.212	XXX	XXX	24,492,533	53,414,903
6. Contractual fee payments .....	51,481,733	39.788	XXX	XXX	21,566,677	29,915,056
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments .....	129,389,169	100.000	XXX	XXX	46,059,210	83,329,959
13. TOTAL (Line 4 plus Line 12) .....	129,389,169	100.000	XXX	XXX	46,059,210	83,329,959

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		<b>N O N E</b>			
9999999 TOTALS .....		.....	XXX .....	XXX .....	XXX .....

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 1212

NAIC Company Code 11518

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	1,351			1,351						
2. First Quarter .....	1,344			1,344						
3. Second Quarter .....	1,350			1,350						
4. Third Quarter .....	1,358			1,358						
5. Current Year .....	1,392			1,392						
6. Current Year Member Months .....	16,474			16,474						
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	1,158			1,158						
8. Non-Physician .....	125			125						
9. TOTAL .....	1,283			1,283						
10. Hospital Patient Days Incurred .....	370			370						
11. Number of Inpatient Admissions .....	110			110						
12. Health Premiums Written (b) .....	6,890,499			6,890,499						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	6,890,499			6,890,499						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	5,964,915			5,964,915						
18. Amount Incurred for Provision of Health Care Services .....	6,142,686			6,142,686						

(a) For health business: number of persons insured under PPO managed care products .....1,392 and number of persons insured under indemnity only products .....0.

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



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 1212

NAIC Company Code 11518

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	35,095	2,653	27,730	1,119						3,593
2. First Quarter .....	36,986	4,453	27,719	1,190			.40			3,584
3. Second Quarter .....	37,394	4,262	27,755	1,166			.41			4,170
4. Third Quarter .....	39,098	4,064	27,730	1,161			.46			6,097
5. Current Year .....	38,725	3,583	27,626	1,154			.51			6,311
6. Current Year Member Months .....	454,023	48,824	330,843	14,078			488			59,790
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	33,681	3,820	26,392	3,421			.48			
8. Non-Physician .....	3,173	316	2,581	272			.4			
9. TOTAL .....	36,854	4,136	28,973	3,693			.52			
10. Hospital Patient Days Incurred .....	19,153	1,407	14,879	2,838			.29			
11. Number of Inpatient Admissions .....	2,651	247	2,155	245			.4			
12. Health Premiums Written (b) .....	153,822,976	17,349,674	131,151,985	3,018,712			235,368			2,067,237
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	153,822,976	17,349,674	131,151,985	3,018,712			235,368			2,067,237
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	123,424,254	12,274,213	108,133,683	2,581,831			150,139			284,388
18. Amount Incurred for Provision of Health Care Services .....	124,867,577	11,867,803	110,202,645	2,348,267			172,530			276,332

(a) For health business: number of persons insured under PPO managed care products .....12,260 and number of persons insured under indemnity only products .....92.

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



2016

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 11518

NAIC Group Code 1212

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	36,446	2,653	29,081	1,119						3,593
2. First Quarter	38,330	4,453	29,063	1,190			.40			3,584
3. Second Quarter	38,744	4,262	29,105	1,166			.41			4,170
4. Third Quarter	40,456	4,064	29,088	1,161			.46			6,097
5. Current Year	40,117	3,583	29,018	1,154			.51			6,311
6. Current Year Member Months	470,497	48,824	347,317	14,078			488			59,790
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	34,839	3,820	27,550	3,421			.48			
8. Non-Physician	3,298	316	2,706	272			.4			
9. TOTAL	38,137	4,136	30,256	3,693			.52			
10. Hospital Patient Days Incurred	19,523	1,407	15,249	2,838			.29			
11. Number of Inpatient Admissions	2,761	247	2,265	245			.4			
12. Health Premiums Written (b)	160,713,475	17,349,674	138,042,484	3,018,712			235,368			2,067,237
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	160,713,475	17,349,674	138,042,484	3,018,712			235,368			2,067,237
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	129,389,169	12,274,213	114,098,598	2,581,831			150,139			284,388
18. Amount Incurred for Provision of Health Care Services	131,010,263	11,867,803	116,345,331	2,348,267			172,530			276,332

(a) For health business: number of persons insured under PPO managed care products .....13,652 and number of persons insured under indemnity only products .....92.

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

30 Grand Total

## SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7	8	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			<b>N O N E</b>								
9999999 Total (Sum of 0799999 and 1099999) .....											

**SCHEDULE S - PART 2****Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
00000 .... AA-9990032 ..	01/01/2016	US Dept of Hlth & Human Serv .....		DC .....	845,324 .....	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					845,324 .....	
2199999 Total - Accident and Health - Non-Affiliates .....					845,324 .....	
2299999 Total - Accident and Health .....					845,324 .....	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					845,324 .....	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						
9999999 Total (Sum of 1199999 and 2299999) .....					845,324 .....	

## SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
93440	06-1041332	01/01/2016	HM LIFE INS CO	PA	SSL/A/G	CMM	948,152						
93440	06-1041332	01/01/2016	HM LIFE INS CO	PA	SSL/A/I	CMM	141,101						
93440	06-1041332	01/01/2016	HM LIFE INS CO	PA	OTH/A/G	SLEL	1,500,683						
00000	AA-9990032	01/01/2016	US Dept of Hlth & Human Serv	DC	OTH/A/I	CMM	90,328						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates								2,680,264					
1099999 Total - General Account - Authorized - Non-Affiliates								2,680,264					
1199999 Total - General Account Authorized								2,680,264					
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified								2,680,264					
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)								2,680,264					
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)								2,680,264					

**34 Schedule S - Part 4 .....** **NONE**

**35 Schedule S - Part 5 .....** **NONE**

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

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	2,680	2,263	2,432	1,403	751
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	1,475	2,877	3,401	129	255
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	845	884	3,054	38	4
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

**SCHEDULE S - PART 7**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	71,427,318		71,427,318
2. Accident and health premiums due and unpaid (Line 15) .....	1,176,032		1,176,032
3. Amounts recoverable from reinsurers (Line 16.1) .....	845,324		845,324
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	14,024,162		14,024,162
6. <b>TOTAL Assets (Line 28)</b> .....	<b>87,472,836</b>		<b>87,472,836</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	15,679,740		15,679,740
8. Accrued medical incentive pool and bonus payments (Line 2) .....	757,142		757,142
9. Premiums received in advance (Line 8) .....	1,938,094		1,938,094
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	38,379,324		38,379,324
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>56,754,300</b>		<b>56,754,300</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>30,718,536</b>	X X X	<b>30,718,536</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>87,472,836</b>		<b>87,472,836</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....			

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

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

**N O N E**

# 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	16
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)	Is an SCA Filing Required? (Y/N)	*
44		00000	34-1517672			ProMedica Foundation	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-1517672			Mission Pointe Golf Course, LLC	MI	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	47-4006496			ProMedica Health Network, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-0898745			Fostoria Hospital Association	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	26-1815305			NWO Health Partners, LLC	OH	NIA	Fostoria Hospital Association	Ownership	50.0	ProMedica Health System, Inc.		N	
		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.		N	0000001
		00000	34-1880767			ProMedica Physicians and Continuum Services	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-4492440			ProMedica Continuing Care Services Corporation	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-4427949			Toledo District Nurse Association	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-1831624			Visiting Nurse Hospice & Health Care	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-1159928			ProMedica Retail Group, Inc.	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	26-0324790			ProMedica Courier Services, Inc.	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	20-5752995			Erie West Hospice and Palliative Care	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-4434924			HCRMC-ProMedica JV, LLC	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	10.0	ProMedica Health System, Inc.		N	
		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		N	0000001
		00000	42-2857004			Lifestream, LLC	OH	NIA	ProMedica Physicians and Continuum Services	Ownership	50.0	ProMedica Health System, Inc.		N	
		00000	42-2857004			Lifestream, LLC	OH	OTH	Harbor	Ownership	50.0	Harbor		N	0000001
		00000	27-0843485			The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	NIA	ProMedica Physicians and Continuum Services	Ownership	55.0	ProMedica Health System, Inc.		N	
		00000	27-0843485			The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	OTH	Various Physicians	Ownership	45.0	Various Physicians		N	0000001
		00000	34-1899439			ProMedica Physician Group, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	27-1325141			The Pharmacy Counter, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	38-3322278			ProMedica Central Corporation of Michigan	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	34-1881137			ProMedica Central Physicians	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	38-3482148			ProMedica North Physicians Corporation	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	
		00000	61-1448753			Midwest Cardiovascular Consultants, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.		N	

# 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	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing 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)	Is an SCA Filing Required? (Y/N)	*
11		00000	26-3888045			ProMedica Northwest Ohio Cardiology Consultants, LLC		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-2920342			ProMedica Monroe Cardiology, PLLC		MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	45-3230331			ProMedica Physician Management Services, LLC		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439			ProMedica Surgical Services, LLC		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	46-1111822			ProMedica Monroe Physicians, PLLC		MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	45-4976786			ProMedica Multi Specialty Physicians, LLC		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	46-1120436			ProMedica Genito-Urinary Surgeons, LLC		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439			ProMedica Hospitalists, LLC		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439			ProMedica Hospitalists, PLLC		MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-3763993			Memorial Professional Services, Ltd.		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	20-5763680			Memorial Anesthesia, Ltd.		OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1931936			ProMedica Indemnity Corporation		VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1570675			ProMedica Insurance Corporation		OH	UDP	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
1212		00000	34-1623220			Paramount Preferred Options, Inc.		OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	31-1463193			Health Management Solutions, Inc.		OH	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	47-3952430			Paramount Preferred Solutions, Inc.		OH	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		95189	34-1549926			Paramount Care, Inc.		OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1773766			Paramount Benefits Agency, Inc.		OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		95566	38-3200310			Paramount Care of Michigan, Inc.		MI	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		11518	01-0580404			Paramount Insurance Company		OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		12353	20-3376102			Paramount Advantage		OH	RE	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
1212		00000	34-1883132			Bay Park Community Hospital		OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4446484			Defiance Hospital, Inc.		OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	45-4781053			Kaitlyn's Cottage, Inc.		OH	NIA	Defiance Hospital, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-2796005			Emma L. Bixby Medical Center		MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	

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

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41.2		00000	38-2879330			Lenawee Long Term Care Corporation		MI	NIA	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3146907			Herrick Memorial Development Corporation		MI	NIA	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association		MI	NIA	Herrick Memorial Development Corporation	Ownership	71.8	ProMedica Health System, Inc.	N	
		00000	38-3639616			Herrick Memorial Office Plaza Condominium Association		MI	OTH	Various Physicians	Ownership	28.2	Various Physicians	N	0000001
		00000	38-3605511			Lenawee Physician Hospital Organization LLC		MI	NIA	Emma L. Bixby Medical Center	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	38-3605511			Lenawee Physician Hospital Organization LLC		MI	OTH	Raisin River Physicians	Ownership	50.0	Raisin River Physicians	N	0000001
		00000	38-3049015			Herrick Memorial Hospital, Inc.		MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4428256			The Toledo Hospital		OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	31-1569454			Reynolds Road Surgery Center, LLC		OH	NIA	The Toledo Hospital	Ownership	62.7	ProMedica Health System, Inc.	N	
		00000	31-1569454			Reynolds Road Surgery Center, LLC		OH	OTH	Various Physicians	Ownership	37.3	Various Physicians	N	0000001
		00000	26-0679898			Northwest Ohio Dedicated Breast MRI, LLC		OH	NIA	The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	26-0679898			Northwest Ohio Dedicated Breast MRI, LLC		OH	OTH	TRA Investment Club, LLC	Ownership	50.0	TRA Investment Club, LLC	N	0000001
		00000	27-0608044			Arrowhead Behavioral Health, LLC		DE	NIA	The Toledo Hospital	Ownership	30.0	ProMedica Health System, Inc.	N	
		00000	27-0608044			Arrowhead Behavioral Health, LLC		OH	OTH	Toledo Holding Company, LLC	Ownership	70.0	Toledo Holding Company, LLC	N	0000001
		00000	20-0088459			West Central Surgical Center, LLC		OH	NIA	The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	20-0088459			West Central Surgical Center, LLC		OH	OTH	Various Physicians	Ownership	50.0	Various Physicians	N	0000001
		00000	34-4428794			Flower Hospital		OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1880473			PHS Ventures, LLC		VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4430849			Memorial Hospital		OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1770910			Fremont Hospital Physician Organization		OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	34-1770910			Fremont Hospital Physician Organization		OH	OTH	Fremont Physicians Associations	Ownership	50.0	Various Physicians	N	0000001
		00000	34-1770910			Sandusky County Medical Specialist, LLC		OH	NIA	Fremont Hospital Physician Organization	Ownership	100.0	Fremont Hospital Physician Organization	N	0000001
		00000	20-4066818			East-West Holdings, Ltd.		OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	20-4066818			Mercy Memorial Hospital		OH	OTH	Bellevue Hospital	Ownership	50.0	Bellevue Hospital	N	0000001
		00000	38-1984289			Monroe Community Health Services		MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-2934134							Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	N	

# 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	16
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41.3		00000	38-2704426			Monroe Health Ventures, Inc.	MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	N		
		00000	46-4315135			Mercy Memorial Surgical Co-Management Company, LLC	MI	NIA	Monroe Regional Hospital	Ownership	50.0	ProMedica Health System, Inc.	N		
		00000	46-4315135			Mercy Memorial Surgical Co-Management Company, LLC	MI	OTH	Various Physicians	Ownership	50.0	Various Physicians	N	0000001	
		00000	34-1883284			Lima Memorial Joint Operating Company	OH	NIA	PHS Ventures, LLC.	Ownership	50.0	ProMedica Health System, Inc.	N		
		00000	34-1883284			Lima Memorial Joint Operating Company	OH	OTH	Lima Memorial Hospital	Ownership	50.0	Lima Memorial Hospital	N	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.	N		
		00000	26-4105613			ProMedica Orthopedic Co-Management Company, LLC	OH	OTH	Various Physicians	Ownership	60.0	Various Physicians	N	0000001	
		00000	27-0962366			ProMedica Cardiovascuar Co-Management Company, LLC	OH	NIA	The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	38.4	ProMedica Health System, Inc.	N		
		00000	27-0962366			ProMedica Cardiovascuar Co-Management Company, LLC	OH	OTH	Various Physicians	Ownership	61.6	Various Physicians	N	0000001	
		00000	45-4810767			Interactive Physical Therapy	OH	NIA	ProMedica Health System, Inc.	Ownership	50.0	ProMedica Health System, Inc.	N		
		00000	45-4810767			Interactive Physical Therapy	OH	OTH	Various Individuals	Ownership	50.0	Various Individuals	N	0000001	
		00000	46-1989695			ProMedica Surgical Services	OH	NIA	The Toledo Hospital, Flower Hospital, Bay Park Community Hospital	Ownership	50.0	ProMedica Health System, Inc.	N		
		00000	46-1989695			Co-Management Company, LLC	OH	NIA	Various Physicians	Ownership	50.0	Various Physicians	N	0000001	
		00000	02-0753921			ProMedica Surgical Services	OH	OTH	ProMedica Continuing Care Services Corporation	Ownership	25.0	ProMedica Health System, Inc.	N		
		00000	02-0753921			Co-Management Company, LLC	MI	NIA	Monroe Regional Hospital	Ownership	25.0	ProMedica Health System, Inc.	N		
		00000	02-0753921			Monroe Community Ambulance	MI	NIA	Monroe Regional Hospital	Ownership	50.0	Huron Valley Ambulance	N	0000001	
		00000	02-0753921			Monroe Community Ambulance	MI	OTH	Various other corporations	Ownership	50.0	ProMedica Health System, Inc.	N		
		00000	46-4918876			Kapios LLC	OH	NIA	Kaonsoft, Inc.	Ownership	50.0	Kaonsoft, Inc.	N	0000001	
		00000	81-3082229			APM Plus, LLC	DE	NIA	ProMedica Health System, Inc.	Ownership	40.0	ProMedica Health System, Inc.	N		
		00000	81-3082229			APM Plus, LLC	DE	OTH	Strategic Health System	Ownership	60.0	Strategic Health System	N	0000001	

Asterisk	Explanation
0000001	Non-related entity

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95189	34-1549926	PARAMOUNT HLTH CARE .....				(37,233,139)					(37,233,139)	
95566	38-3200310	PARAMOUNT CARE OF MI INC .....				2,260,658					2,260,658	
	34-1623220	Paramount Preferred Options .....				28,257					28,257	
	34-1517671	ProMedica Health System .....				(20,125,331)					(20,125,331)	
12353	20-3376102	PARAMOUNT ADVANTAGE .....				45,425,387					45,425,387	
11518	01-0580404	PARAMOUNT INS CO .....				20,436,666					20,436,666	
	34-1570675	ProMedica Insurance Corp .....				(12,360,721)					(12,360,721)	
	34-1773766	Paramount Benefits Agency .....				17,882					17,882	
	34-1463193	Health Management Solutions .....				1,765,469					1,765,469	
	47-3952430	Paramount Preferred Solutions, Inc .....				(215,128)					(215,128)	
9999999 Control Totals .....									XXX			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### Response

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

#### MARCH FILING

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

#### APRIL FILING

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

#### JUNE FILING

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

#### AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Waived
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The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

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

#### APRIL FILING

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

#### AUGUST FILING

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

Bar Code:

Communication of Internal Control Related Matters Noted in an Audit



11518201622200000 2016 Document Code: 222

Health Life Supplement



11518201620500000 2016 Document Code: 205

Health Property / Casualty Supplement



11518201620700000 2016 Document Code: 207

Schedule SIS



11518201642000000 2016 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



11518201637100000 2016 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



11518201637000000 2016 Document Code: 370

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



11518201622400000 2016 Document Code: 224

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



11518201622500000 2016 Document Code: 225

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



1151820162260000

2016

Document Code: 226

LTC Supplemental Interrogatories



2016

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



1151820162110000

2016

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



1151820162130000

2016

Document Code: 213

Management's Report of Internal Control over Financial Reporting



1151820162230000

2016

Document Code: 223

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE **PARAMOUNT INSURANCE COMPANY**  
**OVERFLOW PAGE FOR WRITE-INS**

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**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2016**  
**(To be filed by March 1)**  
**FOR THE STATE OF OHIO**

NAIC Group Code: 1212

NAIC Company Code: 11518

Address (City, State and Zip Code): Maumee, OH 43537

Person Completing This Exhibit:

Title:

Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015, 2016			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
<b>Total Experience on Individual Policies</b>																	
Yes	Medigap A 01	A	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy A	8,463	4,601	54.4	4				
Yes	Medigap A 2010	A	No	2,3,4	05/21/2010				Paramount Medigap Policy A	3,163	471	14.9	2				
Yes	Medigap C 01	C	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy C	932,442	732,694	78.6	311				
Yes	Medigap C 2010	C	No	2,3,4	05/21/2010				Paramount Medigap Policy C	79,387	56,958	71.7	31	70,635	73,105	103.5	28
Yes	Medigap F 01	F	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy F	640,879	455,248	71.0	213				
Yes	Medigap F 2010	F	No	2,3,4	05/21/2010				Paramount Medigap Policy F	503,983	332,883	66.1	242	392,506	362,552	92.4	190
Yes	Medigap N 2010	N	No	2,3,4	05/21/2010				Paramount Medigap Policy N	18,712	5,439	29.1	9	43,678	20,641	47.3	21
Yes	Select C 01	C	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy C	262,989	269,070	102.3	80				
Yes	Select C 2010	C	Yes	2,3,4	05/21/2010				Paramount Select Policy C	33,896	18,171	53.6	11	5,713	1,953	34.2	2
Yes	Select K 01	K	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy K								
Yes	Select L 01	L	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy L								
Yes	Select N 2010	N	Yes	2,3,4	05/21/2010				Paramount Select Policy N	16,915	9,757	57.7	7	5,351	4,724	88.3	3
0199999 Total Experience on Individual Policies										2,500,829	1,885,292	75.4	910	517,883	462,975	89.4	244
<b>Total Experience on Group Policies</b>																	
N/A			No														
0299999 Total Experience on Group Policies																	

## GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: P.O. Box 928, Toledo OH 43697-0928
  - Contact Person and Phone Number: Nicole Beadle Ms (419)887-2859
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - Address: P.O. Box 928, Toledo OH 43697-0928
  - Contact Person and Phone Number: Nicole Beadle Ms. (419)887-2859
- Explain any policies identified above as policy type "O".



## Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 1212

(To be Filed By March 1)

NAIC Company Code: 11518

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	XXX		53,991	XXX	53,991
1.12 Without Reinsurance Coverage	XXX			XXX	
1.13 Risk-Corridor Payment Adjustments	XXX			XXX	
1.2 Supplemental Benefits	XXX			XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	XXX			XXX	XXX
2.12 Without Reinsurance Coverage	XXX			XXX	XXX
2.2 Supplemental Benefits	XXX			XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	XXX			XXX	XXX
3.12 Without Reinsurance Coverage	XXX			XXX	XXX
3.2 Supplemental Benefits	XXX			XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable	XXX			XXX	XXX
4.2 Payable	XXX			XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	XXX		53,991	XXX	XXX
5.12 Without Reinsurance Coverage	XXX			XXX	XXX
5.13 Risk-Corridor Payment Adjustments	XXX			XXX	XXX
5.2 Supplemental Benefits	XXX			XXX	XXX
6. TOTAL Premiums	XXX		53,991	XXX	53,991
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	XXX		57,555	XXX	57,555
7.12 Without Reinsurance Coverage	XXX			XXX	
7.2 Supplemental Benefits	XXX			XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	XXX			XXX	XXX
8.12 Without Reinsurance Coverage	XXX			XXX	XXX
8.2 Supplemental Benefits	XXX			XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	XXX			XXX	XXX
9.12 Without Reinsurance Coverage	XXX			XXX	XXX
9.2 Supplemental Benefits	XXX			XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	XXX		57,555	XXX	XXX
10.12 Without Reinsurance Coverage	XXX			XXX	XXX
10.2 Supplemental Benefits	XXX			XXX	XXX
11. TOTAL Claims	XXX		57,555	XXX	57,555
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					
14. Expenses Paid	XXX		4,735	XXX	4,735
15. Expenses Incurred	XXX		4,735	XXX	XXX
16. Underwriting Gain/Loss	XXX		(8,299)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(8,299)

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