



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

NAIC Group Code..... 4842, 4842
(Current Period) (Prior Period)

NAIC Company Code..... 16362

Employer's ID Number..... 82-3676800

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type HEALTH MAINTENANCE ORGANIZATION

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... November 9, 2017

Commenced Business..... November 9, 2017

Statutory Home Office

CORPORATION SERVICE COMPANY, 50 WEST BROAD STREET, ..
COLUMBUS .. OH .. US .. 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

901 ELKRIDGE LANDING RD, SUITE 100 .. LINTHICUM HEIGHTS .. MD ..
US .. 21090
(Street and Number) (City or Town, State, Country and Zip Code)

410-308-2300
(Area Code) (Telephone Number)

Mail Address

8501 LASALLE ROAD, SUITE 303 .. TOWSON .. MD .. US .. 21286
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

8501 LASALLE ROAD, SUITE 303 .. TOWSON .. MD .. US .. 21286
(Street and Number) (City or Town, State, Country and Zip Code)

410-308-2300
(Area Code) (Telephone Number)

Internet Web Site Address

www.pphealthplan.com

Statutory Statement Contact

MARY BETH MCINTYRE
(Name)

410-308-2300
(Area Code) (Telephone Number) (Extension)

MMCINTYRE@PPHEALTHPLAN.COM
(E-Mail Address)

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. BRUCE R GRINROD JR.	CEO AND PRESIDENT	2. MARY BETH MCINTYRE	SECRETARY
3. MARY BETH MCINTYRE	TREASURER	4.	

OTHER

DIRECTORS OR TRUSTEES

SCOTT M RIFKIN MD BRUCE R GRINROD JR JOAN NEUSCHELER

State of..... OHIO
County of..... UNITED STATES

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)
BRUCE R GRINROD JR.

1. (Printed Name)
CEO AND PRESIDENT

(Title)

(Signature)
MARY BETH MCINTYRE

2. (Printed Name)
SECRETARY

(Title)

(Signature)
MARY BETH MCINTYRE

3. (Printed Name)
TREASURER

(Title)

Subscribed and sworn to before me

This day of 2019

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

Ex. 2 - Accident and Health Premiums Due and Unpaid
NONE

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

Ex. 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus
NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Due from Rifkin Managed Care Holdings, LLC.....	25,000					25,000	
0199999. Individually listed receivables.....	25,000	0	0	0	0	25,000	0
0399999. Total gross amounts receivable.....	25,000	0	0	0	0	25,000	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Due to Provider Partners Managed Services.....	Operating expenses.....	4,062	4,062	
0199999. Individually listed payables.....		4,062	4,062	0
0399999. Total gross payables.....		4,062	4,062	0

**Ex. 7 - Pt. 1 - Summary of Transactions with Providers
NONE**

**Ex. 7 - Pt. 2 - Summary of Transactions with Intermediaries
NONE**

**Ex. 8 - Furniture, Equipment and Supplies Owned
NONE**



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC. 2. COLUMBUS, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....4842 NAIC Company Code.....16362

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	0									
2. First quarter.....	0									
3. Second quarter.....	0									
4. Third quarter.....	0									
5. Current year.....	0									
6. Current year member months.....	0									
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	0									
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	0									
18. Amount incurred for provision of health care services.....	0									

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	1,849,836		1,849,836
2. Accident and health premiums due and unpaid (Line 15).....			0
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	27,806		27,806
6. Totals assets (Line 28).....	1,877,642	0	1,877,642
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....			0
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....			0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	4,062		4,062
15. Total liabilities (Line 24).....	4,062	0	4,062
16. Total capital and surplus (Line 33).....	1,873,580	XXX	1,873,580
17. Total liabilities, capital and surplus (Line 34).....	1,877,642	0	1,877,642
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
States, Etc.						
						6 Totals
1.	Alabama.....AL					0
2.	Alaska.....AK					0
3.	Arizona.....AZ					0
4.	Arkansas.....AR					0
5.	California.....CA					0
6.	Colorado.....CO					0
7.	Connecticut.....CT					0
8.	Delaware.....DE					0
9.	District of Columbia.....DC					0
10.	Florida.....FL					0
11.	Georgia.....GA					0
12.	Hawaii.....HI					0
13.	Idaho.....ID					0
14.	Illinois.....IL					0
15.	Indiana.....IN					0
16.	Iowa.....IA					0
17.	Kansas.....KS					0
18.	Kentucky.....KY					0
19.	Louisiana.....LA					0
20.	Maine.....ME					0
21.	Maryland.....MD					0
22.	Massachusetts.....MA					0
23.	Michigan.....MI					0
24.	Minnesota.....MN					0
25.	Mississippi.....MS					0
26.	Missouri.....MO					0
27.	Montana.....MT					0
28.	Nebraska.....NE					0
29.	Nevada.....NV					0
30.	New Hampshire.....NH					0
31.	New Jersey.....NJ					0
32.	New Mexico.....NM					0
33.	New York.....NY					0
34.	North Carolina.....NC					0
35.	North Dakota.....ND					0
36.	Ohio.....OH					0
37.	Oklahoma.....OK					0
38.	Oregon.....OR					0
39.	Pennsylvania.....PA					0
40.	Rhode Island.....RI					0
41.	South Carolina.....SC					0
42.	South Dakota.....SD					0
43.	Tennessee.....TN					0
44.	Texas.....TX					0
45.	Utah.....UT					0
46.	Vermont.....VT					0
47.	Virginia.....VA					0
48.	Washington.....WA					0
49.	West Virginia.....WV					0
50.	Wisconsin.....WI					0
51.	Wyoming.....WY					0
52.	American Samoa.....AS					0
53.	Guam.....GU					0
54.	Puerto Rico.....PR					0
55.	US Virgin Islands.....VI					0
56.	Northern Mariana Islands....MP					0
57.	Canada.....CAN					0
58.	Aggregate Other Alien.....OT					0
59.	Totals.....	0	0	0	0	0

NONE

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)	*
Members															
4842	PROVIDER PARTNERS HEALTH GROUP	15719...	47-2383702...				PROVIDER PARTNERS HEALTH PLAN, INC..	MD.....	IA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	60.750	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	14458...	26-4047368...				PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.	PA.....	IA.....	WESTMINISTER HEALTH CARE, LLC.....	OWNERSHIP....	75.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	16362...	82-3676800...				PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.	OH.....	RE.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	33-1045041...				BERLIN PROPERTIES, LLLP.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	90.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	52-2253597...				FIVE STAR PHYSICIAN SERVICES, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	30.120	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	37-1509967...				MID-ATLANTIC NURSING HOME OF WESTERN MARYLAND, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	89.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	33-1045044...				MID-ATLANTIC LONG TERM CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	90.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	20-4117725...				MID-ATLANTIC OF DELMAR, LLC.....	DE.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	81.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4884945...				MID-ATLANTIC OF DELMAR REALTY, LLC....	DE.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	81.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2859279...				NATIONAL POST-ACUTE HEALTHCARE, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	64.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-0697589...				REAL TIME MEDICAL SYSTEMS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	52.250	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	20-4146310...				OAKLAND LONG TERM CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	89.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	20-8379863...				RIFKIN FAIRFIELD, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	62.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-5168841...				MID-ATLANTIC OF FAIRFIELD REALTY, LLC.	MD.....	NIA.....	RIFKIN FAIRFIELD, LLC.....	OWNERSHIP....	64.720	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	20-5779926...				MID-ATLANTIC OF FAIRFIELD, LLC.....	MD.....	NIA.....	MID-ATLANTIC OF FAIRFIELD REALTY, LLC	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	26-2426705...				MID-ATLANTIC HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	99.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	26-2507734...				MID-ATLANTIC OF CHAPEL HILL, LLC.....	MD.....	NIA.....	MID-ATLANTIC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-4536309...				MID-ATLANTIC OF CHAPEL HILL REALTY, LLC	MD.....	NIA.....	MID-ATLANTIC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	27-0428303...				MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	MD.....	NIA.....	MID-ATLANTIC HOLDINGS, LLC.....	OWNERSHIP....	40.000	SCOTT M. RIFKIN, M.D.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.1

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)	*
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	26-2471449..	.....	.....	.....	ALLEGANY HEALTHCARE GROUP, LLC.....	MD.....	NIA.....	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	26-4616844..	.....	.....	.....	MID-ATLANTIC OF CUMBERLAND, LLC.....	MD.....	NIA.....	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	20-3324864..	.....	.....	.....	MID-ATLANTIC HEALTH CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	81.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2149018..	.....	.....	.....	PA HOLDINGS-SNF GP, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2149191..	.....	.....	.....	PA HOLDINGS-SNF, LP.....	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	71.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2149321..	.....	.....	.....	PA NURSING HOME GP, LLC.....	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2162402..	.....	.....	.....	TUCKER HOUSE NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2159935..	.....	.....	.....	MAPLEWOOD NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	35-2410431..	.....	.....	.....	CLIVEDEN NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2159566..	.....	.....	.....	CARE PAVILION NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2149824..	.....	.....	.....	CHELTENHAM NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2062565..	.....	.....	.....	NORTHUMBERLAND HOLDINGS - SNF GP, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2009933..	.....	.....	.....	NORTHUMBERLAND HOLDINGS, LP.....	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	71.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2044137..	.....	.....	.....	NORTHUMBERLAND GP, LLC.....	PA.....	NIA.....	NORTHUMBERLAND HOLDINGS, LP.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2020409..	.....	.....	.....	MILTON NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	NORTHUMBERLAND HOLDINGS, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2033743..	.....	.....	.....	WATSONTOWN NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	NORTHUMBERLAND HOLDINGS, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	45-2149018..	.....	.....	.....	PARKHOUSE HOLDINGS - SNF GP, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-4712895..	.....	.....	.....	PARKHOUSE HOLDINGS, LP.....	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	71.000	SCOTT M. RIFKIN, M.D.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC 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)	*
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-4547955...	.....	.....	.....	PARKHOUSE GP, LLC.....	PA.....	NIA.....	PARKHOUSE HOLDINGS, LP.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-4456951...	.....	.....	.....	PARKHOUSE NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	PARKHOUSE HOLDINGS, LP.....	OWNERSHIP.....	99.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4767765...	.....	.....	.....	MAHC HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	71.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3934816...	.....	.....	.....	FALLING SPRING HOLDINGS - SNF GP, LLC.	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3928799...	.....	.....	.....	FALLING SPRING HOLDINGS, LP.....	PA.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	99.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3909787...	.....	.....	.....	FALLING SPRING GP, LLC.....	PA.....	NIA.....	FALLING SPRING HOLDINGS, LP.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3856691...	.....	.....	.....	FALLING SPRING NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	FALLING SPRING HOLDINGS, LP.....	OWNERSHIP.....	99.999	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3890796...	.....	.....	.....	FALLING SPRING REALTY, LP.....	PA.....	NIA.....	FALLING SPRING HOLDINGS, LP.....	OWNERSHIP.....	99.999	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4719923...	.....	.....	.....	SOUTHAMPTON HOLDINGS - SNF GP, LLC..	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4731255...	.....	.....	.....	SOUTHAMPTON HOLDINGS, LP.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	99.999	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4745911...	.....	.....	.....	SOUTHAMPTON GP, LLC.....	MD.....	NIA.....	SOUTHAMPTON HOLDINGS, LP.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4632661...	.....	.....	.....	SOUTHAMPTON NURSING AND REHABILITATION CENTER, LP	MD.....	NIA.....	SOUTHAMPTON HOLDINGS, LP.....	OWNERSHIP.....	99.999	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4901394...	.....	.....	.....	SOUTHAMPTON MANOR REALTY, LP.....	MD.....	NIA.....	SOUTHAMPTON HOLDINGS, LP.....	OWNERSHIP.....	99.999	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4580374...	.....	.....	.....	JULIA MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4779423...	.....	.....	.....	JULIA MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4582991...	.....	.....	.....	NORTHAMPTON MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4858502...	.....	.....	.....	NORTHAMPTON MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4613744...	.....	.....	.....	MORAN MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4862685...	.....	.....	.....	MORAN MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP.....	100.000	SCOTT M. RIFKIN, M.D.....	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 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)	*
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4622769..	.....	.....	.....	DEVLIN MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4884945..	.....	.....	.....	DEVLIN MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-1679099..	.....	.....	.....	FOREST HAVEN NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-1703578..	.....	.....	.....	FOREST HAVEN REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	.....	.....	.....	.....	BALTIMORE NURSING AND REHABILITATION, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	.....	.....	.....	.....	BALTIMORE NURSING AND REHABILITATION REALTY, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3899553..	.....	.....	.....	MID-ATLANTIC OF WALDORF, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-2189668..	.....	.....	.....	MID-ATLANTIC OF WALDORF REALTY, LLC..	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-1908731..	.....	.....	.....	MID-ATLANTIC HEALTH CARE ACQUISITIONS, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-1557505..	.....	.....	.....	VILLA ROSA NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4828613..	.....	.....	.....	CHARLOTTE HALL NURSING, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	81.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	.....	.....	.....	.....	PHILADELPHIA NURSE PRACTITIONERS GP, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-4017726..	.....	.....	.....	PHILADELPHIA NURSE PRACTITIONERS, LP	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	71.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	81-1541794..	.....	.....	.....	WESTMINISTER HEALTH CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	60.750	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	81-1558859..	.....	.....	.....	HUNT VALLEY HEALTH CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	60.750	SCOTT M. RIFKIN, M.D.....	N.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

NONE

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION

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

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	WAIVED

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

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

APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.
2.
3.
4.
5.
6.
7. THE COMPANY HAS NOT WRITTEN ANY BUSINESS OR INCURRED CLAIMS
8.
9.
10.
11. THE COMPANY HAS NOT WRITTEN ANY BUSINESS OR INCURRED CLAIMS
12. THE COMPANY DOES NOT WRITE LIFE INSURANCE
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. THE COMPANY HAS NOT WRITTEN ANY BUSINESS DURING 2018
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. THE COMPANY HAS NOT WRITTEN ANY BUSINESS OR INCURRED CLAIMS
23. THE COMPANY HAS NOT WRITTEN ANY BUSINESS OR INCURRED CLAIMS
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.


* 1 6 3 6 2 2 0 1 8 2 1 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 2 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 2 1 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 2 2 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 3 6 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 0 5 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 4 2 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 3 7 1 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 3 7 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 3 6 5 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 2 4 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 2 5 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 2 6 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 3 0 6 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 1 1 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 1 6 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 1 7 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 9 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 3 0 0 0 0 0 0 0 *


* 1 6 3 6 2 2 0 1 8 2 3 9 0 0 0 0 0 *

Overflow Page
NONE

Overflow Page
NONE

2018 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Section 2	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part C – Section 2	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E24
Five-Year Historical Data	29	Schedule DL – Part 2	E25
General Interrogatories	27	Schedule E – Part 1 – Cash	E26
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E27
Liabilities, Capital and Surplus	3	Schedule E – Verification Between Years	SI15
Notes To Financial Statements	26	Schedule E – Part 3 – Special Deposits	E28
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	39
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	38
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14