16362202020100100

ANNUAL STATEMENT

For the Year Ended December 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 *(Street and Number) (City or Town, State, Country and Zip Code)*	443-275-9800 *(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 *(Street and Number) (City or Town, State, Country and Zip Code)*	443-275-9800 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.pphealthplan.com	
Statutory Statement Contact	MARY BETH MCINTYRE *(Name)*	443-275-9800 *(Area Code) (Telephone Number) (Extension)*
	MMCINTYRE@PPHEALTHPLAN.COM *(E-Mail Address)*	*(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. BRUCE R GRINDROD	PRESIDENT AND CEO	2. MARY BETH MCINTYRE	SECRETARY AND TREASURER
3. KEITH PERSINGER	CFO AND COO	4.	

OTHER

DIRECTORS OR TRUSTEES

SCOTT M RIFKIN MD BRUCE R GRINDROD 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	MARY BETH MCINTYRE	KEITH PERSINGER
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT AND CEO	SECRETARY AND TREASURER	CFO AND COO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2021

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 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
DUE TO PROVIDER PARTNERS MANAGED SERVICES, LLC	OPERATING EXPENSES	33,337	33,337	
0199999. Individually listed payables		33,337	33,337	0
0399999. Total gross payables		33,337	33,337	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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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									

NONE

(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)	1,929,478		1,929,478
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)	2,771		2,771
6.	Totals assets (Line 28)	1,932,249	0	1,932,249
	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)	35,337		35,337
15.	Total liabilities (Line 24)	35,337	0	35,337
16.	Total capital and surplus (Line 33)	1,896,912	XXX	1,896,912
17.	Total liabilities, capital and surplus (Line 34)	1,932,249	0	1,932,249
	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

States, Etc.	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	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	0

NONE

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.....	.....

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 *
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

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 *
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-4547955..	.....	.....	.....	PARKHOUSE GP, LLC	PA	NIA	PARKHOUSE HOLDINGS, LP	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-4456951..	.....	.....	.....	PARKHOUSE NURSING AND REHABILITATION CENTER, LP	PA	NIA	PARKHOUSE HOLDINGS, LP	OWNERSHIP	99.990	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4767765..	.....	.....	.....	MAHC HOLDINGS, LLC	MD	NIA	SCOTT M. RIFKIN, M.D.	OWNERSHIP	71.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3934816..	.....	.....	.....	FALLING SPRING HOLDINGS - SNF GP, LLC.	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3928799..	.....	.....	.....	FALLING SPRING HOLDINGS, LP	PA	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	99.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3909787..	.....	.....	.....	FALLING SPRING GP, LLC	PA	NIA	FALLING SPRING HOLDINGS, LP	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3856691..	.....	.....	.....	FALLING SPRING NURSING AND REHABILITATION CENTER, LP	PA	NIA	FALLING SPRING HOLDINGS, LP	OWNERSHIP	99.999	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	46-3890796..	.....	.....	.....	FALLING SPRING REALTY, LP	PA	NIA	FALLING SPRING HOLDINGS, LP	OWNERSHIP	99.999	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4719923..	.....	.....	.....	SOUTHAMPTON HOLDINGS - SNF GP, LLC..	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4731255..	.....	.....	.....	SOUTHAMPTON HOLDINGS, LP	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	99.999	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4745911..	.....	.....	.....	SOUTHAMPTON GP, LLC	MD	NIA	SOUTHAMPTON HOLDINGS, LP	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4632661..	.....	.....	.....	SOUTHAMPTON NURSING AND REHABILITATION CENTER, LP	MD	NIA	SOUTHAMPTON HOLDINGS, LP	OWNERSHIP	99.999	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4901394..	.....	.....	.....	SOUTHAMPTON MANOR REALTY, LP	MD	NIA	SOUTHAMPTON HOLDINGS, LP	OWNERSHIP	99.999	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4580374..	.....	.....	.....	JULIA MANOR NURSING AND REHABILITATION CENTER, LLC	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4779423..	.....	.....	.....	JULIA MANOR REALTY, LLC	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4582991..	.....	.....	.....	NORTHAMPTON MANOR NURSING AND REHABILITATION CENTER, LLC	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4858502..	.....	.....	.....	NORTHAMPTON MANOR REALTY, LLC	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4613744..	.....	.....	.....	MORAN MANOR NURSING AND REHABILITATION CENTER, LLC	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....
4842	PROVIDER PARTNERS HEALTH GROUP	00000...	47-4862685..	.....	.....	.....	MORAN MANOR REALTY, LLC	MD	NIA	MAHC HOLDINGS, LLC	OWNERSHIP	100.000	SCOTT M. RIFKIN, M.D.	N	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 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 *
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 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 *
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.....	.....

Asterisk	Explanation
4842	PROVIDER PARTNERS HEALTH GROUP

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
16362	82-3676800	PROIVDER PARTNERS HEALTH PLAN OF OHIO, INC.		5,000							5,000	
		RIFKING MANAGED CARE HOLDINGS, LLC		(5,000)							(5,000)	
14458	26-4047368	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.		1,100,000							1,100,000	
	81-1541794	WESTMINISTER HEALTH CARE, LLC		(1,100,000)							(1,100,000)	
14458	26-4047368	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.					(2,718,595)				(2,718,595)	
	82-2337501	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC					2,718,595				2,718,595	
14458	26-4047368	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.					(1,944,158)				(1,944,158)	
		PHILADELPHIA NURSE PRACTIONERS, LLC					1,944,158				1,944,158	
15719	47-2383702	PROVIDER PARTNERS HEALTH PLAN, INC.					(1,913,637)				(1,913,637)	
	82-2337501	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC					1,913,637				1,913,637	
15719	47-2383702	PROVIDER PARTNERS HEALTH PLAN, INC.					(2,405,921)				(2,405,921)	
		PHILADELPHIA NURSE PRACTIONERS, LLC					2,405,921				2,405,921	
15719	83-2134817	PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS, INC.					(3,148,677)				(3,148,677)	
	82-2337501	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC					3,148,677				3,148,677	
15719	83-2134817	PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS, INC.					(3,655,373)				(3,655,373)	
		PHILADELPHIA NURSE PRACTIONERS, LLC					3,655,373				3,655,373	
16564	82-2134817	PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS, INC.		1,617,000							1,617,000	
	83-2128607	PPHP-IL HOLDCO, LLC		(1,617,000)							(1,617,000)	
16566	83-3330207	PROVIDER PARTNERS HEALTH PLAN OF MISSOURI, INC.		585,060							585,060	
		PPHP-MO HOLDCO, LLC		(585,060)							(585,060)	
16566		PROVIDER PARTNERS HEALTH PLAN OF MISSOURI, INC.					(228,840)				(228,840)	
	82-2337501	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC					228,840				228,840	
16362		PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.					(159,684)				(159,684)	
	82-2337501	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC					159,684				159,684	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	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?	NO
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	WAIVED
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	WAIVED
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	WAIVED

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

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	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?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	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?	SEE EXPLANATION
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2. 

3.

4.

5.

6.

7. 

8. 

9. 

10. 

11. THE COMPANY IS NOT YET WRITING BUSINESS 

12. THE COMPANY IS NOT YET WRITING BUSINESS 

13. The data for this supplement is not required to be filed. 

14. ACTUARY OPINION WAIVED 

15. ACTUARY OPINION WAIVED 

16. THE COMPANY IS NOT YET WRITING BUSINESS 

17. AUDIT IS WAIVED 

18. AUDIT IS WAIVED 

19. The data for this supplement is not required to be filed. 

20. The data for this supplement is not required to be filed. 

21. COMPANY HAS NOT YET BEGUN WRITING BUSINESS 

22. COMPANY HAS NOT YET BEGUN WRITING BUSINESS 

23. COMPANY HAS NOT YET BEGUN WRITING BUSINESS 

24. The data for this supplement is not required to be filed. 

25. The data for this supplement is not required to be filed. 

26. The data for this supplement is not required to be filed. 

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NONE

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