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2017

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QUARTERLY STATEMENT
AS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE
Paramount Health Care

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	95189	Employer's ID Number	341549926
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[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	04/22/1987		Commenced Business	01/01/1988		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	www.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Jonathan Burns, Mr. jonathan.burns@promedica.org (E-Mail Address)		(419)887-2500 (Area Code) (Telephone Number) (419)887-2909 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

Name	Title	#
James Frederick White 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.
John Charles Randolph Mr.
Julie Anne Bartnik Ms.
Vincent Mature Davis Mr.
Lynn Eric Olman Mr.

Dee Ann Bialecki-Haase M.D.
Cynthia Ann Geronimo Ms.
Jeffrey William Boersma Mr.
Amy Lynn Hall Ms.
Richard Arthur Wasserman 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 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)

Andrea Marie Gibbons Ms.
John Paul Imm M.D. #
Douglas J Welch Mr. #

Traci Nicole Watkins M.D.
Lynn Azar Isaac Mr. #

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	81,208,482		81,208,482	70,388,527
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....25,149,104), cash equivalents (\$.....0) and short-term investments (\$.....795,226)	25,944,330		25,944,330	20,870,447
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	273,522	273,522		
9. Receivables for securities	16,113		16,113	
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	107,442,447	273,522	107,168,925	91,258,974
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	422,100		422,100	366,777
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	103,780		103,780	81,068
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)	3,000,000		3,000,000	3,000,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	887,209	8,045	879,164	604,092
18.1 Current federal and foreign income tax recoverable and interest thereon	987,862		987,862	
18.2 Net deferred tax asset	2,008,240	314,333	1,693,907	1,689,330
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	575,162	499,692	75,470	125,845
21. Furniture and equipment, including health care delivery assets (\$.....0)	3,311,872	3,311,872		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	6,356,518		6,356,518	6,993,188
24. Health care (\$.....1,028,947) and other amounts receivable	1,028,947		1,028,947	1,186,420
25. Aggregate write-ins for other-than-invested assets	108,508	108,508		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	126,232,645	4,515,972	121,716,673	105,305,694
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	126,232,645	4,515,972	121,716,673	105,305,694
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. AR	8,554	8,554		
2502. Prepays	99,954	99,954		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	108,508	108,508		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	16,866,068		16,866,068	16,471,838
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	524,000		524,000	463,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	438,695		438,695	138,819
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	15,082,240		15,082,240	251,413
9. General expenses due or accrued	9,951,577		9,951,577	7,053,101
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				1,963,946
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	2,085		2,085	283,704
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	5,137,010		5,137,010	2,957,488
16. Derivatives				
17. Payable for securities				544,029
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	65,219		65,219	991,743
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	48,066,894		48,066,894	31,119,081
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	62,319,246	62,319,246
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	11,330,533	11,867,367
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	73,649,779	74,186,613
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	121,716,673	105,305,694
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	84,522	85,531	170,982
2. Net premium income (including \$.....0 non-health premium income)	XXX	83,941,548	88,845,588	176,508,104
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	83,941,548	88,845,588	176,508,104
Hospital and Medical:				
9. Hospital/medical benefits		66,818,560	66,454,370	123,769,405
10. Other professional services		386,726	439,647	1,102,033
11. Outside referrals				
12. Emergency room and out-of-area		1,661,970	2,615,210	6,070,839
13. Prescription drugs		9,374,349	11,615,956	20,200,717
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		78,241,605	81,125,183	151,142,994
Less:				
17. Net reinsurance recoveries			24,475	24,820
18. Total hospital and medical (Lines 16 minus 17)		78,241,605	81,100,708	151,118,174
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,119,704 cost containment expenses		1,609,848	1,643,688	3,031,092
21. General administrative expenses		6,022,486	5,949,563	11,339,397
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		85,873,939	88,693,959	165,488,663
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,932,391)	151,629	11,019,441
25. Net investment income earned		668,895	777,460	1,473,940
26. Net realized capital gains (losses) less capital gains tax of \$.....(11,439)		(44,122)	369,164	4,427,283
27. Net investment gains or (losses) (Lines 25 plus 26)		624,773	1,146,624	5,901,223
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(1,307,618)	1,298,253	16,920,664
31. Federal and foreign income taxes incurred	XXX	(546,410)	375,871	4,582,836
32. Net income (loss) (Lines 30 minus 31)	XXX	(761,208)	922,382	12,337,828
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	74,186,613	64,539,891	64,539,891
34. Net income or (loss) from Line 32	(761,208)	922,382	12,337,828
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(8,500)	(265,774)	(2,659,848)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			266,005
39. Change in nonadmitted assets	232,874	(8,213)	(297,263)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			(4,700,000)
45. Surplus adjustments:			
45.1 Paid in			4,700,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(536,834)	648,395	9,646,722
49. Capital and surplus end of reporting period (Line 33 plus 48)	73,649,779	65,188,286	74,186,613
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	99,100,049	80,272,914	177,850,775
2.	Net investment income	804,026	1,007,130	1,847,252
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	99,904,075	81,280,044	179,698,027
5.	Benefit and loss related payments	77,689,902	75,114,075	150,523,531
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,882,499	6,782,698	13,076,629
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	2,421,414	143,076	5,581,116
10.	TOTAL (Lines 5 through 9)	85,993,815	82,039,849	169,181,276
11.	Net cash from operations (Line 4 minus Line 10)	13,910,260	(759,805)	10,516,751
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	18,179,813	21,539,532	98,777,470
12.2	Stocks		4,428,861	28,925,856
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			19,762
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds		373,883	1,992,612
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	18,179,813	26,342,276	129,715,700
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	29,220,621	22,833,600	112,030,789
13.2	Stocks		3,989,416	7,153,353
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			13,426
13.6	Miscellaneous applications		570,925	11
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	29,791,546	26,823,027	119,201,538
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(11,611,733)	(480,751)	10,514,162
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)		2,775,356	4,978,353
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)		2,775,356	4,978,353
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		5,073,883	3,737,797
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year		20,870,447	(3,333,543)
19.2	End of period (Line 18 plus Line 19.1)		25,944,330	404,254
Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:				
20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	14,169							14,169		
2. First Quarter	14,096							14,096		
3. Second Quarter	13,992							13,992		
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	84,522							84,522		
Total Member Ambulatory Encounters for Period:										
7. Physician	15,080							15,080		
8. Non-Physician	1,460							1,460		
9. Total	16,540							16,540		
10. Hospital Patient Days Incurred	22,612							22,612		
11. Number of Inpatient Admissions	1,945							1,945		
12. Health Premiums Written (a)	84,022,689							84,022,689		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	84,022,689							84,022,689		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	77,689,902							77,689,902		
18. Amount Incurred for Provision of Health Care Services	78,241,605							78,241,605		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....84,022,689.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	2,918,336	630,998	156,187	32,716	61,520	3,799,757
0499999 Subtotals	2,918,336	630,998	156,187	32,716	61,520	3,799,757
0599999 Unreported claims and other claim reserves						13,066,311
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						16,866,068
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare	13,578,058	64,111,844	241,673	16,624,395	13,819,731	16,471,838
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	13,578,058	64,111,844	241,673	16,624,395	13,819,731	16,471,838
10. Healthcare receivables (a) .....	.....	1,028,947	.....	.....	.....	1,186,420
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. Totals (Lines 9 - 10 + 11 + 12)	13,578,058	63,082,897	241,673	16,624,395	13,819,731	15,285,418

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Insurance Company (the “Company”) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	Jun. 30 2017	Dec. 31 2016
NET(LOSS) INCOME	Ohio		
Paramount Health Care state basis		(761,208)	12,337,828
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		(761,208)	12,337,828
SURPLUS			
Paramount Health Care state basis		73,649,779	74,186,613
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		73,649,779	74,186,613

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. Common stock investments are stated at Fair Market Value.
4. The Company does not have any preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures.
9. The Company does not invest in derivatives.

Notes to Financial Statement

10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
11. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from prior period.
13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments and actual prescriptions filled.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

-NOT APPLICABLE

5. Investments

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

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

No significant change.

Notes to Financial Statement

6. Joint ventures, Partnerships and Limited Liability Companies
-NOT APPLICABLE
7. Investment Income
No significant change.
8. Derivative Instruments
-NOT APPLICABLE
9. Income Taxes
No significant change.
10. Information Concerning Parent, Subsidiaries and Affiliates
No significant change.
11. Debt
-NOT APPLICABLE
12. Retirement Plans, Deferred Compensation, Postemployment Benefits
No significant change.
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant change.
14. Contingencies
-NOT APPLICABLE
15. Leases
No significant change.
16. Off-Balance Sheet Risk
No significant change.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
-NOT APPLICABLE
18. Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans
No significant change.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.
-NOT APPLICABLE
20. Fair Value Measurements

C.

Notes to Financial Statement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Short Term Investments	795,226	795,226	795,226			
Bonds	81,123,849	81,208,482			81,123,849	

D. NA

21. Other Items
-NOT APPLICABLE

22. Subsequent Events
-NOT APPLICABLE

23. Reinsurance
No significant change.

24. Retrospectively Rated Contracts
-NOT APPLICABLE

25. Change in Incurred Claims and Claim Adjustment Expenses
Reserves as of December 31, 2016 were \$16,934,838. As of June 30, 2017, \$13,841,221 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$241,673 on Medicare lines of insurance. Therefore, there has been a \$2,851,944 favorable prior-year development since December 31, 2016 to June 30, 2017. The decrease is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements
-NOT APPLICABLE

27. Structured Settlements
-NOT APPLICABLE

28. Health Care Receivables
No significant change.

29. Participating Policies
-NOT APPLICABLE

30. Premium Deficiency Reserves
1. Liability carried for premium deficiency reserve \$ -
2. Date of the most recent evaluation of this liability 1/18/2017
3. Was anticipated investment income utilized in the calculation? yes

31. Anticipated Salvage and Subrogation

Notes to Financial Statement

No significant change.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No[X]
Yes[] No[] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state?

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]

 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/09/2016

6.4 By what department or departments?
 Ohio Department of Insurance

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

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]

 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

 (c) Compliance with applicable governmental laws, rules and regulations;

 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 14.2 If yes, please complete the following:

Yes[] No[X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgages Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
 If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.3 Total payable for securities lending reported on the liability page

\$ 0
 \$ 0
 \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian Address
The Bank of New York Mellon	Three Mellon Center, Suite 153-3925, Pittsburgh, PA ..

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
 17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Income Research & Management	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?
 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?
 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes[] No[X]
Yes[] No[X]

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104863	Income Research & Management	NA	SEC	DS

GENERAL INTERROGATORIES (Continued)

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	.....	95.000%
1.2 A&H cost containment percent	.....	1.000%
1.3 A&H expense percent excluding cost containment expenses	.....	8.000%

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

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

\$..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
93440	06-1041332	01/01/2017	HM LIFE INS CO	PA	SSL/A/G	Authorized .....	.....	.....
93440	06-1041332	01/01/2017	HM LIFE INS CO	PA	SSL/A/I	Authorized .....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L		84,022,689						84,022,689
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX		84,022,689						84,022,689
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1		84,022,689						84,022,689

DETAILS OF WRITE-INS

58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
ORGANIZATION CHART

Paramount Care Inc. is ultimately controlled by ProMedica Health System, Inc., (“ProMedica”), a nonprofit holding company exempt from federal taxation under Section 501(c)(3) and 509(a)(3) of the Internal Revenue Code. The following coding system is used to show the interrelationships among the various members of the insurance holding company system:

- A circle means that ProMedica is the sole member/parent of the entity.
- ◆ Each entity marked with a diamond is a subsidiary of the entity listed directly above and denoted with a circle.
- Each entity marked with a square is a subsidiary of the entity listed directly above and marked with a diamond.
- Each entity marked with an arrow is a member of the insurance holding company system.

The following list depicts the identities and interrelationships of affiliated persons within the insurance holding company system:

- ProMedica Foundation, an Ohio nonprofit corporation, of which Bay Park Community Hospital Foundation, Toledo Hospital Foundation, Toledo Children’s Hospital Foundation, Flower Foundation, Defiance Foundation, Fostoria Community Hospital Foundation, ProMedica Physicians & Continuum Services Foundation f/k/a ProMedica Continuing Care Services Corporation Foundation, Bixby Hospital Foundation, Herrick Hospital Foundation, and Memorial Hospital Foundation are divisions.
 - ◆ Mission Pointe Golf Course, LLC, a Michigan limited liability company, with ProMedica Foundation d/b/a Herrick Hospital Foundation as its sole member.
- ProMedica Health Network, Inc., an Ohio for profit corporation, with ProMedica Health System, Inc. as the sole shareholder.
- Fostoria Hospital Association, an Ohio nonprofit corporation.
 - ◆ NWO Health Partners, LLC, an Ohio limited liability company in which Fostoria Hospital Association holds 50% ownership interest with Northwest Ohio Orthopedic and Sports Medicine, Inc., holding the remaining 50% interest.
- ProMedica Continuum Services f/k/a ProMedica Physicians and Continuum Services f/k/a ProMedica Physician Corporation f/k/a ProMedica Physicians Enterprises, an Ohio nonprofit corporation.
 - ◆ ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
 - ◆ Toledo District Nurse Association, an Ohio nonprofit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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- ◆ Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation.
- ◆ ProMedica Retail Group, Inc., f/k/a The Flower Market, Inc., an Ohio for-profit corporation.
- ◆ ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
- ◆ Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.
- ◆ HCRMC- ProMedica JV, LLC, dba Heartland at ProMedica Flower Hospital, a Delaware limited liability company in which ProMedica Continuum Services f/k/a ProMedica Physicians & Continuum Services holds 10% ownership interest and ManorCare Health Services of Toledo OH, LLC holding the remaining 90% interest.
- ◆ Lifestream, LLC, an Ohio limited liability company which ProMedica Continuum Services f/k/a ProMedica Physicians & Continuum Services holds 50% ownership interest and Harbor holding the remaining 50% interest.
- ◆ The Surgical Institute of Monroe Ambulatory Surgery Center, LLC, a Michigan limited liability company which ProMedica Continuum Service f/k/a ProMedica Physicians & Continuum Services holds 54% ownership interest and various physicians holding the remaining 46% interest.
- ProMedica Physician Group, Inc., an Ohio non-profit corporation.
 - ◆ The Pharmacy Counter, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - ◆ ProMedica Central Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - ◆ Midwest Cardiovascular Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica Northwest Ohio Cardiology Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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

ProMedica Indemnity Corporation, a Vermont corporation.

- ProMedica Insurance Corporation f/k/a ProMedica Health Ventures Corporation f/k/a Vanguard Health Ventures, Inc., an Ohio nonprofit corporation.
 - ◆ Paramount Preferred Options, Inc., an Ohio for-profit corporation, which is wholly-owned by ProMedica Insurance Corporation.
 - Health Management Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options.
 - Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options
 - ◆ NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation with ProMedica Insurance Corporation as its sole member.
 - ◆ Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
 - ◆ NAIC 95566-Paramount Care of Michigan, Inc., a Michigan nonprofit corporation with ProMedica Insurance Corporation as its sole shareholder.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

◆ NAIC 11518-Paramount Insurance Company f/k/a ProMedica Life Insurance Company, a for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.

◆ NAIC 12353-Paramount Advantage, an Ohio nonprofit corporation with ProMedica Insurance Corporation as its sole member.

- Bay Park Community Hospital, an Ohio nonprofit corporation.
- Defiance Hospital, Inc., an Ohio nonprofit corporation.
 - ◆ Kaitlyn's Cottage, Inc., an Ohio nonprofit corporation with Defiance Hospital, Inc., as its sole member.
- Emma L. Bixby Medical Center, a Michigan nonprofit corporation ProMedica Health System, Inc. as its sole member.
 - ◆ Lenawee Long Term Care Corporation, a Michigan nonprofit corporation with Emma L. Bixby Medical Center as its sole member.
 - ◆ Herrick Memorial Development Corporation, a Michigan for-profit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
 - Herrick Memorial Office Plaza Condominium Association, a Michigan nonprofit corporation in which Herrick Memorial Development Corporation holds 71.8% ownership interest with various physicians having the remaining 28.2% interest.
 - ◆ Lenawee Clinical Partners is a Michigan nonprofit corporation in which Emma L. Bixby Medical Center holds 50% ownership interest with various physicians holding the remaining 50% interest.
- Herrick Memorial Hospital, Inc., a Michigan nonprofit corporation with ProMedica Health System, Inc. as its sole member.
- The Toledo Hospital, an Ohio nonprofit corporation, of which Toledo Children's Hospital f/k/a ProMedica Children's Medical Center of Northwest Ohio and ProMedica Wildwood Orthopaedic and Spine Hospital are divisions.
 - ◆ Reynolds Road Surgery Center, LLC, an Ohio limited liability company in which The Toledo Hospital holds 62.66% ownership interest, with various physicians holding a remaining 37.34% interest.
 - ◆ Northwest Ohio Dedicated Breast MRI, LLC, an Ohio limited liability company in which The Toledo Hospital holds 50% ownership interest with TRA Investment Club, LLC, holding the remaining 50% interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ Arrowhead Behavioral Health, LLC, a Delaware limited liability company in which The Toledo Hospital holds 30% ownership interest and Toledo Holding Company, LLC, holding a remaining 70% interest.
- ◆ West Central Surgical Center, LLC, an Ohio limited liability company of which The Toledo Hospital holds 50% ownership interest and various physicians holding the remaining 50% interest.
- Flower Hospital, an Ohio nonprofit corporation.
- PHS Ventures, LLC f/k/a PHS Ventures, Inc., f/k/a BVPH Ventures, Inc., a Vermont LLC with ProMedica Health System, Inc., as its sole member.
- Memorial Hospital, an Ohio nonprofit corporation.
 - ◆ Fremont Hospital/Physician Organization d/b/a Cooperative Care, an Ohio for-profit corporation of which Memorial Hospital holds 50% ownership interest and various other physicians hold the remaining 50% interest.
 - Sandusky County Medical Specialists, LLC, and Ohio limited liability company of which Fremont Hospital/Physician Organizations holds 100% ownership interest.
 - ◆ East-West Holding, Ltd., and Ohio limited liability company of which Memorial Hospital holds 50% ownership interest with The Bellevue Hospital, an Ohio nonprofit corporation holding the remaining 50% interest.
- Mercy Memorial Hospital Corporation, a Michigan nonprofit corporation d/b/a ProMedica Monroe Regional Hospital.
 - ◆ Monroe Community Health Services, a Michigan nonprofit corporation.
 - ◆ Monroe Health Ventures, Inc., a Michigan for-profit corporation.
 - ◆ Mercy Memorial Surgical Co-Management Company, LLC, a Michigan limited liability company of which Monroe Regional Hospital holds a 50% ownership interest and various other physicians hold the remaining 50% interest.
- 300 Madison Building, LLC, an Ohio limited liability company.
- ProMedica Active Mobility, LLC, an Ohio limited liability company.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ProMedica Downton Campus Landlord, LLC, an Ohio limited liability company.
- ProMedica International, LLC, an Ohio limited liability company.
- ProMedica Manager Member, LLC, an Ohio limited liability company.
- ProMedica Master Tenant, LLC, an Ohio limited liability company

Other Affiliated Entities

- Lima Memorial Joint Operating Company, an Ohio nonprofit corporation, in which Lima Memorial Hospital, an Ohio nonprofit corporation and PHS Ventures, LLC, each hold 50% ownership interest.
- ProMedica Orthopedic Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 40% ownership interest with various physicians holding the remaining 60% interest.
- ProMedica Cardiovascular Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 38.4% ownership interest with various physicians holding the remaining 61.6% interest.
- Interactive Physical Therapy, an Ohio limited liability company in which ProMedica Health System, Inc., holds 50% ownership interest and various individuals holding the remaining 50% interest.
- ProMedica Surgical Services Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 50% ownership interest with various physicians holding the remaining 50% interest.
- Monroe Community Ambulance, a Michigan nonprofit corporation in which ProMedica Continuing Care Services Corporation holds 25% ownership interest, Monroe Regional Hospital holds 25% interest, and various other corporations hold the remaining 50% interest.
- Kapios, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 50% ownership interest and Kaonsoft, Inc. holds the remaining interest

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- APM Plus, LLC a Delaware limited liability company in which ProMedica Health System, Inc. holds 40% ownership interest and Strategic Health System holds the remaining interest.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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)	*
Q16		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 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 Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4427949			Toledo District Nurse Association		OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1831624			Visiting Nurse Hospice & Health Care		OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1159928			ProMedica Retail Group, Inc.		OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0324790			ProMedica Courier Services, Inc.		OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	20-5752995			Erie West Hospice and Palliative Care		OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4434924			HCRMC-ProMedica JV, LLC		OH	NIA	ProMedica 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 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 Continuum Services	Ownership	54.0	ProMedica Health System, Inc.	N	
		00000	27-0843485			The Surgical Institute of Monroe Ambulatory Surgery Center, LLC		MI	OTH	Various Physicians	Ownership	46.0	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	Rela- tionship 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)	*
Q16.1	ProMedica Insurance Corp	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 .. RE ..	ProMedica Insurance Corporation .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
1212 ..	ProMedica Insurance Corp ..	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 .. IA ..	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

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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- tionship 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)	*
Q16.2		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	82-1072366			Lenawee Clinical Partners	MI	NIA	Emma L. Bixby Medical Center	Ownership	50.0	ProMedica Health System, Inc.		N	
		00000	82-1072366			Lenawee Clinical Partners	MI	OTH	Various Physicians	Ownership	50.0	Various 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	
		00000	38-2704426			Monroe Health Ventures, Inc.	MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.		N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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- tionship 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)	*
Q16.3		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 .. OH .. NIA ..	Various Physicians .....	.....	Ownership .....	.....	50.0	Various Physicians	N ..	0000001
		00000	34-1517671	.....	.....	300 Madison Building, LLC .....	.....	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
		00000	81-5178173	.....	.....	ProMedica Active Mobility, LLC	OH .. NIA ..	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
		00000	47-3163945	.....	.....	ProMedica Downtown Campus Landlord, LLC	OH .. NIA ..	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
		00000	.....	.....	.....	ProMedica International, LLC	OH .. NIA ..	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
		00000	47-5168737	.....	.....	ProMedica Manager Member, LLC	OH .. NIA ..	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
		00000	47-5288490	.....	.....	ProMedica Master Tenant, LLC	OH .. NIA ..	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	N ..	.....
		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 Cardiovascular 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 Cardiovascular 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	81-3082229	.....	.....	Kapios LLC	OH .. DE ..	Kaonsoft, Inc .....	.....	Ownership .....	.....	50.0	Kaonsoft, Inc	N ..	0000001
		00000	81-3082229	.....	.....	APM Plus, LLC	DE .. OTH ..	ProMedica Health System, Inc. ....	.....	Ownership .....	.....	40.0	ProMedica Health System, Inc.	N ..	0000001
		00000	81-3082229	.....	.....	APM Plus, LLC .....	.....	Strategic Health System .....	.....	Ownership .....	.....	60.0	Strategic Health System	N ..	0000001

Asterisk	Explanation
0000001	Non-related entity

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



9518920173650002

2017

Document Code: 365

SCHEDULE A - VERIFICATION

Real Estate

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

N O N E**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

N O N E**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	273,522	279,858
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		13,426
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		19,762
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	273,522	273,522
12. Deduct total nonadmitted amounts	273,522	273,522
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	70,388,527	76,745,138
2. Cost of bonds and stocks acquired	29,220,621	119,184,142
3. Accrual of discount	37,302	33,813
4. Unrealized valuation increase (decrease)		(4,117,907)
5. Total gain (loss) on disposals	(30,399)	6,646,362
6. Deduct consideration for bonds and stocks disposed of	18,179,813	127,703,327
7. Deduct amortization of premium	227,756	399,694
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	81,208,482	70,388,527
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	81,208,482	70,388,527

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	64,735,027	13,194,925	11,575,968	(57,070)	64,735,027	66,296,914		66,171,994
2. NAIC 2 (a)	16,682,512	458,000	1,397,057	(36,661)	16,682,512	15,706,794		15,501,007
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	81,417,539	13,652,925	12,973,025	(93,731)	81,417,539	82,003,708		81,673,001
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	81,417,539	13,652,925	12,973,025	(93,731)	81,417,539	82,003,708		81,673,001

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....795,226; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	795,226	XXX	795,226	3,174	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,792,682	1,035,240
2. Cost of short-term investments acquired	7,826,586	3,135,470
3. Accrual of discount	7,083	411
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(687)	(138)
6. Deduct consideration received on disposals	8,827,031	2,377,418
7. Deduct amortization of premium	3,407	883
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	795,226	1,792,682
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	795,226	1,792,682

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - Verification
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	9,491,792	300,000
2. Cost of cash equivalents acquired	2,848,848	20,719,729
3. Accrual of discount	4,358	11,066
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals	(1,597)	(3,832)
6. Deduct consideration received on disposals	12,343,401	11,535,171
7. Deduct amortization of premium .....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	.....	9,491,792
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	.....	9,491,792

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828K58 ..	U S TREASURY NOTE 1.375% 4/30/20		05/12/2017 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	115,647	116,000 .....	.74	1
912828XU9 ..	U S TREASURY NOTE 1.5% 6/15/20		06/28/2017 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	3,432,205	3,433,000	1,973	1
912828W63 ..	U S TREASURY NOTE 1.625% 3/15/20		05/31/2017 ..	BARCLAYS CAPITAL INC, NEW YORK	XXX	4,800,457	4,772,000	13,564	1
912828U40 ..	US TREASURY NOTE 1% 11/30/18		06/21/2017 ..	FIFTH THIRD	XXX	398,388	400,000	240	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	8,746,697	8,721,000	15,851	XX
Bonds - U.S. States, Territories and Possessions									
13063DAE8 ..	CALIFORNIA ST VAR RT 4/1/47		04/20/2017 ..	JPMORGAN SECURITIES INC, NEW YORK	XXX	245,000	245,000		1FE
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions					XXX	245,000	245,000		XX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
023767AA4 ..	AMERICAN AIRLINES 2011-1 5.25% 7/31/22		05/05/2017 ..	BAIRD, ROBERT W & CO INC, MILWAUKEE	XXX	179,637	167,908	2,449	1FE
14149YBL1 ..	CARDINAL HEALTH INC 1.948% 6/14/19		06/01/2017 ..	GOLDMAN SACHS & CO, NY	XXX	458,000	458,000		2FE
747525AP8 ..	QUALCOMM INC 2.1% 5/20/20		05/19/2017 ..	GOLDMAN SACHS & CO, NY	XXX	360,978	361,000		1FE
17305EGB5 ..	CITIBANK CREDIT CARD A3 1.92% 4/7/22		04/04/2017 ..	CITIGROUP GBL MKTS/SALOMON, NEW YORK	XXX	813,765	814,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	1,812,380	1,800,908	2,449	XX
8399997 Subtotal - Bonds - Part 3					XXX	10,804,078	10,766,908	18,300	XX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XX
8399999 Subtotal - Bonds					XXX	10,804,078	10,766,908	18,300	XX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	10,804,078	XXX	18,300	XX

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

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)			
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A.C.V.										
Bonds - U.S. Governments																								
912828S43	U.S. TREASURY NOTE .75% 7/15/19		06/28/2017	BARCLAYS CAPITAL INC,																				
912828TB6	US TREASURY NOTE 0.75% 06/30/2017		06/30/2017	NEW	2,422,219	2,453,000	2,418,266	2,422,582		1,952			1,952			2,424,534	(2,315)	(2,315)	6,266	07/15/2019	1			
				Maturity	XXX	400,000	400,453	400,091		(91)			(91)			400,000			1,500	06/30/2017	1			
0599999 Subtotal - Bonds - U.S. Governments					XXX	2,822,219	2,853,000	2,818,719	2,822,673		1,861			1,861			2,824,534	(2,315)	(2,315)	7,766	XXX	XXX		
Bonds - U.S. Special Revenue, Special Assessment																								
31326FZB7	FHLBC POOL #2B-1638 VAR RT 8/1/43		06/15/2017	Redemption	XXX	63,829	63,829	65,226			(97)			(97)			63,829			272	08/01/2043	1		
3138EK6E0	FNMA POOL #0AL3568 VAR 4/1/43		06/26/2017	Redemption	XXX	39,510	39,510	40,251			(30)			(30)			39,510			139	04/01/2043	1		
3138EMV40	FNMA POOL #0AL5134 VAR 4/1/44		06/26/2017	Redemption	XXX	53,831	53,831	55,598			(96)			(96)			53,831			190	04/01/2044	1		
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	157,170	157,170	161,074			(224)			(224)			157,170			601	XXX	XXX		
Bonds - Industrial and Miscellaneous (Unaffiliated)																								
20825CAR5	CONOCOPHILLIPS 5.750% 02/01/19		06/21/2017	Call	XXX	34,019	32,000	35,726	34,162		(258)			(258)			33,904			115	115	716	02/01/2019	2FE
247361ZH4	DELTA AIR 2010-2 CL A 4.95% 11/23/20		05/23/2017	Redemption	XXX	62,950	62,950	66,097	63,303		(353)			(353)			62,950			1,558	1,558	11/23/2020	1FE	
828807CD7	SIMON PROPERTY GROUP LP 5.65%		2/01/2020																					
94974BFD7	WELLS FARGO & CO 2.100% 05/08/2017		06/26/2017	Call	XXX	522,670	475,000	524,532	518,143		(4,238)			(4,238)			513,905			8,765	8,765	10,810	02/01/2020	1FE
98956PAE2	ZIMMER BIOMET HOLDINGS INC 2%		05/08/2017	MATURITY	XXX	85,000	85,000	86,926	85,073		(73)			(73)			85,000			0	0	893	05/08/2017	1FE
98956PAK8	ZIMMER BIOMET HOLDINGS INC 2.7%		05/12/2017	FENN	XXX	335,697	335,000	335,272	335,218		(26)			(26)			335,191			506	506	4,206	04/01/2018	2FE
07388QAE9	BEAR STEARNS COMM PW17 A4 VAR		05/12/2017	FENN	XXX	121,289	120,000	119,938	119,959		1			1			119,961			1,328	1,328	2,034	04/01/2020	2FE
6/11/50			06/13/2017	Redemption	XXX	285,856	285,856	291,818	288,947		(3,091)			(3,091)			285,856			3,166	3,166	6/11/2050	1FE	
20048EAV3	COMM 2013-LC6 MORT A2 1.906%		1/10/46																	7	01/10/2046	1FM		
36192CAB1	GS MRTG SEC GC10A2 1.84% 2/10/46		06/12/2017	Redemption	XXX	101,152	101,152	101,449	101,185		(33)			(33)			101,152			311	311	02/10/2046	1FM	
61761AAX6	MORGAN STANLEY BNK CSA2 1.97%		8/15/45																	409	409	08/15/2045	1FM	
61762DAT8	MORGAN STANLEY BNK CSA2 1.97%		5/15/46	Redemption	XXX	226,084	226,084	226,650	226,508		(424)			(424)			226,084			3,945	3,945	05/15/2046	1FM	
61756UAE1	MORGAN STANLEY CP IQ16 5.809%		06/16/2017	Redemption	XXX	569,580	569,580	573,407	572,124		(2,544)			(2,544)			569,580							
12/12/49			06/14/2017	Redemption	XXX	195,156	195,156	198,205	196,360		(1,204)			(1,204)			195,156			1,487	1,487	12/12/2049	1FM	
90349DAB8	UBS-BARCLAYS CMBS A2 1.852%		08/10/49																	1,591	1,591	08/10/2049	1FM	
92890NAT6	WFRBS CMBS C10 A2 1.765% 12/15/45		06/16/2017	Redemption	XXX	204,157	204,157	204,564	204,328		(171)			(171)			204,157			735	735	12/15/2045	1FM	
43814JAD6	HONDA AUTO REC 20 4A4 1.46%		10/15/20																	1,564	1,564	10/15/2020	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	482,075	482,000	483,186	483,088		(51)			(51)			483,037	(962)	(962)	1,564	1,564	10/15/2020	1FE	
8399997 Subtotal - Bonds - Part 4					XXX	3,708,246	3,656,496	3,731,579	3,712,069		(13,575)			(13,575)			3,698,494			9,752	9,752	33,431	XXX	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	6,687,636	6,666,666	6,711,372	6,534,742		(11,938)			(11,938)			6,680,199			7,437	7,437	41,798	XXX	
8399999 Subtotal - Bonds					XXX	6,687,636	6,666,666	6,711,372	6,534,742		(11,938)			(11,938)			6,680,199			7,437	7,437	41,798	XXX	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9899999 Subtotal - Preferred and Common Stocks					XXX	XXX	XXX	XXX	XXX															
9999999 Total - Bonds, Preferred and Common Stocks					XXX	6,687,636	XXX	6,711,372	6,534,742		(11,938)			(11,938)			6,680,199			7,437	7,437	41,798	XXX	

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

E06 Schedule DB Part A Section 1 **NONE**

E07 Schedule DB Part B Section 1 **NONE**

E08 Schedule DB Part D Section 1 **NONE**

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity **NONE**

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity **NONE**

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets **NONE**

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets **NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
open depositories										
Huntington Bank	Maumee, Oh				49,015		5,602,399	7,044,869	24,942,160	XXX
Huntington Bank	Maumee, OH						206,577	206,577	206,577	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		XXX	XXX ..						XXX
0199999 Totals - Open Depositories			XXX	XXX ..	49,015		5,808,976	7,251,446	25,148,737	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories			XXX	XXX ..						XXX
0399999 Total Cash On Deposit			XXX	XXX ..	49,015		5,808,976	7,251,446	25,148,737	XXX
0499999 Cash in Company's Office			XXX	XXX ..	XXX ..	XXX ..	367	367	367	XXX
0599999 Total Cash			XXX	XXX ..	49,015		5,809,343	7,251,813	25,149,104	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

N O N E

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