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HEALTH QUARTERLY STATEMENT

As of March 31, 2020

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 785 ELKRIDGE LANDING ROAD, SUITE 300 .. LINTHICUM HEIGHTS .. MD .. US .. 21090 443-275-9800
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 785 ELKRIDGE LANDING ROAD, SUITE 300 .. LINTHICUM HEIGHTS .. MD .. US .. 21090
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 785 ELKRIDGE LANDING ROAD, SUITE 300 .. LINTHICUM HEIGHTS .. MD .. US .. 21090 443-275-9800
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.pphealthplan.com

Statutory Statement Contact MARY BETH MCINTYRE 443-275-9800
(Name) (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)	(Signature)	(Signature)
BRUCE R GRINDROD JR.	MARY BETH MCINTYRE	MARY BETH MCINTYRE
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO AND PRESIDENT	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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 _____

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	399,720		399,720	399,651
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....1,221,824), cash equivalents ($.....0) and short-term investments ($.....10,986)	1,232,810		1,232,810	1,534,131
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,632,530	0	1,632,530	1,933,782
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	427		427	2,805
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	113,059	113,059	0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	266,663		266,663	
24. Health care ($.....0) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	2,012,679	113,059	1,899,620	1,936,587
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	2,012,679	113,059	1,899,620	1,936,587

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)			0	
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses			0	
4. Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued			0	
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	41,404
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and certified $.....0 reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	0	0	0	41,404
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	400,000	400,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,038,000	2,033,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(538,380)	(537,817)
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,899,620	1,895,183
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,899,620	1,936,587

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months	XXX			
2. Net premium income (including $.....0 non-health premium income)	XXX			
3. Change in unearned premium reserves and reserve 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	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	0	0	0
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	0	0	0
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	0	0	0
19. Non-health claims (net)				
20. Claims adjustment expenses, including $.....0 cost containment expenses				
21. General administrative expenses		3,029	4,960	96,082
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)	0	3,029	4,960	96,082
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,029)	(4,960)	(96,082)
25. Net investment income earned		2,466	2,210	9,685
26. Net realized capital gains (losses) less capital gains tax of $.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)	0	2,466	2,210	9,685
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	0	0	0	0
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	(563)	(2,750)	(86,397)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(563)	(2,750)	(86,397)

DETAILS OF WRITE-INS

0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	1,895,183	1,873,580	1,873,580
34. Net income or (loss) from Line 32	(563)	(2,750)	(86,397)
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			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	118	578	18,143
39. Change in nonadmitted assets	(118)	(578)	(18,143)
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	5,000		108,000
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
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	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	4,437	(2,750)	21,603
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,899,620	1,870,830	1,895,183

DETAILS OF WRITE-INS

4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

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			
2. Net investment income	4,775	29,550	9,407
3. Miscellaneous income			
4. Total (Lines 1 through 3)	4,775	29,550	9,407
5. Benefit and loss related payments			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	311,096		58,740
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	311,096	0	58,740
11. Net cash from operations (Line 4 minus Line 10)	(306,321)	29,550	(49,333)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
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)	0	0	0
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	5,000		133,000
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)			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	5,000	0	133,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(301,321)	29,550	83,667
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,534,131	1,450,464	1,450,464
19.2 End of period (Line 18 plus Line 19.1)	1,232,810	1,480,014	1,534,131

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			

Ex. of Premiums, Enrollment and Utilization
NONE

Claims Unpaid and Incentive Pool, Withhold and Bonus
NONE

Underwriting and Investment Ex.
NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Provider Partners Health Plan of Ohio, Inc. (Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Ohio Department of Insurance.

There were no differences between Ohio prescribed practices and NAIC statutory accounting practices (NAIC SAP) which affect the Company.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2019
NET INCOME					
(1) PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$ (563)	$ (86,397)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	$ (563)	$ (86,397)
SURPLUS					
(5) PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 1,899,620	$ 1,895,183
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				$	$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	$ 1,899,620	$ 1,895,183

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

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from these estimates.

C. Accounting Policy

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized value using the interest method. Non-investment grade short-term investments are stated at the lower of amortized value or fair value.

2. Investment grade non-loan-backed bonds with NAIC designations 1 or 2 are stated at amortized value using the interest method. Non-investment grade non-loan-backed bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value. See paragraph 6 for loan-backed and structured securities.

3. Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at fair value.

4. Investment grade redeemable preferred stocks are stated at amortized value. Investment grade perpetual preferred stocks are stated at fair value. Non-investment grade preferred stocks are stated at the lower of amortized value or fair value.

5. Not applicable as the Company does not have investments in mortgage loans.

6. U.S. government agency loan-backed and structured securities are valued at amortized value. Other loan-backed and structured securities are valued at either amortized value or fair value, depending on many factors including: the type of underlying collateral, whether modeled by NAIC vendor, whether rated (by either NAIC approved rating organization or NAIC Securities Valuation Office), and relationship of amortized value to par value and amortized value to fair value.

7. Not applicable as the Company does not have investments in subsidiary and affiliated companies.

8. Not applicable as the Company does not have investments joint ventures, partnerships and limited liability companies.

9. Not applicable as the Company does not have investments in derivatives.

10. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

11. Unpaid claims and claim adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for claims incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

12. The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.

NOTES TO FINANCIAL STATEMENTS

13. The Company estimates pharmaceutical rebates utilizing past experience and accumulated statistical data. These estimates are continuously reviewed and any adjustments are reflected in current operations.

D. Going Concern

The Company began operations during 2018. Company shareholders will have to provide capital to the Company to fund ongoing operations until the Company's membership is adequate.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

No significant changes

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

The Company has a policy that it does not admit deferred income taxes until the time at which it becomes profitable.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved

The Company is affiliated with Mid-Atlantic Healthcare, LLC (MAHC), Provider Partners Health Plan of Pennsylvania, Inc. (PPHPPA), Provider Partners Health Plan, Inc. (PPHP), Provider Partners Health Plan of Illinois, Inc. (PPHPIL), Provider Partners Health Plan of Missouri, Inc. (PPHPMO) Provider Partners Managed Services (PPMS), Rifkin Managed Care Holdings, LLC (RMCH) and Philadelphia Nurse Practitioners (PNP) through common ownership. The Company allocates costs between these related parties as they are incurred.

B. Transactions

The Company allocates costs to its various related parties based on costs incurred on their behalf. During the three months ended March 31, 2020, ownership contributed capital totaling $5,000. During the year ended December 31, 2019, ownership contributed capital totaling $108,000.

C. Dollar Amounts of Transactions

The Copmany had balances due from Provider Partners Management Services, LLC totaling $266,663 at March 31, 2020. The Company had a balance due to Provider Partners Health Plan of PA of $8,067 at December 31, 2019 and a balance due to Provider Partners Managed Services of $33,337 December 31, 2019.

D. Amounts Due From or To Related Parties

See above

E. Guarantees or Undertakings

Not applicable

F. Material Management or Service Contracts and Cost-Sharing Arrangements

Not applicable

G. Nature of the Control Relationship

Not applicable

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not applicable

J. Investments in Impaired SCAs

Not applicable

K. Investment in Foreign Insurance Subsidiary

Not applicable

L. Investment in Downstream Noninsurance Holding Company

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAsor prescribed practices

Not applicable

Note 11 – Debt

Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

During the three and twelve months ended March 31, 2020 and December 31, 2019, the Company received $5,000 and $108,000 of capital from its parent, Rifkin Managed Care Holdings, LLC.

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant changes

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes

Note 20 – Fair Value Measurements

Not applicable.

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through May 4, 2020, the date the financial statements were available to be issued. There were no events occurring subsequent to March 31, 2020 that required disclosure.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company has not yet begun writing business, and as such, this is not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The Company has not yet begun writing business, and as such, this is not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not applicablea for Health Companies.

Note 28 – Health Care Receivables

The Company has not yet begun writing business, and as such, this is not applicable.

Note 29 – Participating Policies

The Company has not yet begun writing business, and as such, this is not applicable.

Note 30 – Premium Deficiency Reserves

The Company has not yet begun writing business, and as such, this is not applicable.

Note 31 – Anticipated Salvage and Subrogation

The Company has not yet begun writing business, and as such, this is not applicable.

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]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

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.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

4.2 If yes, provide 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?
If yes, attach an explanation. Yes [ ] No [X] N/A [ ]

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

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.

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).

6.4 By what department or departments?

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 with 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 the 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

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).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

		1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$ 0	$ 0
14.22	Preferred Stock	0	0
14.23	Common Stock	0	0
14.24	Short-Term Investments	0	0
14.25	Mortgage Loans on Real Estate	0	0
14.26	All Other	0	0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.3 Total payable for securities lending reported on the liability page: $ 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
PNC BANK	TWO PNC PLAZA, 7TH FLOOR 620 LIBERTY PLAZA, PITTSBURG, PA 15222

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? Yes [ ] No [X]

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

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

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 invested assets? Yes [ ] No [X]

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 invested assets? Yes [ ] No [X]

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.

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

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 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
    a. The security was purchased prior to January 1, 2018.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
    d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

    Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The security was purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit raing(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:
   - 1.1 A&H loss percent ..... 0.0 %
   - 1.2 A&H cost containment percent ..... 0.0 %
   - 1.3 A&H expense percent excluding cost containment expenses ..... 0.0 %

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 amount of funds administered as of the reporting date. 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [ ] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes [ ] No [X]

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 Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	L							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	0	0	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	XXX	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

(a) Active Status Count

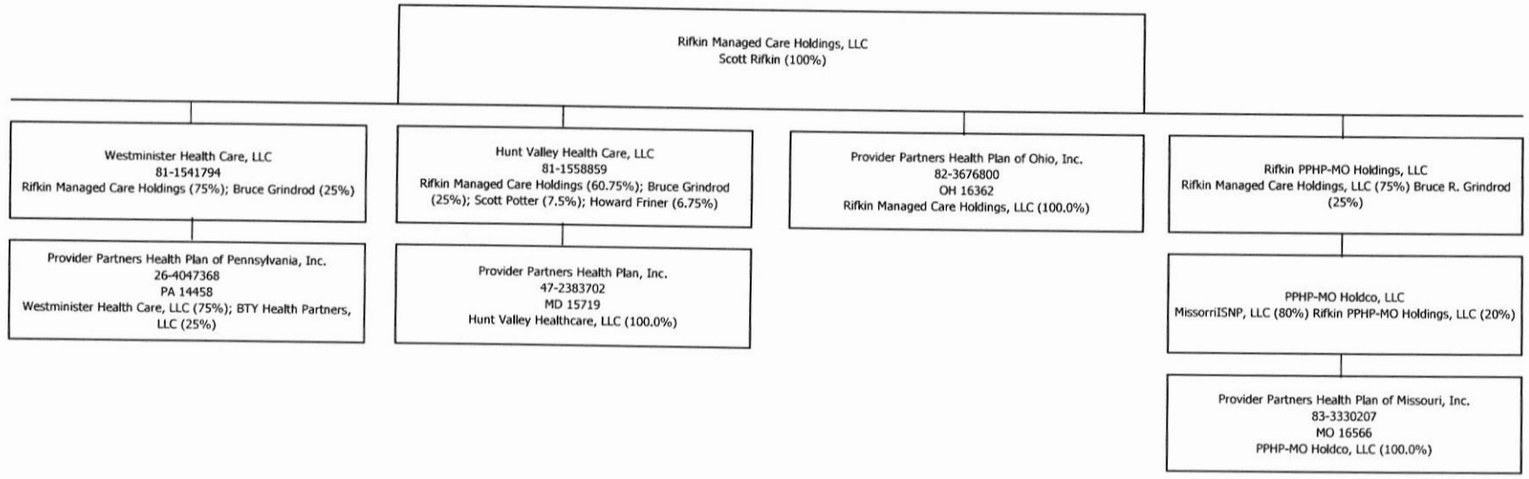
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1

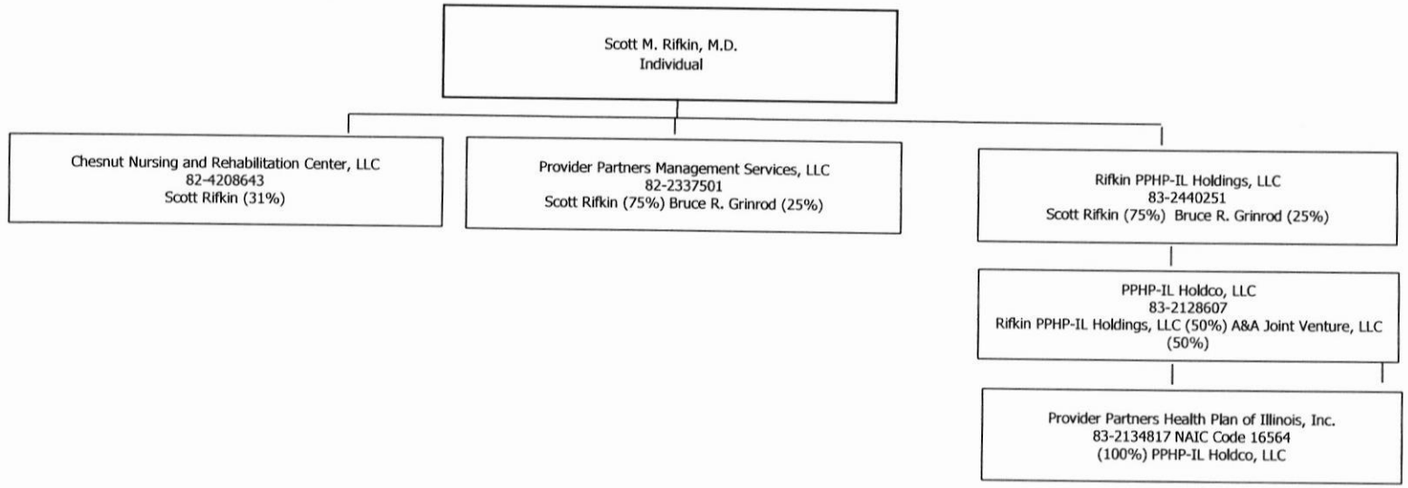
R - Registered - Non-domiciled RRGs 0

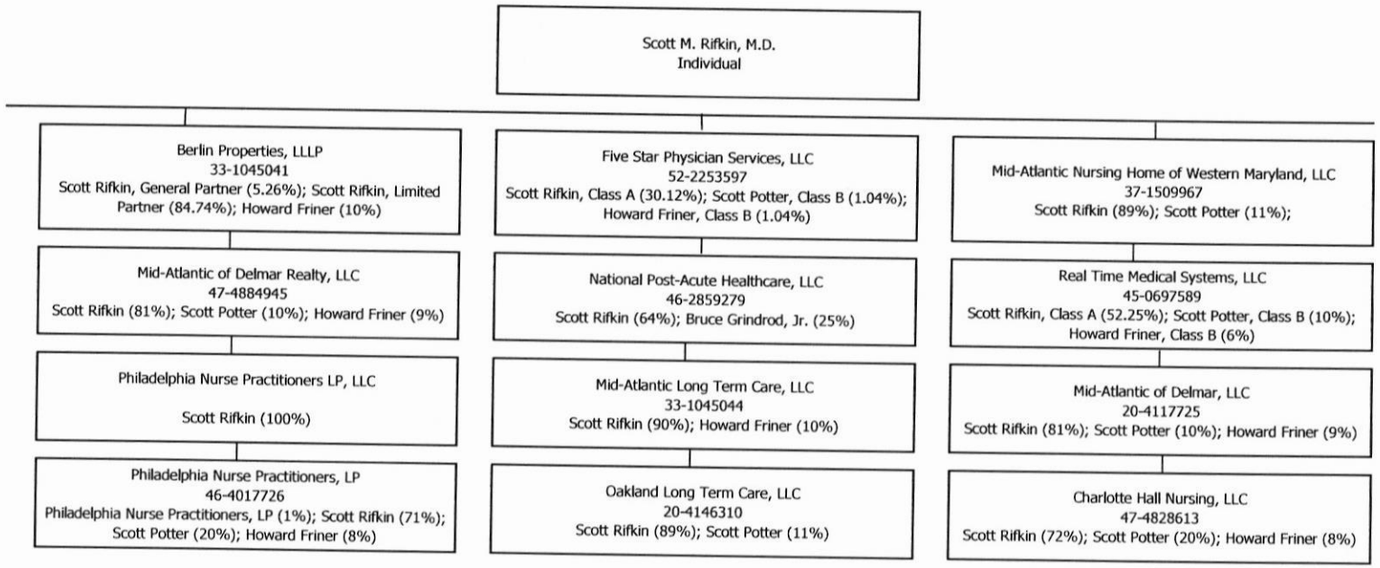
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

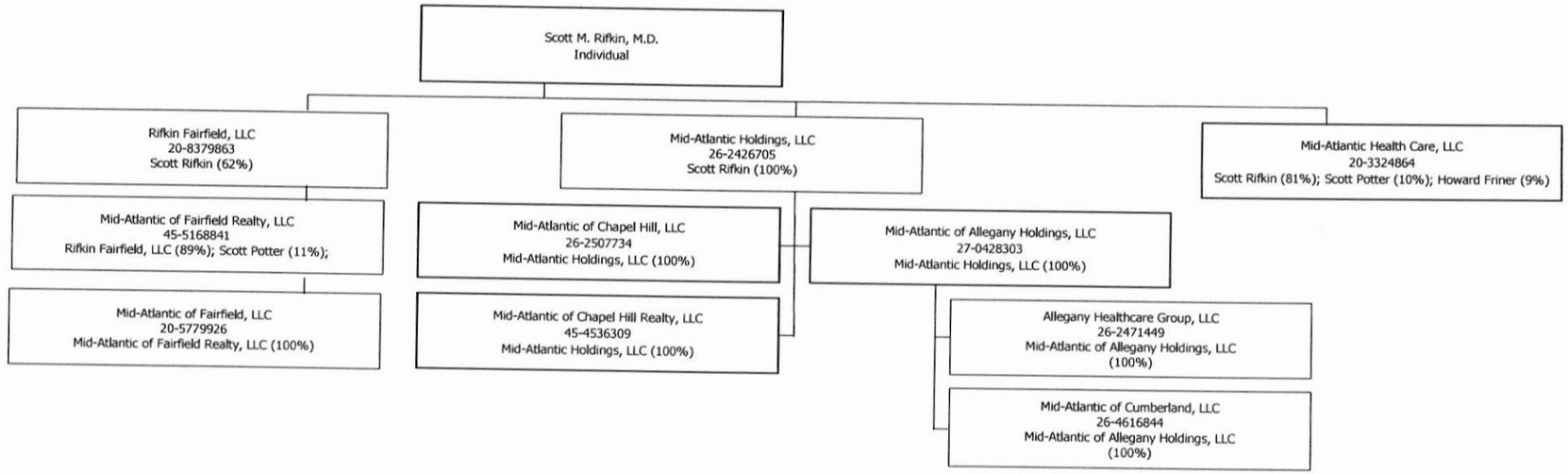
Q - Qualified - Qualified or accredited reinsurer 0

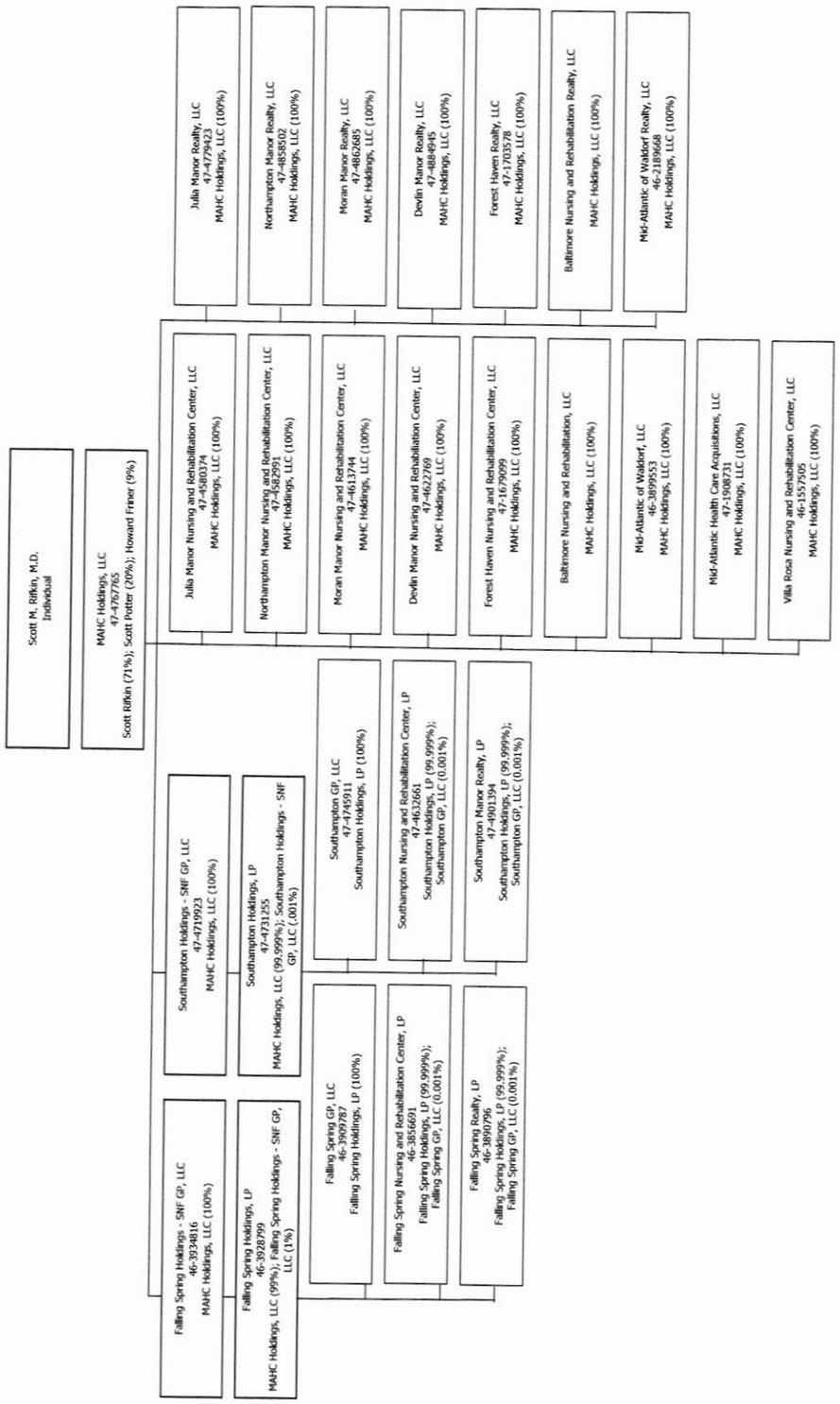
N - None of the above - Not allowed to write business in the state 56

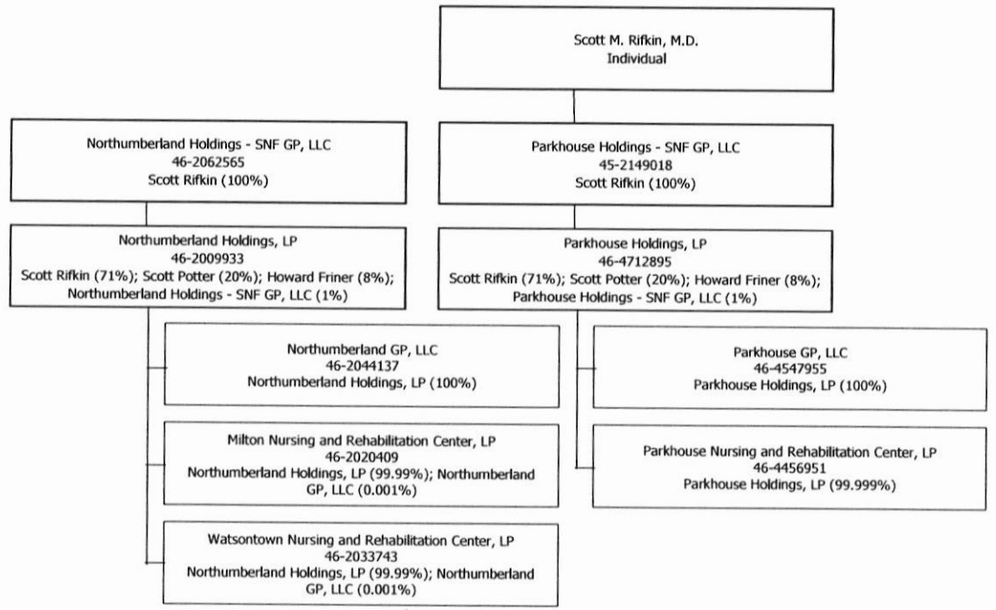

Rifkin Managed Care Holdings, LLC
Scott Rifkin (100%)
Westminister Health Care, LLC
81-1541794
Rifkin Managed Care Holdings (75%); Bruce Grindrod (25%)
Hunt Valley Health Care, LLC
81-1558859
Rifkin Managed Care Holdings (60.75%); Bruce Grindrod (25%); Scott Potter (7.5%); Howard Friner (6.75%)
Provider Partners Health Plan of Ohio, Inc.
82-3676800
OH 16362
Rifkin Managed Care Holdings, LLC (100.0%)
Rifkin PPHP-MO Holdings, LLC
Rifkin Managed Care Holdings, LLC (75%) Bruce R. Grindrod (25%)
Provider Partners Health Plan of Pennsylvania, Inc.
26-4047368
PA 14458
Westminister Health Care, LLC (75%); BTY Health Partners, LLC (25%)
Provider Partners Health Plan, Inc.
47-2383702
MD 15719
Hunt Valley Healthcare, LLC (100.0%)
PPHP-MO Holdco, LLC
MissorriISNP, LLC (80%) Rifkin PPHP-MO Holdings, LLC (20%)
Provider Partners Health Plan of Missouri, Inc.
83-3330207
MO 16566
PPHP-MO Holdco, LLC (100.0%)


Scott M. Rifkin, M.D.
Individual
Chesnut Nursing and Rehabilitation Center, LLC
82-4208643
Scott Rifkin (31%)
Provider Partners Management Services, LLC
82-2337501
Scott Rifkin (75%) Bruce R. Grinrod (25%)
Rifkin PPHP-IL Holdings, LLC
83-2440251
Scott Rifkin (75%) Bruce R. Grinrod (25%)
PPHP-IL Holdco, LLC
83-2128607
Rifkin PPHP-IL Holdings, LLC (50%) A&A Joint Venture, LLC (50%)
Provider Partners Health Plan of Illinois, Inc.
83-2134817 NAIC Code 16564
(100%) PPHP-IL Holdco, LLC


Scott M. Rifkin, M.D.
Individual
Berlin Properties, LLLP
33-1045041
Scott Rifkin, General Partner (5.26%); Scott Rifkin, Limited Partner (84.74%); Howard Friner (10%)
Mid-Atlantic of Delmar Realty, LLC
47-4884945
Scott Rifkin (81%); Scott Potter (10%); Howard Friner (9%)
Philadelphia Nurse Practitioners LP, LLC
Scott Rifkin (100%)
Philadelphia Nurse Practitioners, LP
46-4017726
Philadelphia Nurse Practitioners, LP (1%); Scott Rifkin (71%); Scott Potter (20%); Howard Friner (8%)
Five Star Physician Services, LLC
52-2253597
Scott Rifkin, Class A (30.12%); Scott Potter, Class B (1.04%); Howard Friner, Class B (1.04%)
National Post-Acute Healthcare, LLC
46-2859279
Scott Rifkin (64%); Bruce Grindrod, Jr. (25%)
Mid-Atlantic Long Term Care, LLC
33-1045044
Scott Rifkin (90%); Howard Friner (10%)
Oakland Long Term Care, LLC
20-4146310
Scott Rifkin (89%); Scott Potter (11%)
Mid-Atlantic Nursing Home of Western Maryland, LLC
37-1509967
Scott Rifkin (89%); Scott Potter (11%);
Real Time Medical Systems, LLC
45-0697589
Scott Rifkin, Class A (52.25%); Scott Potter, Class B (10%); Howard Friner, Class B (6%)
Mid-Atlantic of Delmar, LLC
20-4117725
Scott Rifkin (81%); Scott Potter (10%); Howard Friner (9%)
Charlotte Hall Nursing, LLC
47-4828613
Scott Rifkin (72%); Scott Potter (20%); Howard Friner (8%)


Scott M. Rifkin, M.D.
Individual
Rifkin Fairfield, LLC
20-8379863
Scott Rifkin (62%)
Mid-Atlantic Holdings, LLC
26-2426705
Scott Rifkin (100%)
Mid-Atlantic Health Care, LLC
20-3324864
Scott Rifkin (81%); Scott Potter (10%); Howard Friner (9%)
Mid-Atlantic of Fairfield Realty, LLC
45-5168841
Rifkin Fairfield, LLC (89%); Scott Potter (11%);
Mid-Atlantic of Chapel Hill, LLC
26-2507734
Mid-Atlantic Holdings, LLC (100%)
Mid-Atlantic of Allegany Holdings, LLC
27-0428303
Mid-Atlantic Holdings, LLC (100%)
Mid-Atlantic of Fairfield, LLC
20-5779926
Mid-Atlantic of Fairfield Realty, LLC (100%)
Mid-Atlantic of Chapel Hill Realty, LLC
45-4536309
Mid-Atlantic Holdings, LLC (100%)
Allegany Healthcare Group, LLC
26-2471449
Mid-Atlantic of Allegany Holdings, LLC
(100%)
Mid-Atlantic of Cumberland, LLC
26-4616844
Mid-Atlantic of Allegany Holdings, LLC
(100%)


Scott M. Rifkin, M.D.
Individual
MAHC Holdings, LLC
47-4767765
Scott Rifkin (71%); Scott Potter (20%); Howard Finer (9%)
Falling Spring Holdings - SNF GP, LLC
46-3934816
MAHC Holdings, LLC (100%)
Falling Spring Holdings, LP
46-3928799
MAHC Holdings, LLC (99%); Falling Spring Holdings - SNF GP, LLC (1%)
Southampton Holdings - SNF GP, LLC
47-4719923
MAHC Holdings, LLC (100%)
Southampton Holdings, LP
47-4731255
MAHC Holdings, LLC (99.999%); Southampton Holdings - SNF GP, LLC (.001%)
Falling Spring GP, LLC
46-3909787
Falling Spring Holdings, LP (100%)
Falling Spring Nursing and Rehabilitation Center, LP
46-3856691
Falling Spring Holdings, LP (99.999%); Falling Spring GP, LLC (0.001%)
Falling Spring Realty, LP
46-3890796
Falling Spring Holdings, LP (99.999%); Falling Spring GP, LLC (0.001%)
Southampton GP, LLC
47-4749511
Southampton Holdings, LP (100%)
Southampton Nursing and Rehabilitation Center, LP
47-4612651
Southampton Holdings, LP (99.999%); Southampton GP, LLC (0.001%)
Southampton Manor Realty, LP
47-4901394
Southampton Holdings, LP (99.999%); Southampton GP, LLC (0.001%)
Julia Manor Nursing and Rehabilitation Center, LLC
47-4580374
MAHC Holdings, LLC (100%)
Northampton Manor Nursing and Rehabilitation Center, LLC
47-4582991
MAHC Holdings, LLC (100%)
Moran Manor Nursing and Rehabilitation Center, LLC
47-4613744
MAHC Holdings, LLC (100%)
Devlin Manor Nursing and Rehabilitation Center, LLC
47-4622769
MAHC Holdings, LLC (100%)
Forest Haven Nursing and Rehabilitation Center, LLC
47-1679099
MAHC Holdings, LLC (100%)
Baltimore Nursing and Rehabilitation, LLC
MAHC Holdings, LLC (100%)
Mid-Atlantic of Waldorf, LLC
46-3899553
MAHC Holdings, LLC (100%)
Mid-Atlantic Health Care Acquisitions, LLC
47-1908731
MAHC Holdings, LLC (100%)
Villa Rosa Nursing and Rehabilitation Center, LLC
46-1557505
MAHC Holdings, LLC (100%)
Julia Manor Realty, LLC
47-4779423
MAHC Holdings, LLC (100%)
Northampton Manor Realty, LLC
47-4858502
MAHC Holdings, LLC (100%)
Moran Manor Realty, LLC
47-4862685
MAHC Holdings, LLC (100%)
Devlin Manor Realty, LLC
47-4884945
MAHC Holdings, LLC (100%)
Forest Haven Realty, LLC
47-1703578
MAHC Holdings, LLC (100%)
Baltimore Nursing and Rehabilitation Realty, LLC
MAHC Holdings, LLC (100%)
Mid-Atlantic of Waldorf Realty, LLC
46-2189668
MAHC Holdings, LLC (100%)


Scott M. Rifkin, M.D.
Individual
Northumberland Holdings - SNF GP, LLC
46-2062565
Scott Rifkin (100%)
Parkhouse Holdings - SNF GP, LLC
45-2149018
Scott Rifkin (100%)
Northumberland Holdings, LP
46-2009933
Scott Rifkin (71%); Scott Potter (20%); Howard Friner (8%);
Northumberland Holdings - SNF GP, LLC (1%)
Parkhouse Holdings, LP
46-4712895
Scott Rifkin (71%); Scott Potter (20%); Howard Friner (8%);
Parkhouse Holdings - SNF GP, LLC (1%)
Northumberland GP, LLC
46-2044137
Northumberland Holdings, LP (100%)
Parkhouse GP, LLC
46-4547955
Parkhouse Holdings, LP (100%)
Milton Nursing and Rehabilitation Center, LP
46-2020409
Northumberland Holdings, LP (99.99%); Northumberland GP, LLC (0.001%)
Parkhouse Nursing and Rehabilitation Center, LP
46-4456951
Parkhouse Holdings, LP (99.999%)
Watsontown Nursing and Rehabilitation Center, LP
46-2033743
Northumberland Holdings, LP (99.99%); Northumberland GP, LLC (0.001%)

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
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	

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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	

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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	

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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	

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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

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?	SEE EXPLANATION

Explanation:

1. THE COMPANY HAS NOT BEGUN WRITING BUSINESS

Bar Code:

16362202036500001

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
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 value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
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 points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
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)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
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 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)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	399,651	399,372
2. Cost of bonds and stocks acquired		
3. Accrual of discount	69	279
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	399,720	399,651
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	399,720	399,651

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)	399,651			69	399,720			399,651
2. NAIC 2 (a)					0			
3. NAIC 3 (a)					0			
4. NAIC 4 (a)					0			
5. NAIC 5 (a)					0			
6. NAIC 6 (a)					0			
7. Total Bonds	399,651	0	0	69	399,720	0	0	399,651
PREFERRED STOCK								
8. NAIC 1					0			
9. NAIC 2					0			
10. NAIC 3					0			
11. NAIC 4					0			
12. NAIC 5					0			
13. NAIC 6					0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	399,651	0	0	69	399,720	0	0	399,651

(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 $.....0; 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	10,986	XXX	10,986	24	

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	6,440	4,810
2. Cost of short-term investments acquired	4,546	1,630
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
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)	10,986	6,440
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	10,986	6,440

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

Sch. E - Pt. 2 Verification
NONE

Sch. A Pt. 2
NONE

Sch. A Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

Sch. D - Pt. 4
NONE

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Lien 10 of the Assets page)

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation and Administrative Symbol	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date

General Interrogatories:

1. The activity for the year: Fair Value $.....0 Book/Adjusted Carrying Value $.....0
2. Average balance for the year: Fair Value $.....0 Book/Adjusted Carrying Value $.....0

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
PNC OPERATING ACCOUNT					1,527,681	1,219,614	1,221,814	XXX
PNC CLAIMS ACCOUNT					10	10	10	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	1,527,691	1,219,624	1,221,824	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,527,691	1,219,624	1,221,824	XXX
0599999. Total Cash	XXX	XXX	0	0	1,527,691	1,219,624	1,221,824	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year

NONE