



ANNUAL STATEMENT

For the Year Ended December 31, 2019
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 GRINDROD 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 GRINDROD 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 2020

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

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

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, LLC.....	OPERATING EXPENSES.....	33,337	33,337	
DUE TO PROVIDER PARTNERS HEALTH PLAN OF PA, INC.....	OPERATING EXPENSES.....	8,067	8,067	
0199999. Individually listed payables.....		41,404	41,404	0
0399999. Total gross payables.....		41,404	41,404	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).....	1,933,782		1,933,782
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).....	2,805		2,805
6. Totals assets (Line 28).....	1,936,587	0	1,936,587
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).....	41,404		41,404
15. Total liabilities (Line 24).....	41,404	0	41,404
16. Total capital and surplus (Line 33).....	1,895,183	XXX	1,895,183
17. Total liabilities, capital and surplus (Line 34).....	1,936,587	0	1,936,587
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.....	HUNT VALLEY HEALTH CARE, LLC.....	OWNERSHIP....	100.000	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.....	RIFKIN MANAGED CARE HOLDINGS, LLC...	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.....	

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

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

41.3

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.....	RIFKIN MANAGED CARE HOLDINGS, LLC...	OWNERSHIP.....	60.750	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	81-1558859...				HUNT VALLEY HEALTH CARE, LLC.....	MD.....	NIA.....	RIFKIN MANAGED CARE HOLDINGS, LLC...	OWNERSHIP.....	60.750	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	82-4208643...				CHESNUT NURSING AND REHABILITATION CENTER, LLC	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	MANAGEMENT..		SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	82-2337501...				PROVIDER PARTNERS MANAGEMENT SERVICES, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	75.000	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	83-2440251...				RIFKIN PPHP-IL HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP.....	75.000	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	83-2128607...				PPHP-IL HOLDCO, LLC.....	MD.....	NIA.....	RIFKIN PPHP-IL HOLDCO, LLC.....	OWNERSHIP.....	50.000	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	16564...	83-2134817...				PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS	IL.....	IA.....	PPHP-IL HOLDCO, LLC.....	OWNERSHIP....	38.000	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...					RIFKIN MANAGED CARE HOLDINGS, LLC.....	MD.....	UDP.....	SCOTT RIFKIN.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...					RIFKIN PPHP-MO HOLDINGS, LLC.....	MD.....	NIA.....	RIFKIN MANAGED CARE HOLDINGS, LLC...	OWNERSHIP....	75.000	SCOTT M. RIFKIN, M.D.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...					PPHP-MO HOLDCO, LLC.....	MD.....	NIA.....	MISSOURISNP, LLC.....	OWNERSHIP....	80.000	JAMES LINCOLN.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	16566...	83-3330207..				PROVIDER PARTNERS HEALTH PLAN OF MISSOURI	MO.....	IA.....	MISSOURISNP, LLC.....	OWNERSHIP....	80.000	JAMES LINCOLN.....	N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	00000...					RIFKIN MANAGED CARE HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	100.000	SCOTT M. RIFKIN, M.D.....	N.....	

Aster	Explanation
4842	PROVIDER PARTNERS HEALTH GROUP

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

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)
Affiliated Transactions												
16362.....	82-3676800.....	PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.....		108,000							108,000	
		RIFKING MANAGED CARE HOLDINGS, LLC.....		(108,000)							(108,000)	
14458.....	26-4047368.....	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.....		2,844,000							2,844,000	
	81-1541794.....	WESTMINISTER HEALTH CARE, LLC.....		(2,844,000)							(2,844,000)	
14458.....	26-4047368.....	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.....					(2,997,980)				(2,997,980)	
	82-2337501.....	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC.....					2,997,980				2,997,980	
14458.....	26-4047368.....	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.....					(2,054,872)				(2,054,872)	
		PHILADELPHIA NURSE PRACTIONERS, LLC.....					2,054,872				2,054,872	
15719.....	47-2383702.....	PROVIDER PARTNERS HEALTH PLAN, INC.....		1,621,000							1,621,000	
	81-1558859.....	HUNT VALLEY HEALTHCARE, LLC.....		(1,621,000)							(1,621,000)	
15719.....	47-2383702.....	PROVIDER PARTNERS HEALTH PLAN, INC.....					(4,121,509)				(4,121,509)	
	82-2337501.....	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC.....					4,121,509				4,121,509	
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

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?	WAIVED
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION

APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
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?	YES
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION

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

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

EXPLANATIONS:

BAR CODE:

1.
2.
3.
4.
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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 OR INCURRED CLAIMS
17. THE DATA FOR THIS SUPPLEMENT IS NOT REQUIRED TO BE FILED
18. THE DATA FOR THIS SUPPLEMENT IS NOT REQUIRED TO BE FILED
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26. THE DATA FOR THIS SUPPLEMENT IS NOT REQUIRED TO BE FILED


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