

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

PARAMOUNT INSURANCE COMPANY

| | | | | | | |
|---------------------------------------|---|----------------|---|------------|--|-----------|
| NAIC Group Code | 1212 | 1212 | NAIC Company Code | 11518 | Employer's ID Number | 010580404 |
| | (Current Period) | (Prior Period) | | | | |
| 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[X] | | Property/Casualty[] | | Hospital, Medical & Dental Service or Indemnity[] | |
| | Dental Service Corporation[] | | Vision Service Corporation[] | | Health Maintenance Organization[] | |
| | Other[] | | Is HMO Federally Qualified? Yes[] No[X] N/A[] | | | |
| Incorporated/Organized | 04/19/2002 | | Commenced Business | 09/26/2002 | | |
| Statutory Home Office | 1901 Indian Wood Circle | | Maumee, OH, US 43537 | | | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | 1901 Indian Wood Circle | | | | | |
| | | | (Street and Number) | | | |
| | Maumee, OH, US 43537 | | (419)887-2500 | | | |
| | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | | | |
| Mail Address | 1901 Indian Wood Circle | | Maumee, OH, US 43537 | | | |
| | (Street and Number or P.O. Box) | | (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 | | (419)887-2500 | | | |
| | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | | | |
| Internet Website Address | www.paramounthealthcare.com | | | | | |
| Statutory Statement Contact | Jonathan Burns, Mr. | | (419)887-2909 | | | |
| | (Name) | | (Area Code)(Telephone Number)(Extension) | | | |
| | jonathan.burns@promedica.org | | (419)887-2020 | | | |
| | (E-Mail Address) | | (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 ofOhio

County ofLucasss

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) | (Signature) | (Signature) |
| John Charles Randolph | Stacey Lee Bock | Jeffrey Craig Kuhn |
| (Printed Name) | (Printed Name) | (Printed Name) |
| 1. | 2. | 3. |
| President | Vice President, Finance | Secretary |
| (Title) | (Title) | (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. | Lynn Eric Olman Mr. |
| Richard Arthur Wasserman Mr. | Andrea Marie Gibbons Ms. # |
| Traci Nicole Watkins M.D. # | |

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|-------------|--------------|--------------|--------------|-------------|----------|
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199999 TOTAL Individuals | 6,185 | | | | | 6,185 |
| Group Subscribers: | | | | | | |
| 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 |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebate Receivables | | | | | | |
| 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

| | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|---|---|--|---|---|--|
| | 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 | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| Type of Health Care Receivable | | | | | | |
| 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 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|-------------|--------------|--------------|---------------|---------------|------------|
| Account | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | 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 |
| Individually listed receivables | | | | | | | |
| 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 inidividually 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 |
|--|------------------|-------------|--------------|------------------|
| Individually Listed Payables | | | | |
| 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 | X X X | 8,941,134 | 8,941,134 | |
| 0299999 Payables not Individually Listed | X X X | 3,999 | 3,999 | |
| 0399999 TOTAL Gross Payables | X X X | 8,945,133 | 8,945,133 | |

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------------|----------------------|---|----------------------------|---------------------------------------|---|
| NAIC Code | Name of Intermediary | Capitation Paid | Average Monthly Capitation | Intermediary's Total Adjusted Capital | Intermediary's Authorized Control Level RBC |
| | | <div style="border: 1px solid black; padding: 10px; text-align: center;"> N O N E </div> | | | |
| | | | | | |
| 9999999 TOTALS ..... |  | ..... | ..... X X X | X X X | X X X |

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|----------------|------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|--|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 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 | | | | | | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 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 products1,392 and number of persons insured under indemnity only products0.
(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 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|----------------|------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|--|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 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 |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 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 products12,260 and number of persons insured under indemnity only products92.
(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:
NAIC Group Code 1212 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 11518

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|----------------|------------------------------------|----------------|------------------------------|----------------------|----------------------|---|-------------------------------|-----------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 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 |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 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 products13,652 and number of persons insured under indemnity only products92.
(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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|--------------|-------------------|-------------------|-----------------------------|-----------------------------------|----------|----------------------|--|--|------------------------------------|---|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsured | Domiciliary Jurisdiction | Type of Reinsurance Assumed | Premiums | Unearned Premiums | Reserve Liability Other Than for Unearned Premiums | Reinsurance Payable on Paid and Unpaid Losses | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| NONE | | | | | | | | | | | |
| 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 ..... |  |  |  |  | ..... | ..... |
| Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Outstanding Surplus Relief | | 13 | 14 |
|---|--------------|-------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------|-------------------------------------|---|----------------------------|---------------|------------------------------------|---|
| | | | | | | | | | | 11 | 12 | | |
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Premiums | Unearned Premiums (Estimated) | Reserve Credit Taken Other than for Unearned Premiums | Current Year | Prior Year | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | |
| 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 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 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. BALANCE SHEET ITEMS | | | | | |
| 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 | | | | | |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | | | | | |
| 14. Letters of credit (L) | | | | | |
| 15. Trust agreements (T) | | | | | |
| 16. Other (O) | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 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) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 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. TOTAL Assets (Line 28) | 87,472,836 | | 87,472,836 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 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. TOTAL Liabilities (Line 24) | 56,754,300 | | 56,754,300 |
| 16. TOTAL Capital and Surplus (Line 33) | 30,718,536 | X X X | 30,718,536 |
| 17. TOTAL Liabilities, Capital and Surplus (Line 34) | 87,472,836 | | 87,472,836 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 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. TOTAL Ceded Reinsurance Recoverables | | | |
| 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. TOTAL Ceded Reinsurance Payables/Offsets | | | |
| 31. TOTAL Net Credit for Ceded Reinsurance | | | |

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

| Direct Business only | | | | | | |
|---|-----------------------------------|--|---|--|---------------------------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| States, Etc. | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | 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 | | | | | | |

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

| 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) | * |
| | | 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- iary Loca- tion | Rela- tion- 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) | * |
| 41.1 | | 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 | |
| | | 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 | |
| | 1212 | ProMedica Insurance Corp | 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 | |
| | 1212 | ProMedica Insurance Corp | 95566 | 38-3200310 | | | Paramount Care of Michigan, Inc. | MI | IA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | N | |
| | 1212 | ProMedica Insurance Corp | 11518 | 01-0580404 | | | Paramount Insurance Company | OH | IA | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | N | |
| | 1212 | ProMedica Insurance Corp | 12353 | 20-3376102 | | | Paramount Advantage | OH | RE | ProMedica Insurance Corporation | Ownership | 100.0 | ProMedica Health System, Inc. | N | |
| | | 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

41.2

| 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- iary Loca- tion | Rela- tion- 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) | * |
| 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 | | | | East-West Holdings, Ltd. | OH | OTH | Bellevue Hospital | Ownership | 50.0 | Bellevue Hospital | N | 0000001 |
| | | 00000 | 38-1984289 | | | | Mercy Memorial Hospital | MI | NIA | ProMedica Health System, Inc. | Ownership | 100.0 | ProMedica Health System, Inc. | N | |
| | | 00000 | 38-2934134 | | | | Monroe Community Health Services | MI | NIA | Monroe Regional Hospital | Ownership | 100.0 | ProMedica Health System, Inc. | N | |

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

41.3

| 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 | Rela- tion- 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) | * |
| | | 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 Cardiovasuclar 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 Cardiovasuclar 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 Co-Management Company, LLC .. | OH | NIA | The Toledo Hospital, Flower Hospital, Bay Park Community Hospital | Ownership | 50.0 | ProMedica Health System, Inc. | N | |
| | | 00000 | 46-1989695 | | | | ProMedica Surgical Services Co-Management Company, LLC .. | OH | OTH | Various Physicians | Ownership | 50.0 | Various Physicians | N | 0000001 |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance ... | MI | NIA | ProMedica Continuing Care Services Corporation | Ownership | 25.0 | ProMedica Health System, Inc. | N | |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance ... | MI | NIA | Monroe Regional Hospital | Ownership | 25.0 | ProMedica Health System, Inc. | N | |
| | | 00000 | 02-0753921 | | | | Monroe Community Ambulance ... | MI | OTH | Various other corporations | Ownership | 50.0 | Huron Valley Ambulance | N | 0000001 |
| | | 00000 | 46-4918876 | | | | Kapios LLC | OH | NIA | ProMedica Health System, Inc. | Ownership | 50.0 | ProMedica Health System, Inc. | N | |
| | | 00000 | 46-4918876 | | | | Kapios LLC | OH | OTH | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|--------------|---|--------------------------|--------------------------|--|---|---|---|-------|--|--------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity not in the Ordinary Course of the Insurer's Business | Totals | 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 | | | | | | | | | X X X | | | |

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

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 file 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

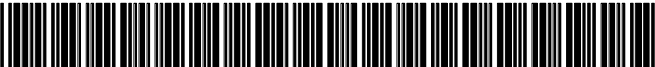
- AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

No

Explanation:

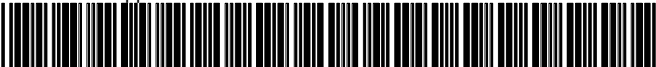
Bar Code:

Communication of Internal Control Related Matters Noted in an Audit



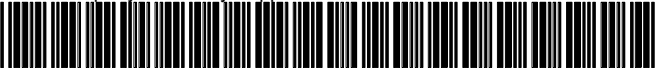
115182016222000002016Document Code: 222

Health Life Supplement



115182016205000002016Document Code: 205

Health Property / Casualty Supplement



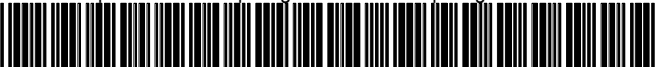
115182016207000002016Document Code: 207

Schedule SIS



115182016420000002016Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



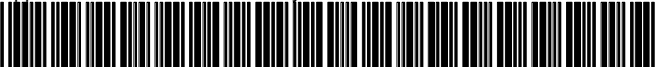
115182016371000002016Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



115182016370000002016Document Code: 370

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



115182016224000002016Document Code: 224

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



115182016225000002016Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



11518201622600000

2016

Document Code: 226

LTC Supplemental Interrogatories



11518201630600000

2016

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



11518201621100000

2016

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



11518201621300000

2016

Document Code: 213

Management's Report of Internal Control over Financial Reporting



11518201622300000

2016

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

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
Address (City, State and Zip Code): Maumee, OH 43537
Person Completing This Exhibit:

NAIC Company Code: 11518

Supp12 Ohio

| Title: | | | | Telephone Number: | | | | | | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015, 2016 | | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------|-------------------------------------|-----------------|----------------------------|-------------------------|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 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 | 12 | 13 | Number of Covered Lives | Premiums Earned | 16 | 17 | Number of Covered Lives | |
| | | | | | | | | | | | Amount | Percent of Premiums Earned | | | Amount | Percent of Premiums Earned | | |
| Total Experience on Individual Policies | | | | | | | | | | | | | | | | | | |
| 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 |
| Total Experience on Group Policies | | | | | | | | | | | | | | | | | | |
| 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

| Line Group Code: 1212 | | Individual Coverage | | Group Coverage | | 5 Total Cash |
|-----------------------|--|---------------------|-------------|----------------|-------------|--------------------|
| | | 1 | 2 | 3 | 4 | |
| | | Insured | Uninsured | Insured | Uninsured | |
| 1. | Premiums Collected | | | | | |
| 1.1 | Standard Coverage | | | | | |
| 1.11 | With Reinsurance Coverage | | X X X | 53,991 | X X X | 53,991 |
| 1.12 | Without Reinsurance Coverage | | X X X | | X X X | |
| 1.13 | Risk-Corridor Payment Adjustments | | X X X | | X X X | |
| 1.2 | Supplemental Benefits | | X X X | | X X X | |
| 2. | Premiums Due and Uncollected - change | | | | | |
| 2.1 | Standard Coverage | | | | | |
| 2.11 | With Reinsurance Coverage | | X X X | | X X X | X X X |
| 2.12 | Without Reinsurance Coverage | | X X X | | X X X | X X X |
| 2.2 | Supplemental Benefits | | X X X | | X X X | X X X |
| 3. | Unearned Premium and Advance Premium - change | | | | | |
| 3.1 | Standard Coverage | | | | | |
| 3.11 | With Reinsurance Coverage | | X X X | | X X X | X X X |
| 3.12 | Without Reinsurance Coverage | | X X X | | X X X | X X X |
| 3.2 | Supplemental Benefits | | X X X | | X X X | X X X |
| 4. | Risk-Corridor Payment Adjustments - change | | | | | |
| 4.1 | Receivable | | X X X | | X X X | X X X |
| 4.2 | Payable | | X X X | | X X X | X X X |
| 5. | Earned Premiums | | | | | |
| 5.1 | Standard Coverage | | | | | |
| 5.11 | With Reinsurance Coverage | | X X X | 53,991 | X X X | X X X |
| 5.12 | Without Reinsurance Coverage | | X X X | | X X X | X X X |
| 5.13 | Risk-Corridor Payment Adjustments | | X X X | | X X X | X X X |
| 5.2 | Supplemental Benefits | | X X X | | X X X | X X X |
| 6. | TOTAL Premiums | | X X X | 53,991 | X X X | 53,991 |
| 7. | Claims Paid | | | | | |
| 7.1 | Standard Coverage | | | | | |
| 7.11 | With Reinsurance Coverage | | X X X | 57,555 | X X X | 57,555 |
| 7.12 | Without Reinsurance Coverage | | X X X | | X X X | |
| 7.2 | Supplemental Benefits | | X X X | | X X X | |
| 8. | Claim Reserves and Liabilities - change | | | | | |
| 8.1 | Standard Coverage | | | | | |
| 8.11 | With Reinsurance Coverage | | X X X | | X X X | X X X |
| 8.12 | Without Reinsurance Coverage | | X X X | | X X X | X X X |
| 8.2 | Supplemental Benefits | | X X X | | X X X | X X X |
| 9. | Healthcare Receivables - change | | | | | |
| 9.1 | Standard Coverage | | | | | |
| 9.11 | With Reinsurance Coverage | | X X X | | X X X | X X X |
| 9.12 | Without Reinsurance Coverage | | X X X | | X X X | X X X |
| 9.2 | Supplemental Benefits | | X X X | | X X X | X X X |
| 10. | Claims Incurred | | | | | |
| 10.1 | Standard Coverage | | | | | |
| 10.11 | With Reinsurance Coverage | | X X X | 57,555 | X X X | X X X |
| 10.12 | Without Reinsurance Coverage | | X X X | | X X X | X X X |
| 10.2 | Supplemental Benefits | | X X X | | X X X | X X X |
| 11. | TOTAL Claims | | X X X | 57,555 | X X X | 57,555 |
| 12. | Reinsurance Coverage and Low Income Cost Sharing | | | | | |
| 12.1 | Claims Paid - Net of reimbursements applied | X X X | | X X X | | |
| 12.2 | Reimbursements Received but Not Applied - change | X X X | | X X X | | |
| 12.3 | Reimbursements Receivable - change | X X X | | X X X | | X X X |
| 12.4 | Healthcare Receivables - change | X X X | | X X X | | X X X |
| 13. | Aggregate Policy Reserves - change | | | | | |
| 14. | Expenses Paid | | X X X | 4,735 | X X X | 4,735 |
| 15. | Expenses Incurred | | X X X | 4,735 | X X X | X X X |
| 16. | Underwriting Gain/Loss | | X X X | (8,299) | X X X | X X X |
| 17. | Cash Flow Result | X X X | X X X | X X X | X X X | (8,299) |

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ANNUAL STATEMENT

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