



HEALTH QUARTERLY STATEMENT

As of March 31, 2021
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 _____

a. Is this an original filing?

b. If no: 1. State the amendment number
2. Date filed

Yes [X] No []

3. Number of pages attached

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....			0	399,930
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 (\$.....1,990,278), cash equivalents (\$.....0) and short-term investments (\$.....412,497).....	2,402,775		2,402,775	1,529,548
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).....	2,402,775	0	2,402,775	1,929,478
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	2,771
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 (\$.....22,178).....	22,178		22,178	
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.....	114,937	114,937	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.....			0	
24. Health care (\$.....959) and other amounts receivable.....	959	440	519	
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).....	2,540,849	115,377	2,425,472	1,932,249
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	2,540,849	115,377	2,425,472	1,932,249

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

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	11,372		11,372	
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	129		129	
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.....	1,543		1,543	2,000
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.....	44,443		44,443	33,337
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.....	2,874		2,874	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.0	.0	.0	.0
24. Total liabilities (Lines 1 to 23).....	60,361	.0	60,361	35,337
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	2,513,000	2,038,000
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	(547,889)	(541,088)
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	2,365,111	1,896,912
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	2,425,472	1,932,249

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

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
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.....	8		
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	18,385		
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.....	18,385	0	0
Hospital and Medical:				
9. Hospital/medical benefits.....		12,419		
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		1,811		
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(440)		
16. Subtotal (Lines 9 to 15).....	0	13,790	0	0
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	13,790	0	0
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....2,092 cost containment expenses.....		2,186		
21. General administrative expenses.....		10,592	3,029	5,050
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	26,568	3,029	5,050
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(8,183)	(3,029)	(5,050)
25. Net investment income earned.....		1,822	2,466	1,779
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	1,822	2,466	1,779
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.....	(6,361)	(563)	(3,271)
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(6,361)	(563)	(3,271)

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

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
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.....	1,896,912	1,895,183	1,895,183
34.	Net income or (loss) from Line 32.....	(6,361)	(563)	(3,271)
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.....	1,309	118	687
39.	Change in nonadmitted assets.....	(1,749)	(118)	(687)
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	
44.2	Transferred from surplus (Stock Dividend).....			
44.3	Transferred to surplus.....			
45.	Surplus adjustments:			
45.1	Paid in.....	475,000		5,000
45.2	Transferred to capital (Stock Dividend).....			
45.3	Transferred from capital.....			
46.	Dividends to stockholders.....			
47.	Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47).....	468,199	4,437	1,729
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	2,365,111	1,899,620	1,896,912

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

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
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.....	(1,438)		
2. Net investment income.....	4,523	4,775	1,534
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	3,085	4,775	1,534
5. Benefit and loss related payments.....	2,858		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,000	311,096	11,117
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).....	4,858	311,096	11,117
11. Net cash from operations (Line 4 minus Line 10).....	(1,773)	(306,321)	(9,583)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	400,000		
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).....	400,000	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).....	400,000	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.....	475,000	5,000	5,000
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).....	475,000	5,000	5,000
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).....	873,227	(301,321)	(4,583)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,529,548	1,534,131	1,534,131
19.2 End of period (Line 18 plus Line 19.1).....	2,402,775	1,232,810	1,529,548
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

Q07

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	0									
2. First Quarter.....	8							8		
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	8							8		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	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 (a).....	18,441							18,441		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	18,441							18,441		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	3,377							3,377		
18. Amount Incurred for Provision of Health Care Services.....	13,790							13,790		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$18,441.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
ACCRUED MEDICAL CLAIMS PAYABLE.....	436					436
ACCRUED ELIXIR (PHARMACY CLAIMS MANAGER) CLAIMS.....	3,193					3,193
0199999. Individually Listed Claims Unpaid.....	3,629	0	0	0	0	3,629
0499999. Subtotals.....	3,629	0	0	0	0	3,629
0599999. Unreported Claims and Other Claim Reserves.....						7,743
0799999. Total Claims Unpaid.....						11,372

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....		3,377		11,372	0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	0	3,377	0	11,372	0	0
10. Healthcare receivables (a).....				959	0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	0	3,377	0	10,413	0	0

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

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	2020
NET INCOME					
(1) PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (6,361)	\$ (3,271)
(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	\$ (6,361)	\$ (3,271)
SURPLUS					
(5) PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,365,111	\$ 1,896,912
(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	\$ 2,365,111	\$ 1,896,912

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:

- 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.
- 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.
- Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at fair value.
- 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.
- Not applicable as the Company does not have investments in mortgage loans.
- 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.
- Not applicable as the Company does not have investments in subsidiary and affiliated companies.
- Not applicable as the Company does not have investments joint ventures, partnerships and limited liability companies.
- Not applicable as the Company does not have investments in derivatives.
- The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.
- 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.

NOTES TO FINANCIAL STATEMENTS

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.
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 and began writing premium in March 2021. In order to become profitable the Company is planning on adding membership by writing Medicare Advantage in additional facilities. Until the Company becomes profitable, shareholders will provide additional capital, as needed to maintain surplus above required levels by the Ohio Department of Insurance.

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

During the year ended December 31, 2018, the Company purchased a Unites States Treasury Note with a par value of \$400,000, paying 2.375% interest and maturing on March 15, 2021. This bond matured during the 3 months ended March 31, 2021. There is no investment balance at March 31, 2021.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

No significant changes

Note 9 – Income Taxes

The Company has a policy to nonadmit the deferred tax asset until it becomes profitable. As of March 31, 2021, the entire deferred tax asset has been nonadmitted.

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's related parties allocate costs based on costs incurred on their behalf. During the three months ended March 31, 2021, ownership contributed capital totaling \$475,000. During the year ended December 31, 2020, ownership contributed capital totaling \$5,000.

The Company has a balance due to PPMS totaling \$44,084 at March 31, 2021. The Company has a balance due PNP of \$359 at March 31, 2021.

C. Dollar Amounts of Transactions

As noted above, the Company had a balance due to Provider Partners Management Services, LLC of \$44,084 and \$33,337 at March 31, 2021 and December 31, 2020, respectively. The Company had a balance due to Philadelphia Nurse Practitioners of \$359 at March 31, 2021.

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

NOTES TO FINANCIAL STATEMENTS

	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 SCAs or prescribed practices

Not applicable

Note 11 – Debt

No significant changes

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

No significant changes

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

During the three and twelve months ended March 31, 2021 and December 31, 2020, ownership contributed capital totaling \$475,000 and \$5,000.

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

No significant changes

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

No significant changes

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through May 10, 2021 the date the financial statements were available to be issued. There were no subsequent events that required disclosure.

Note 23 – Reinsurance

NOTES TO FINANCIAL STATEMENTS

Effective January 1, 2021, the Company entered into a reinsurance contract with PartnerRe American Insurance Company. The agreement has a reinsurance premium of \$6.97 per member month and a specific deductible of \$200,000. Covered expenses in excess of the deductible are reimbursed at 90% if reported to the reinsurer by January 1, 2023. If reported to the reinsurer after January 1, 2023, the reimbursement rate is 50%.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

No significant changes

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

There was no change to losses and loss adjustment expenses from prior years as the Company began writing Medicare Advantage January 1, 2021.

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

The Company receives pharmaceutical rebate receivables periodically through the Company's pharmacy claims manager. The Company does not report or admit these receivables until a memo / invoice is provided by the Claims Manager. This credit / payment is then provided shortly thereafter, generally within 30 days. A summary of pharmacy rebates is as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced / Confirmed	Actual Rebates Collected within 90 Days of Invoicing / Confirmation	Actual Rebates Collected within 91 to 180 days of Invoicing / Confirmation	Actual Rebates Collected More than 180 Days After Invoicing / Confirmation
3/31/2021	\$519	\$519	\$-0-	\$-0-	\$-0-

The Company has risk sharing contracts with the ownership groups of the skilled nursing facilities that the Company's members reside in. The Company accounts for its risk sharing receivables in accordance with SSAP No. 84. The following table provides a summary of the Company's risk sharing receivables since the Company began writing Medicare Advantage, in 2021. At March 31, 2021, there were no risk-sharing receivables.

Calendar Year	Evaluation Period Year	Risk Sharing Receivable as Estimated and Reported in Prior Year	Risk Sharing Receivable as Estimated and Reported in Current Year	Risk Sharing Receivable Invoiced	Risk Sharing Receivable Not Invoiced	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Amounts Collected First Year Subsequent	Actual Risk Sharing Amounts Collected in Second Year Subsequent	Actual Risk-Sharing Amounts Collected All Other
2021	2021	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-

In accordance with SSAP No. 84, the Company reports risk sharing receivables gross on the balance sheet and payables are reported in accrued medical incentive bonuses, however, if the Company has a receivable and payable balance to the same ownership group of the skilled nursing facilities, the Company nets those balances and reports them as either a risk sharing receivable or accrued medical incentive bonus, depending on the net balance. The Company has no risk sharing receivables at March 31, 2021.

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes

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 ☒

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 ☒

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

Yes ☒ No ☐

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐

3.3

If the response to 3.2 is yes, provide a brief description of those changes.
THE COMPANY'S HOLDING COMPANY WAS RECAPITALIZED WITH A NEW MINORITY OWNER

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒

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?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes ☐ No ☒

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	2	3
Name of Entity	NAIC Company Code	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 ☒ N/A ☐

6.1

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

12/31/2019

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?
OHIO DEPARTMENT OF INSURANCE

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

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 ☒

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 ☒

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 ☒

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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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?
(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.

Yes ☒ No ☐

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 ☒

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 ☒

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 ☐ 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 ☒

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 ☒

14.2 If yes, please complete the following:

14.21 Bonds

14.22 Preferred Stock

14.23 Common Stock

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate

14.26 All Other

14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$0	\$0
0	0
0	0
0	0
0	0
0	0
0	0
\$0	\$0
\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

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 ☒ 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, PITTSBURGH, 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 ☒

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 ☒

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 ☒

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 ☒ 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 rating(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]

Q11.2

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
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	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
11835.....	04-1590940.....	01/01/2021	PARTNERRE AMERICA INSURANCE COMPANY.....	DE.....	ASL/I.....	MR.....	AUTHORIZED.....	.....	.....

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 through 8	10 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.		18,441						18,441	
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	.0
59. Subtotal.....	.XXX.	.0	18,441	.0	.0	.0	.0	.0	18,441	.0
60. Reporting entity contributions for Employee Benefit Plans.....	.XXX.								.0	
61. Total (Direct Business).....	.XXX.	.0	18,441	.0	.0	.0	.0	.0	18,441	.0

DETAILS OF WRITE-INS

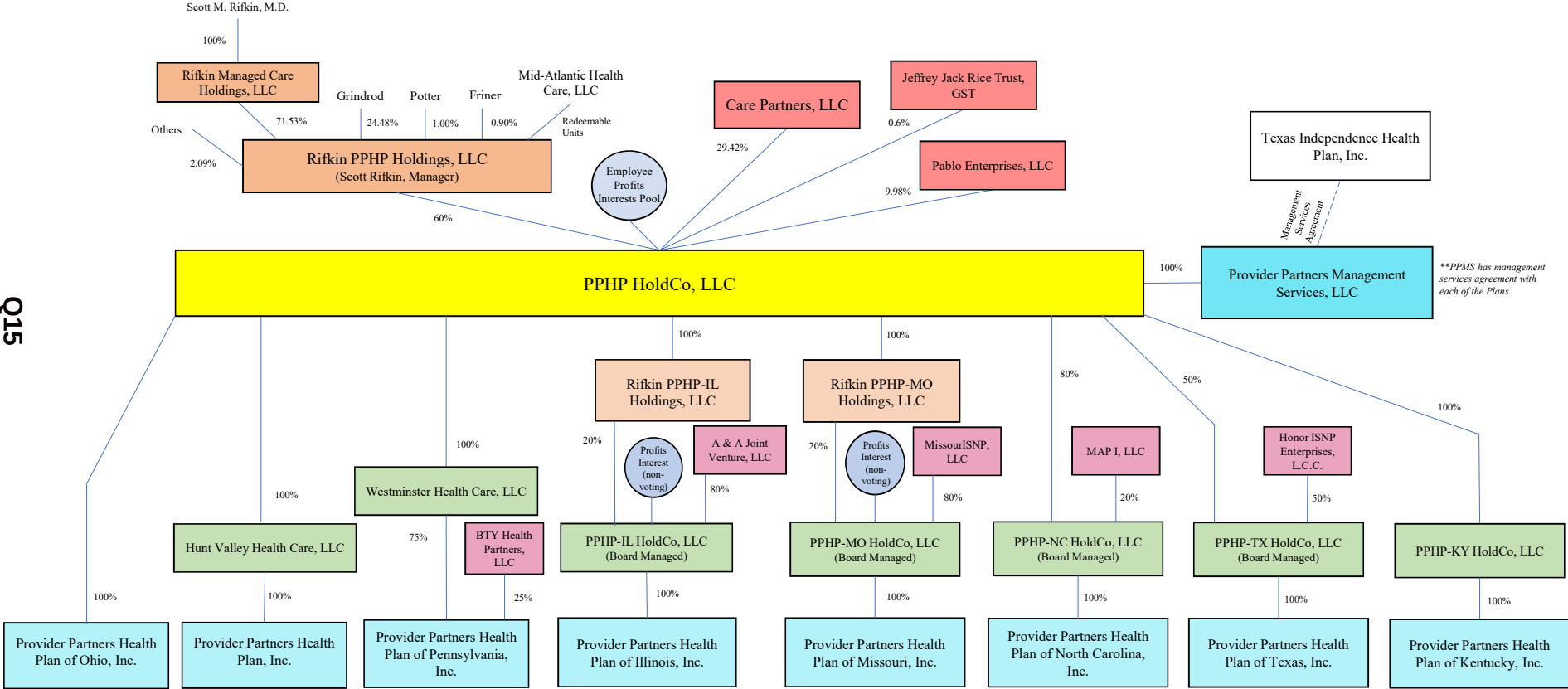
58001.									.0	
58002.									.0	
58003.									.0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

R - Registered - Non-domiciled RRGs..... 0
Q - Qualified - Qualified or accredited reinsurer..... 0
N - None of the above - Not allowed to write business in the state..... 56

Provider Partners Health Plan
Organizational Chart
(as of 2/1/2021)



PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

COMPANY NAME	FEDERAL ID NUMBER	NAIC COMPANY CODE	STATE OF DOMICILE	RELATIONSHIP CODE	DIRECTLY CONTROLLED BY	CONTROL %	ULTIMATE CONTROLLING PERSON (ENTITY)	
<u>Insurance and Insurance Holding Company Related Entities</u>								
PROVIDER PARTNERS HEALTH PLAN, INC.	47-2383702	15719	MD	IA	HUNT VALLEY HEALTH CARE, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC.	26-4047368	14458	PA	IA	WESTMINISTER HEALTH CARE, LLC	75%	SCOTT M. RIFKIN, M.D.	N
PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.	82-3676800	16362	OH	RE	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS, INC.	83-2134817	16564	IL	IA	PPHP-IL HOLDCO, LLC	100%	FLOYD A SCHLOSSBERG	N
PROVIDER PARTNERS HEALTH PLAN OF MISSOURI, INC.	83-3330207	16566	MO	IA	PPHP-MO HOLDCO, LLC	100%	JAMES LINCOLN	N
PROVIDER PARTNERS HEALTH PLAN OF NORTH CAROLINA, INC.	85-3752549	N/A	NC	IA	PPHP-NC HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PROVIDER PARTNERS HEALTH PLAN OF TEXAS, INC.	83-3313816	17005	TX	IA	PPHP-TX HOLDCO, LLC	100%		N
PROVIDER PARTNERS HEALTH PLAN OF KENTUCKY, INC.	86-1720334	N/A	KY	IA	PPHP-KY HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PPHP HOLDCO, LLC	85-2053047	N/A	MD	UDP	RIFKIN PPHP HOLDINGS, LLC	60%	SCOTT M. RIFKIN, M.D.	N
RIFKIN PPHP HOLDINGS, LLC	N/A	N/A	MD	NIA	RIFKIN MANAGED CARE HOLDINGS, LLC	72%	SCOTT M. RIFKIN, M.D.	N
RIFKIN MANAGED CARE HOLDINGS, LLC	82-4183545	N/A	MD	NIA	SCOTT M. RIFKIN, M.D.	100%	SCOTT M. RIFKIN, M.D.	N
CARE PARTNERS, LLC	85-2639957	N/A	DE	NIA	JCPIV-BPPHP DSP, L.P. & JCP IV-B PPHP Holdings, I	0%		N
JEFFREY JACK RICE TRUST	27-6959915	N/A	TX	NIA	JEFFREY JACK RICE	0%		N
PABLO ENTERPRISES	45-4365407	N/A	FL	NIA	BRUCE K ANDERSON	0%		N
HUNT VALLEY HEALTH CARE, LLC	81-1558859	N/A	MD	NIA	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
WESTMINISTER HEALTH CARE, LLC	81-1541794	N/A	MD	NIA	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PPHP-IL HOLDCO, LLC	83-2128607	N/A	MD	NIA	A&A JOINT VENTURE, LLC	80%	FLOYD A SCHLOSSBERG	N
A&A JOINT VENTURE, LLC		N/A	IL	NIA	ALR INVESTMENTS, LLC	50%	YOSEF MEYSEL	N
A&A JOINT VENTURE, LLC	83-4120576	N/A	IL	NIA	AFFINITY EQUITIES, LLC	50%	FLOYD A SCHLOSSBERG	N
RIFKIN PPHP-IL HOLDINGS, LLC	83-2440251	N/A	MD	NIA	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PPHP-MO HOLDCO, LLC	83-3539348	N/A	MD	NIA	MISSOURISNP, LLC	80%	JAMES LINCOLN	N
MISSOURISNP, LLC	83-3541609	N/A	MO	NIA	JAMES LINCOLN	100%	JAMES LINCOLN	N
RIFKIN PPHP-MO HOLDINGS, LLC	85-1902326	N/A	MD	NIA	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
PPHP-NC HOLDCO, LLC	85-3736070	N/A	DE	NIA	PPHP HOLDCO, LLC	80%	SCOTT M. RIFKIN, M.D.	N
PPHP-TX HOLDCO, LLC	86-1576694	N/A	DE	NIA	HONOR ISNP ENTERPRISES L.C.C	50%		N
PPHP-TX HOLDCO, LLC	86-1576694	N/A	DE	NIA	PPHP HOLDCO, LLC	50%	SCOTT M. RIFKIN, M.D.	N
PPHP-KY HOLDCO, LLC	86-1786363	N/A	KY	NIA	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MAP I, LLC		N/A	NC	NIA	CHARLES E. TREFZGER, JR.	9%	CHARLES E. TREFZGER, JR.	N
HONOR ISNP ENTERPRISES, L.C.C.		N/A	TX	NIA	GARY AND MALISA BLAKE	50%	GARY AND MALISA BLAKE	N
PROVIDER PARTNERS MANAGEMENT SERVICES, LLC	82-2337501	N/A	MD	NIA	PPHP HOLDCO, LLC	100%	SCOTT M. RIFKIN, M.D.	N
<u>Other Operating Entities Required to be Included with Schedule Y</u>								
BERLIN PROPERTIES, LLLP	33-1045041	0	MD	NIA	SCOTT M. RIFKIN, M.D.	90%	SCOTT M. RIFKIN, M.D.	N
FIVE STAR PHYSICIAN SERVICES, LLC	52-2253597	0	MD	NIA	SCOTT M. RIFKIN, M.D.	30%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC NURSING HOME OF WESTERN MARYLAND, LLC	37-1509967	0	MD	NIA	SCOTT M. RIFKIN, M.D.	89%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC LONG TERM CARE, LLC	33-1045044	0	MD	NIA	SCOTT M. RIFKIN, M.D.	90%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF DELMAR, LLC	20-4117725	0	DE	NIA	SCOTT M. RIFKIN, M.D.	81%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF DELMAR REALTY, LLC	47-4884945	0	DE	NIA	SCOTT M. RIFKIN, M.D.	81%	SCOTT M. RIFKIN, M.D.	N
NATIONAL POST-ACUTE HEALTHCARE, LLC	46-2859279	0	MD	NIA	SCOTT M. RIFKIN, M.D.	64%	SCOTT M. RIFKIN, M.D.	N
REAL TIME MEDICAL SYSTEMS, LLC	45-0697589	0	MD	NIA	SCOTT M. RIFKIN, M.D.	52%	SCOTT M. RIFKIN, M.D.	N
OAKLAND LONG TERM CARE, LLC	20-4146310	0	MD	NIA	SCOTT M. RIFKIN, M.D.	89%	SCOTT M. RIFKIN, M.D.	N
RIFKIN FAIRFIELD, LLC	20-8379863	0	MD	NIA	SCOTT M. RIFKIN, M.D.	62%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF FAIRFIELD REALTY, LLC	45-5168841	0	MD	NIA	RIFKIN FAIRFIELD, LLC	65%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF FAIRFIELD, LLC	20-5779926	0	MD	NIA	MID-ATLANTIC OF FAIRFIELD REALTY, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC HOLDINGS, LLC	26-2426705	0	MD	NIA	SCOTT M. RIFKIN, M.D.	99%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF CHAPEL HILL, LLC	26-2507734	0	MD	NIA	MID-ATLANTIC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF CHAPEL HILL REALTY, LLC	45-4536309	0	MD	NIA	MID-ATLANTIC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	27-0428303	0	MD	NIA	MID-ATLANTIC HOLDINGS, LLC	40%	SCOTT M. RIFKIN, M.D.	N
ALLEGANY HEALTHCARE GROUP, LLC	26-2471449	0	MD	NIA	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF CUMBERLAND, LLC	26-4616844	0	MD	NIA	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC HEALTH CARE, LLC	20-3324864	0	MD	NIA	SCOTT M. RIFKIN, M.D.	81%	SCOTT M. RIFKIN, M.D.	N
PA HOLDINGS-SNF GP, LLC	45-2149018	0	MD	NIA	SCOTT M. RIFKIN, M.D.	100%	SCOTT M. RIFKIN, M.D.	N
PA HOLDINGS-SNF, LP	45-2149191	0	PA	NIA	SCOTT M. RIFKIN, M.D.	71%	SCOTT M. RIFKIN, M.D.	N
PA NURSING HOME GP, LLC	45-2149321	0	PA	NIA	PA HOLDINGS-SNF, LP	100%	SCOTT M. RIFKIN, M.D.	N
TUCKER HOUSE NURSING AND REHABILITATION CENTER PA, LP	45-2162402	0	PA	NIA	PA HOLDINGS-SNF, LP	100%	SCOTT M. RIFKIN, M.D.	N
MAPLEWOOD NURSING AND REHABILITATION CENTER PA, LP	45-2159935	0	PA	NIA	PA HOLDINGS-SNF, LP	100%	SCOTT M. RIFKIN, M.D.	N

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CLIVEDEN NURSING AND REHABILITATION CENTER PA, LP	35-2410431	0	PA	NIA	PA HOLDINGS-SNF, LP	100%	SCOTT M. RIFKIN, M.D.	N
CARE PAVILION NURSING AND REHABILITATION CENTER PA, LP	45-2159566	0	PA	NIA	PA HOLDINGS-SNF, LP	100%	SCOTT M. RIFKIN, M.D.	N
CHELTENHAM NURSING AND REHABILITATION CENTER PA, LP	45-2149824	0	PA	NIA	PA HOLDINGS-SNF, LP	100%	SCOTT M. RIFKIN, M.D.	N
NORTHUMBERLAND HOLDINGS - SNF GP, LLC	46-2062565	0	MD	NIA	SCOTT M. RIFKIN, M.D.	100%	SCOTT M. RIFKIN, M.D.	N
NORTHUMBERLAND HOLDINGS, LP	46-2009933	0	PA	NIA	SCOTT M. RIFKIN, M.D.	71%	SCOTT M. RIFKIN, M.D.	N
NORTHUMBERLAND GP, LLC	46-2044137	0	PA	NIA	NORTHUMBERLAND HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
MILTON NURSING AND REHABILITATION CENTER, LP	46-2020409	0	PA	NIA	NORTHUMBERLAND HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
WATSONTOWN NURSING AND REHABILITATION CENTER, LP	46-2033743	0	PA	NIA	NORTHUMBERLAND HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
PARKHOUSE HOLDINGS - SNF GP, LLC	45-2149018	0	MD	NIA	SCOTT M. RIFKIN, M.D.	100%	SCOTT M. RIFKIN, M.D.	N
PARKHOUSE HOLDINGS, LP	46-4712895	0	PA	NIA	SCOTT M. RIFKIN, M.D.	71%	SCOTT M. RIFKIN, M.D.	N
PARKHOUSE GP, LLC	46-4547955	0	PA	NIA	PARKHOUSE HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
PARKHOUSE NURSING AND REHABILITATION CENTER, LP	46-4456951	0	PA	NIA	PARKHOUSE HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
MAHC HOLDINGS, LLC	47-4767765	0	MD	NIA	SCOTT M. RIFKIN, M.D.	71%	SCOTT M. RIFKIN, M.D.	N
FALLING SPRING HOLDINGS - SNF GP, LLC	46-3934816	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
FALLING SPRING HOLDINGS, LP	46-3928799	0	PA	NIA	MAHC HOLDINGS, LLC	99%	SCOTT M. RIFKIN, M.D.	N
FALLING SPRING GP, LLC	46-3909787	0	PA	NIA	FALLING SPRING HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
FALLING SPRING NURSING AND REHABILITATION CENTER, LP	46-3856691	0	PA	NIA	FALLING SPRING HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
FALLING SPRING REALTY, LP	46-3890796	0	PA	NIA	FALLING SPRING HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
SOUTHAMPTON HOLDINGS - SNF GP, LLC	47-4719923	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
SOUTHAMPTON HOLDINGS, LP	47-4731255	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
SOUTHAMPTON GP, LLC	47-4745911	0	MD	NIA	SOUTHAMPTON HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
SOUTHAMPTON NURSING AND REHABILITATION CENTER, LP	47-4632661	0	MD	NIA	SOUTHAMPTON HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
SOUTHAMPTON MANOR REALTY, LP	47-4901394	0	MD	NIA	SOUTHAMPTON HOLDINGS, LP	100%	SCOTT M. RIFKIN, M.D.	N
JULIA MANOR NURSING AND REHABILITATION CENTER, LLC	47-4580374	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
JULIA MANOR REALTY, LLC	47-4779423	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
NORTHAMPTON MANOR NURSING AND REHABILITATION CENTER, LLC	47-4582991	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
NORTHAMPTON MANOR REALTY, LLC	47-4858502	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MORAN MANOR NURSING AND REHABILITATION CENTER, LLC	47-4613744	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MORAN MANOR REALTY, LLC	47-4862685	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
DEVLIN MANOR NURSING AND REHABILITATION CENTER, LLC	47-4622769	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
DEVLIN MANOR REALTY, LLC	47-4884945	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
FOREST HAVEN NURSING AND REHABILITATION CENTER, LLC	47-1679099	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
FOREST HAVEN REALTY, LLC	47-1703578	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
BALTIMORE NURSING AND REHABILITATION, LLC		0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
BALTIMORE NURSING AND REHABILITATION REALTY, LLC		0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF WALDORF, LLC	46-3899553	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC OF WALDORF REALTY, LLC	46-2189668	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
MID-ATLANTIC HEALTH CARE ACQUISITIONS, LLC	47-1908731	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
VILLA ROSA NURSING AND REHABILITATION CENTER, LLC	46-1557505	0	MD	NIA	MAHC HOLDINGS, LLC	100%	SCOTT M. RIFKIN, M.D.	N
CHARLOTTE HALL NURSING, LLC	47-4828613	0	MD	NIA	SCOTT M. RIFKIN, M.D.	81%	SCOTT M. RIFKIN, M.D.	N
PHILADELPHIA NURSE PRACTITIONERS GP, LLC		0	MD	NIA	SCOTT M. RIFKIN, M.D.	100%	SCOTT M. RIFKIN, M.D.	N
PHILADELPHIA NURSE PRACTITIONERS, LP	46-4017726	0	MD	NIA	SCOTT M. RIFKIN, M.D.	71%	SCOTT M. RIFKIN, M.D.	N
CHESNUT NURSING AND REHABILITATION CENTER, LLC	82-4208643	0	PA	NIA	SCOTT M. RIFKIN, M.D.		SCOTT M. RIFKIN, M.D.	N
ALR INVESTMENTS, LLC		0	IL	NIA	THE ALDEN GROUP	100%	FLOYD A SCHLOSSBERG	N
THE ALDEN GROUP		0	IL	NIA	FLOYD A SCHLOSSBERG LIVING TRUST	100%	FLOYD A SCHLOSSBERG	N
ALDEN DESIGN GROUP, INC.		0	IL	NIA	FLOYD A SCHLOSSBERG LIVING TRUST	100%	FLOYD A SCHLOSSBERG	N
ALDEN BENNETT CONSTRUCTION COMPANY		0	IL	NIA	FLOYD A SCHLOSSBERG LIVING TRUST	100%	FLOYD A SCHLOSSBERG	N
ALDEN REALTY SERVICES, INC.		0	IL	NIA	FLOYD A SCHLOSSBERG LIVING TRUST	100%	FLOYD A SCHLOSSBERG	N
FLOYD A SCHLOSSBERG LIVING TRUST		0	IL	NIA	FLOYD A SCHLOSSBERG	100%	FLOYD A SCHLOSSBERG	N
AFFINITY EQUITIES, LLC		0	IL	NIA	YOSEF MEYSTEL	36%	YOSEF MEYSTEL	N
AFFINITY EQUITIES, LLC		0	IL	NIA	DAVID BERKOWITZ	36%	DAVID BERKOWITZ	N
Chase Office, LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
ProPayHR, LLC		0	IL	NIA	YOSEF MEYSTEL	12%	YOSEF MEYSTEL	N
Renewal Rehab, LLC		0	IL	NIA	YOSEF MEYSTEL	45%	YOSEF MEYSTEL	N
Roosevelt Risk Management, LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
V Amusement, LLC		0	IL	NIA	YOSEF MEYSTEL	17%	YOSEF MEYSTEL	N
BM Equities, LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
8131 Monticello, LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
Aperion Care, Inc. LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
Aperion Financial, LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
Aperion Consulting, LLC		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N

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HCS, LLC		0	IL	NIA	YOSEF MEYSTEL	40%	YOSEF MEYSTEL	N
Mum Valet, LLC		0	IL	NIA	YOSEF MEYSTEL	40%	YOSEF MEYSTEL	N
Affinity, LLC		0	IL	NIA	YOSEF MEYSTEL	45%	YOSEF MEYSTEL	N
HB Life, LLC		0	IL	NIA	YOSEF MEYSTEL	33%	YOSEF MEYSTEL	N
P Park Properties, LLC		0	IL	NIA	YOSEF MEYSTEL	100%	YOSEF MEYSTEL	N
Pointe Group, LLC		0	IL	NIA	YOSEF MEYSTEL	33%	YOSEF MEYSTEL	N
Aperion Care Arbors Michigan City, LLC		0	IL	NIA	YOSEF MEYSTEL	18%	YOSEF MEYSTEL	N
Aperion Care Bridgeport		0	IL	NIA	YOSEF MEYSTEL	49%	YOSEF MEYSTEL	N
Aperion Care St Elmo		0	IL	NIA	YOSEF MEYSTEL	49%	YOSEF MEYSTEL	N
Aperion Care Forest Park, LLC		0	IL	NIA	YOSEF MEYSTEL	48%	YOSEF MEYSTEL	N
Aperion Care Jacksonville, LLC		0	IL	NIA	YOSEF MEYSTEL	47%	YOSEF MEYSTEL	N
Aperion Care Litchfield, LLC		0	IL	NIA	YOSEF MEYSTEL	47%	YOSEF MEYSTEL	N
Aperion Care Springfield, LLC		0	IL	NIA	YOSEF MEYSTEL	47%	YOSEF MEYSTEL	N
Aperion Care Oak Lawn, LLC	26-3843892	0	IL	NIA	YOSEF MEYSTEL	11%	YOSEF MEYSTEL	N
Aperion Care Dolton, LLC		0	IL	NIA	YOSEF MEYSTEL	39%	YOSEF MEYSTEL	N
Aperion Care Burbank, LLC		0	IL	NIA	YOSEF MEYSTEL	60%	YOSEF MEYSTEL	N
Aperion Care International, LLC		0	IL	NIA	YOSEF MEYSTEL	29%	YOSEF MEYSTEL	N
Aperion Care Wilmington, LLC		0	IL	NIA	YOSEF MEYSTEL	24%	YOSEF MEYSTEL	N
Aperion Care Evanston, LLC	20-5015305	0	IL	NIA	YOSEF MEYSTEL	16%	YOSEF MEYSTEL	N
Aperion Care Highwood, LL		0	IL	NIA	YOSEF MEYSTEL	16%	YOSEF MEYSTEL	N
Aperion Care Midlothian, LLC	26-1518178	0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
Aperion Care Plum Grove, LLC	26-4328936	0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care Galesburg, LLC		0	IL	NIA	YOSEF MEYSTEL	32%	YOSEF MEYSTEL	N
Aperion Care Moline, LLC		0	IL	NIA	YOSEF MEYSTEL	32%	YOSEF MEYSTEL	N
Aperion Care Chicago Heights, LLC		0	IL	NIA	YOSEF MEYSTEL	33%	YOSEF MEYSTEL	N
Aperion Care Demotte, LLC		0	IL	NIA	YOSEF MEYSTEL	15%	YOSEF MEYSTEL	N
Aperion Care Kokomo, LLC		0	IL	NIA	YOSEF MEYSTEL	15%	YOSEF MEYSTEL	N
Aperion Care Tolleston Park, LLC		0	IL	NIA	YOSEF MEYSTEL	15%	YOSEF MEYSTEL	N
Aperion Care Valparaiso, LLC		0	IL	NIA	YOSEF MEYSTEL	11%	YOSEF MEYSTEL	N
Aperion Care Peru, LLC		0	IL	NIA	YOSEF MEYSTEL	15%	YOSEF MEYSTEL	N
Aperion Care Hidden Lake, LLC (CCRC, MO)		0	IL	NIA	YOSEF MEYSTEL	29%	YOSEF MEYSTEL	N
Aperion Care Spring Valley, LLC		0	IL	NIA	YOSEF MEYSTEL	25%	YOSEF MEYSTEL	N
Aperion Care Elgin, LLC		0	IL	NIA	YOSEF MEYSTEL	23%	YOSEF MEYSTEL	N
Aperion Care Toluca, LLC		0	IL	NIA	YOSEF MEYSTEL	23%	YOSEF MEYSTEL	N
Aperion Care Bloomington, LLC		0	IL	NIA	YOSEF MEYSTEL	23%	YOSEF MEYSTEL	N
Aperion Care Cairo		0	IL	NIA	YOSEF MEYSTEL	25%	YOSEF MEYSTEL	N
Aperion Care Fairfield		0	IL	NIA	YOSEF MEYSTEL	25%	YOSEF MEYSTEL	N
Glennon Management		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
Aperion Care Mascoutah		0	IL	NIA	YOSEF MEYSTEL	25%	YOSEF MEYSTEL	N
Aperion Care Olney		0	IL	NIA	YOSEF MEYSTEL	24%	YOSEF MEYSTEL	N
Aperion Care Tonganoxie		0	IL	NIA	YOSEF MEYSTEL	50%	YOSEF MEYSTEL	N
Aperion Care Capitol		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care Princeton		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care Peoria Heights		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care Morton Terrace		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care Morton Villa		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care West Chicago		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
Aperion Care Marseilles		0	IL	NIA	YOSEF MEYSTEL	30%	YOSEF MEYSTEL	N
East Pointe		0	IL	NIA	YOSEF MEYSTEL	17%	YOSEF MEYSTEL	N
South Pointe		0	IL	NIA	YOSEF MEYSTEL	17%	YOSEF MEYSTEL	N
Bay Pointe		0	IL	NIA	YOSEF MEYSTEL	17%	YOSEF MEYSTEL	N
BM Equities, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Island City Equities, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
ProPayHR, LLC		0	IL	NIA	DAVID BERKOWITZ	12%	DAVID BERKOWITZ	N
Renewal Rehab, LLC		0	IL	NIA	DAVID BERKOWITZ	45%	DAVID BERKOWITZ	N
Roosevelt Risk Management, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Chase Office, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
8131 Monticello, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Aperion Care, Inc. LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Aperion Financial, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Aperion Consulting, LLC		0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

HB Life, LLC	0	IL	NIA	DAVID BERKOWITZ	33%	DAVID BERKOWITZ	N
Affinity, LLC	0	IL	NIA	DAVID BERKOWITZ	45%	DAVID BERKOWITZ	N
Tal Equities 2-4, LLC	0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
HCS, LLC	0	IL	NIA	DAVID BERKOWITZ	40%	DAVID BERKOWITZ	N
Pointe Group, LLC	0	IL	NIA	DAVID BERKOWITZ	17%	DAVID BERKOWITZ	N
Milvado, LLC	0	IL	NIA	DAVID BERKOWITZ	25%	DAVID BERKOWITZ	N
Aperion Care Arbors Michigan City, LLC	0	IL	NIA	DAVID BERKOWITZ	18%	DAVID BERKOWITZ	N
Aperion Care Bridgeport	0	IL	NIA	DAVID BERKOWITZ	49%	DAVID BERKOWITZ	N
Aperion Care St Elmo	0	IL	NIA	DAVID BERKOWITZ	49%	DAVID BERKOWITZ	N
Aperion Care Forest Park, LLC	0	IL	NIA	DAVID BERKOWITZ	48%	DAVID BERKOWITZ	N
Aperion Care Jacksonville, LLC	0	IL	NIA	DAVID BERKOWITZ	47%	DAVID BERKOWITZ	N
Aperion Care Litchfield, LLC	0	IL	NIA	DAVID BERKOWITZ	47%	DAVID BERKOWITZ	N
Aperion Care Springfield, LLC	0	IL	NIA	DAVID BERKOWITZ	47%	DAVID BERKOWITZ	N
Aperion Care Oak Lawn, LLC	0	IL	NIA	DAVID BERKOWITZ	24%	DAVID BERKOWITZ	N
Aperion Care Dolton, LLC	27-3201422	0	IL	NIA	47%	DAVID BERKOWITZ	N
Aperion Care International, LLC	0	IL	NIA	DAVID BERKOWITZ	29%	DAVID BERKOWITZ	N
Aperion Care Wilmington, LLC	0	IL	NIA	DAVID BERKOWITZ	24%	DAVID BERKOWITZ	N
Aperion Care Midlothian, LLC	0	IL	NIA	DAVID BERKOWITZ	43%	DAVID BERKOWITZ	N
Aperion Care Plum Grove, LLC	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care Galesburg, LLC	0	IL	NIA	DAVID BERKOWITZ	32%	DAVID BERKOWITZ	N
Aperion Care Moline, LLC	0	IL	NIA	DAVID BERKOWITZ	32%	DAVID BERKOWITZ	N
Aperion Care Chicago Heights, LLC	26-1872916	0	IL	NIA	21%	DAVID BERKOWITZ	N
Aperion Care Demotte, LLC	0	IL	NIA	DAVID BERKOWITZ	15%	DAVID BERKOWITZ	N
Aperion Care Kokomo, LLC	0	IL	NIA	DAVID BERKOWITZ	15%	DAVID BERKOWITZ	N
Aperion Care Tolleston Park, LLC	0	IL	NIA	DAVID BERKOWITZ	15%	DAVID BERKOWITZ	N
Aperion Care Valparaiso, LLC	0	IL	NIA	DAVID BERKOWITZ	11%	DAVID BERKOWITZ	N
Aperion Care Peru, LLC	0	IL	NIA	DAVID BERKOWITZ	15%	DAVID BERKOWITZ	N
Aperion Care Hidden Lake, LLC (CCRC, MO)	0	IL	NIA	DAVID BERKOWITZ	26%	DAVID BERKOWITZ	N
Aperion Care Spring Valley, LLC	0	IL	NIA	DAVID BERKOWITZ	25%	DAVID BERKOWITZ	N
Aperion Care Elgin, LLC	0	IL	NIA	DAVID BERKOWITZ	23%	DAVID BERKOWITZ	N
Aperion Care Toluca, LLC	0	IL	NIA	DAVID BERKOWITZ	23%	DAVID BERKOWITZ	N
Aperion Care Bloomington, LLC	0	IL	NIA	DAVID BERKOWITZ	23%	DAVID BERKOWITZ	N
Aperion Care Olney	0	IL	NIA	DAVID BERKOWITZ	24%	DAVID BERKOWITZ	N
Aperion Care Cairo	0	IL	NIA	DAVID BERKOWITZ	25%	DAVID BERKOWITZ	N
Aperion Care Fairfield	0	IL	NIA	DAVID BERKOWITZ	25%	DAVID BERKOWITZ	N
Glennon Management	0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Aperion Care Mascoutah	0	IL	NIA	DAVID BERKOWITZ	25%	DAVID BERKOWITZ	N
Aperion Care Tonganoxie	0	IL	NIA	DAVID BERKOWITZ	50%	DAVID BERKOWITZ	N
Aperion Care Capitol	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care Princeton	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care Peoria Heights	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care Morton Terrace	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care Morton Villa	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care West Chicago	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
Aperion Care Marseilles	0	IL	NIA	DAVID BERKOWITZ	30%	DAVID BERKOWITZ	N
East Pointe	0	IL	NIA	DAVID BERKOWITZ	17%	DAVID BERKOWITZ	N
South Pointe	0	IL	NIA	DAVID BERKOWITZ	17%	DAVID BERKOWITZ	N
Bay Pointe	0	IL	NIA	DAVID BERKOWITZ	17%	DAVID BERKOWITZ	N
Alden Management Services, Inc.("AMS")	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Forum Extended Care Services II, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Forum Extended Care Services of Central Illinois, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Forum Extended Care, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
ANI International Insurance Company	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Master Tenant Association, LLC	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Trails, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden of Old Town East, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden of Old Town West, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Springs, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Trails, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Trails II, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden of Bloomingdale, L.L.C	0	IL	NIA	THE ALDEN GROUP, LTD.	98%	FLOYD A SCHLOSSBERG	N

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

The Alden Group- Alden Estates of Evanston, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Evanston II, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Barrington, Inc.	77-0610669	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Alden of Barrington, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Heather Health Care Center, Inc.	36-2949011	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Heather Health Care Center II, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	36-2687662	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Lawrence Avenue Building, L.L.C	0	IL	NIA	THE ALDEN GROUP, LTD.	98%	FLOYD A SCHLOSSBERG	N
Alden Lincoln Park Rehabilitation and Health Care Center, Inc.	36-4003483	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Alden-Long Grove Rehabilitation and Health Care Center. Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	36-4003491	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Naperville, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Naperville, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Northmoor Rehabilitation and Health Care Center, Inc.	36-3847747	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Northmoor Associates, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Poplar Creek Rehabilitation and Health Care Center, Inc.	36-3548268	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Alden Nursing Center of Poplar Creek, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	98%	FLOYD A SCHLOSSBERG	N
The Alden Group Alden Village Health Facility for Children and Young Adults, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Village II, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Wentworth Rehabilitation and Health Care Center, Inc.	36-2975641	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Alden Wentworth, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Shorewood Investments I, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Shorewood, Inc.	0	IL	NIA	Shorewood Investments I, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Shorewood I, L.L.C.	0	IL	NIA	Shorewood Investments I, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden Courts of Shorewood, Inc.	0	IL	NIA	Shorewood Investments I, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden-Orland Park Rehabilitation and Health Care Center, Inc.	36-3901683	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Orland Associates, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Village North, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Village North II, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Skokie, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Estates of Skokie, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Des Plaines Rehabilitation and Health Care Center, Inc.	36-4030801	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Alden Des Plaines Rehabilitation and Health Care Center, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Garden Courts of Des Plaines, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-North Shore Rehabilitation and Health care Center, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
North Shore Touhy Associates, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Princeton Rehabilitation and Health Care Center, Inc.	36-3708169	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Princeton Associates I, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Town Manor Rehabilitation and Health Care Center, Inc.	36-3695814	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Town Manor Associates, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden-Valley Ridge Rehabilitation and Health Care Center, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Valley Ridge Associates, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates of Countryside, Inc. (WI Corp.)	25-1684990	0	IL	NIA	100%	FLOYD A SCHLOSSBERG	N
Estates of Countryside, L.L.C.-(WI Entity)	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Estates-Courts of Huntley, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden Huntley Investments, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
The Forum Professional Center	0	IL	NIA	THE ALDEN GROUP, LTD.	33%	FLOYD A SCHLOSSBERG	N
Illinois Home Therapeutics, Inc.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Community Physical Therapy & associates, Ltd.	0	IL	NIA	Illinois Home Therapeutics, Inc.	100%	FLOYD A SCHLOSSBERG	N
Family Home Health Services, Inc.	0	IL	NIA	Illinois Home Therapeutics, Inc.	100%	FLOYD A SCHLOSSBERG	N
Family Solutions for Seniors, Inc.	0	IL	NIA	Illinois Home Therapeutics, Inc.	100%	FLOYD A SCHLOSSBERG	N
Prism Health Care Services, Inc.	0	IL	NIA	Illinois Home Therapeutics, Inc.	100%	FLOYD A SCHLOSSBERG	N
Fort Medical Equipment, L.L.C.	0	IL	NIA	Illinois Home Therapeutics, Inc.	100%	FLOYD A SCHLOSSBERG	N
ALR Investments, LLC	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden of Waterford Investments, L.L.C.	0	IL	NIA	THE ALDEN GROUP, LTD.	100%	FLOYD A SCHLOSSBERG	N
Alden of Waterford, L.L.C.	0	IL	NIA	Alden of Waterford Investments, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden Courts of Waterford, L.L.C.	0	IL	NIA	Alden of Waterford Investments, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Waterford Rehab & Courts, L.L.C.	0	IL	NIA	Alden of Waterford Investments, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden Gardens of Waterford, L.L.C.	0	IL	NIA	Alden of Waterford Investments, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden Gardens of Waterford, Inc.	0	IL	NIA	Alden of Waterford Investments, L.L.C.	100%	FLOYD A SCHLOSSBERG	N
Alden-Alma Nelson Manor Inc.	0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

Alden of Rockford Investments, L.L.C.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Alden-Alma Nelson, L.L.C.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Alden Meadow Park Health Care Center, Inc.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Alden of Clinton, L.L.C.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Alden-Park Strathmoor, Inc.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Alden-Park Strathmoor, L.L.C.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Waterford Management Services, Inc.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
Bloomington SLF Management, L.L.C.		0	IL	NIA	ALDEN REALTY SERVICES, INC.	100%	FLOYD A SCHLOSSBERG	N
N & R OF ADVANCE, INC.	43-1834842..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
ASHLAND NURSING & REHAB, LLC	46-0476484..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
BELLEFONTAINE GARDENS NURSING & REHAB, INC.	43-1877409..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF BETHANY, INC.	43-1857883..	00000...	MO	NIA	GARY CRANE	0%	JAMES LINCOLN ***	N
N & R OF BLOOMFIELD, LLC	81-3535180..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF BROOKHAVEN, LLC	46-5605206..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF CALIFORNIA, INC.	43-1857885..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF CAMDENTON, INC.	43-1866182..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
CARROLL HOUSE, INC.	43-1869720..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
WASHINGTON N & R, LLC	43-1885415..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF CHARLESTON, LLC	45-2482123..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF FREDERICKTOWN, INC.	43-1822973..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF SIKESTON AT CLEARVIEW, INC.	43-1834840..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
COUNTRY MEADOWS NURSING & REHAB, LLC	26-1689119..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF CRESTVIEW, LLC	26-0658660..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF DEXTER, INC.	43-1834843..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
CUBA MANOR, INC.	43-1747914..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
CURRENT RIVER NURSING CENTER, INC.	43-1588438..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
DEXTER N & R, LLC	81-3546502..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF DIXON, LLC	13-4251323..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF EAST PRARIE, INC.	43-1834844..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF ELDON, INC.	43-1822850..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
EXCELSIOR SPRINGS NURSING & REHAB, LLC	26-1277276..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF FAYETTE, INC.	43-1822997..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
FORSYTH MANOR, INC.	43-1723193..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF FULTON, INC.	43-1822854..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF WELLSVILLE, LLC	81-3486444..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF GERALD, INC.	43-1822786..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF GLASGOW, LLC	81-3519662..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SPRINGFIELD EAST, LLC	65-1205322..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SEYMOUR, INC.	43-1822969..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF CHILLICOTHE, INC.	43-1822970..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
WASHINGTON N & R, LLC	43-1885415..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF HARTVILLE, LLC	46-3627675..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF HERMITAGE, LLC	46-5626712..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
HILLCREST CARE CENTER, INC.	43-1605979..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF PLATTE CITY, INC.	43-1820371..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF JONESBURG, INC.	43-1822785..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF JOPLIN, LLC	46-1553252..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF GREEN HAVEN, LLC	26-0349712..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF LEBANON NORTH, LLC	65-1205315..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF LEBANON SOUTH, LLC	65-1205325..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF ST. CHARLES, LLC	26-1519965..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF LINCOLN COUNTY, INC.	43-1822852..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF MAIDEN, LLC	43-1938756..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
VIENNA NURSING AND REHAB, LLC	26-1824091..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF POPLAR BLUFF, INC.	43-1822966..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF MARYVILLE, LLC	81-3535136..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF ANDERSON, LLC	81-3492045..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF MINER, INC.	43-1834845..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF MOBERLY, INC.	43-1822784..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF CALIFORNIA WEST, LLC	46-0476482..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF MONTICELLO, INC.	43-1842284..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

N & R OF NEVADA, LLC	46-5579103..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF ODESSA, LLC	81-3562186..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF NEW MADRID, LLC	81-3492071..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF NIXA, LLC	46-5626771..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF OAK GROVE, LLC	43-1886608..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF CRANE, LLC	27-4199214..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF COLUMBIA, LLC	26-1612752..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF MEXICO, LLC	81-3472258..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF HOLLIISTER, LLC	56-2373385..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
POTOSI MANOR, INC.	43-1787660..	00000...	MO	NIA	TIMOTHY DRAKE	0%	JAMES LINCOLN ***	N
N & R OF CHRISTIAN REPUBLIC, LLC	46-5593643..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
MALDEN N & R, LLC	81-3486533..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF JEFFERSON CITY, LLC	81-3506345..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF MANSFIELD, LLC	26-4339400..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF BRANSON, LLC	81-3472158..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SILEX, INC.	43-1822972..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF SMITHVILLE, LLC	81-3519607..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF REPUBLIC, LLC	26-1824194..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SOUTH HAMPTON, LLC	46-0476485..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SPRINGFIELD MONTCLAIR, LLC	81-5264552..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF FARMINGTON, LLC	26-3398101..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF ST. JAMES, LLC	81-3562271..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF STRAFFORD, INC.	43-1844936..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF MAYSVILLE, LLC	20-4701082..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SWEET SPRINGS, INC.	43-1823384..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
N & R OF KIMBERLING CITY, LLC	27-4199017..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF NORTH COLUMBIA, LLC	46-1515562..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SOUTH KANSAS CITY, LLC	81-2589245..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF TIPTON, LLC	20-1059179..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF TROY, LLC	26-1612640..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF INDEPENDENCE, LLC	81-3506418..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF WARRENTON, INC.	43-1822853..	00000...	MO	NIA	GARY CRANE	0%	JAMES LINCOLN ***	N
N & R OF CLINTON, LLC	81-3546537..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF WILLARD, LLC	46-3639407..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
N & R OF SPRINGFIELD WEST, LLC	46-5605263..	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
TRUMAN VALLEY HC, INC.	43-1650222..	00000...	MO	NIA	MATHIAS DASAL	0%	JAMES LINCOLN ***	N
PACIFIC MANOR, LLC	43-1398473	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N
NM OF NASHUA, LLC	26-3372520	00000...	MO	NIA	LTC MANAGEMENT SERVICES, LLC	0%	JAMES LINCOLN ***	N

*** 0% CONTROL REPRESENTS MANAGEMENT CONTROL

RE - REPORTING ENTITY

UP - UPSTREAM DIRECT PARENT

IA - INSURANCE AFFILIATE

NIA - NON-INSURANCE AFFILIATE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
4842	PROVIDER PARTNERS HEALTH GROUP	15719...	47-2383702..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN, INC..	MD.....	IA.....	HUNT VALLEY HEALTH CARE, LLC.....	OWNERSHIP...	1.000	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...	0.750	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	16362...	82-3676800..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.	OH.....	RE.....	PPHP HOLDCO, LLC.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	16564...	83-2134817..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS, INC.	IL.....	IA.....	PPHP-IL HOLDCO, LLC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	16566...	83-3330207..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN OF MISSOURI, INC.	MO.....	IA.....	PPHP-MO HOLDCO, LLC.....	OWNERSHIP...	1.000	JAMES LINCOLN.....	...N.....	.....
.....	PROVIDER PARTNERS HEALTH GROUP	.....	85-3752549..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN OF NORTH CAROLINA, INC.	NC.....	IA.....	PPHP-NC HOLDCO, LLC.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	17005...	83-3313816..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN OF TEXAS, INC.	TX.....	IA.....	PPHP-TX HOLDCO, LLC.....	OWNERSHIP...	1.000	.....	...N.....	.....
.....	PROVIDER PARTNERS HEALTH GROUP	.....	86-1720334..	.....	.....	.....	PROVIDER PARTNERS HEALTH PLAN OF KENTUCKY, INC.	KY.....	IA.....	PPHP-KY HOLDCO, LLC.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	85-2053047..	.....	.....	.....	PPHP HOLDCO, LLC.....	DE.....	UDP.....	RIFKIN PPHP HOLDINGS, LLC.....	OWNERSHIP...	0.600	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	N/A.....	.....	.....	.....	RIFKIN PPHP HOLDINGS, LLC.....	MD.....	NIA.....	RIFKIN MANAGED CARE HOLDINGS, LLC...	OWNERSHIP...	0.720	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	82-4183545..	.....	.....	.....	RIFKIN MANAGED CARE HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
.....	PROVIDER PARTNERS HEALTH GROUP	.....	85-2639957..	.....	.....	.....	CARE PARTNERS, LLC.....	DE.....	NIA.....	JCPIV-BPPHP DSP, L.P. & JCP IV-B PPHP Holdings, Inc.	ONWERSHIP...	1.000	JOHN SHULMAN.....	...N.....	.....
.....	PROVIDER PARTNERS HEALTH GROUP	.....	27-6959915..	.....	.....	.....	JEFFREY JACK RICE TRUST.....	TX.....	NIA.....	JEFFREY JACK RICE.....	TRUSTEE.....	1.000	JEFFREY JACK RICE.....	...N.....	.....
.....	PROVIDER PARTNERS HEALTH GROUP	.....	45-4365407..	.....	.....	.....	PABLO ENTERPRISES.....	FL.....	NIA.....	BRUCE K ANDERSON.....	OWNERSHIP...	1.000	BRUCE K ANDERSON.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	81-1558859..	.....	.....	.....	HUNT VALLEY HEALTH CARE, LLC.....	MD.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	81-1541794..	.....	.....	.....	WESTMINISTER HEALTH CARE, LLC.....	MD.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	83-2128607..	.....	.....	.....	PPHP-IL HOLDCO, LLC.....	MD.....	NIA.....	A&A JOINT VENTURE, LLC.....	OWNERSHIP...	0.800	FLOYD A SCHLOSSBERG.....	...N.....	.....
.....	.....	.....	.....	.....	.....	.....	A&A JOINT VENTURE, LLC.....	IL.....	NIA.....	ALR INVESTMENTS, LLC.....	OWNERSHIP...	0.500	YOSEF MEYSTEL.....	...N.....	.....
.....	.....	.....	83-4120576..	.....	.....	.....	A&A JOINT VENTURE, LLC.....	IL.....	NIA.....	AFFINITY EQUITIES, LLC.....	OWNERSHIP...	0.500	FLOYD A SCHLOSSBERG.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	83-2440251..	.....	.....	.....	RIFKIN PPHP-IL HOLDINGS, LLC.....	MD.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP...	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....

Q16

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4842	PROVIDER PARTNERS HEALTH GROUP	.....	83-3539348..	.....	.....	.....	PPHP-MO HOLDCO, LLC.....	MO.....	NIA.....	MISSOURISNP, LLC.....	OWNERSHIP....	0.800	JAMES LINCOLN.....	...N.....	.....
.....	.....	.....	83-3541609..	.....	.....	.....	MISSOURISNP, LLC.....	MO.....	NIA.....	JAMES LINCOLN.....	OWNERSHIP....	1.000	JAMES LINCOLN.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	85-1902326..	.....	.....	.....	RIFKIN PPHP-MO HOLDINGS, LLC.....	MD.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	85-3736070..	.....	.....	.....	PPHP-NC HOLDCO, LLC.....	DE.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP....	0.800	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	86-1576694..	.....	.....	.....	PPHP-TX HOLDCO, LLC.....	DE.....	NIA.....	HONOR ISNP ENTERPRISES L.C.C.....	OWNERSHIP....	0.500	.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	86-1576694..	.....	.....	.....	PPHP-TX HOLDCO, LLC.....	DE.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP....	0.500	.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	86-1786363..	.....	.....	.....	PPHP-KY HOLDCO, LLC.....	KY.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
.....	.....	.....	.....	.....	.....	.....	MAP I, LLC.....	NC.....	NIA.....	CHARLES E. TREFZGER, JR.....	OWNERSHIP....	0.090	CHARLES E. TREFZGER, JR.....	...N.....	.....
.....	.....	.....	.....	.....	.....	.....	HONOR ISNP ENTERPRISES, L.C.C.....	TX.....	NIA.....	GARY AND MALISA BLAKE.....	OWNERSHIP....	1.000	GARY AND MALISA BLAKE.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	82-2337501..	.....	.....	.....	PROVIDER PARTNERS MANAGEMENT SERVICES, LLC	MD.....	NIA.....	PPHP HOLDCO, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	33-1045041..	.....	.....	.....	BERLIN PROPERTIES, LLLP.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.900	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	52-2253597..	.....	.....	.....	FIVE STAR PHYSICIAN SERVICES, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.300	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	37-1509967..	.....	.....	.....	MID-ATLANTIC NURSING HOME OF WESTERN MARYLAND, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.890	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	33-1045044..	.....	.....	.....	MID-ATLANTIC LONG TERM CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.900	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	20-4117725..	.....	.....	.....	MID-ATLANTIC OF DELMAR, LLC.....	DE.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.810	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4884945..	.....	.....	.....	MID-ATLANTIC OF DELMAR REALTY, LLC....	DE.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.810	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2859279..	.....	.....	.....	NATIONAL POST-ACUTE HEALTHCARE, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.640	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-0697589..	.....	.....	.....	REAL TIME MEDICAL SYSTEMS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.520	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	20-4146310..	.....	.....	.....	OAKLAND LONG TERM CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.890	SCOTT M. RIFKIN, M.D.....	...N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	20-8379863..	.....	.....	.....	RIFKIN FAIRFIELD, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.620	SCOTT M. RIFKIN, M.D.....	...N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-5168841..	.....	.....	.....	MID-ATLANTIC OF FAIRFIELD REALTY, LLC.	MD.....	NIA.....	RIFKIN FAIRFIELD, LLC.....	OWNERSHIP....	0.650	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	20-5779926..	.....	.....	.....	MID-ATLANTIC OF FAIRFIELD, LLC.....	MD.....	NIA.....	MID-ATLANTIC OF FAIRFIELD REALTY, LLC	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	26-2426705..	.....	.....	.....	MID-ATLANTIC HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.990	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	26-2507734..	.....	.....	.....	MID-ATLANTIC OF CHAPEL HILL, LLC.....	MD.....	NIA.....	MID-ATLANTIC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-4536309..	.....	.....	.....	MID-ATLANTIC OF CHAPEL HILL REALTY, LLC	MD.....	NIA.....	MID-ATLANTIC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	27-0428303..	.....	.....	.....	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	MD.....	NIA.....	MID-ATLANTIC HOLDINGS, LLC.....	OWNERSHIP....	0.400	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	26-2471449..	.....	.....	.....	ALLEGANY HEALTHCARE GROUP, LLC.....	MD.....	NIA.....	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	26-4616844..	.....	.....	.....	MID-ATLANTIC OF CUMBERLAND, LLC.....	MD.....	NIA.....	MID-ATLANTIC OF ALLEGANY HOLDINGS, LLC	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	20-3324864..	.....	.....	.....	MID-ATLANTIC HEALTH CARE, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.810	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2149018..	.....	.....	.....	PA HOLDINGS-SNF GP, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2149191..	.....	.....	.....	PA HOLDINGS-SNF, LP.....	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.710	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2149321..	.....	.....	.....	PA NURSING HOME GP, LLC.....	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2162402..	.....	.....	.....	TUCKER HOUSE NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2159935..	.....	.....	.....	MAPLEWOOD NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	35-2410431..	.....	.....	.....	CLIVEDEN NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2159566..	.....	.....	.....	CARE PAVILION NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2149824..	.....	.....	.....	CHELTENHAM NURSING AND REHABILITATION CENTER PA, LP	PA.....	NIA.....	PA HOLDINGS-SNF, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2062565..	.....	.....	.....	NORTHUMBERLAND HOLDINGS - SNF GP, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	N.....	.....
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2009933..	.....	.....	.....	NORTHUMBERLAND HOLDINGS, LP.....	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.710	SCOTT M. RIFKIN, M.D.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2044137..	.....	.....	.....	NORTHUMBERLAND GP, LLC.....	PA.....	NIA.....	NORTHUMBERLAND HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2020409..	.....	.....	.....	MILTON NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	NORTHUMBERLAND HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2033743..	.....	.....	.....	WATSONTOWN NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	NORTHUMBERLAND HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	45-2149018..	.....	.....	.....	PARKHOUSE HOLDINGS - SNF GP, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-4712895..	.....	.....	.....	PARKHOUSE HOLDINGS, LP.....	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.710	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-4547955..	.....	.....	.....	PARKHOUSE GP, LLC.....	PA.....	NIA.....	PARKHOUSE HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-4456951..	.....	.....	.....	PARKHOUSE NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	PARKHOUSE HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4767765..	.....	.....	.....	MAHC HOLDINGS, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.710	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-3934816..	.....	.....	.....	FALLING SPRING HOLDINGS - SNF GP, LLC.	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-3928799..	.....	.....	.....	FALLING SPRING HOLDINGS, LP.....	PA.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	0.990	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-3909787..	.....	.....	.....	FALLING SPRING GP, LLC.....	PA.....	NIA.....	FALLING SPRING HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-3856691..	.....	.....	.....	FALLING SPRING NURSING AND REHABILITATION CENTER, LP	PA.....	NIA.....	FALLING SPRING HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-3890796..	.....	.....	.....	FALLING SPRING REALTY, LP.....	PA.....	NIA.....	FALLING SPRING HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4719923..	.....	.....	.....	SOUTHAMPTON HOLDINGS - SNF GP, LLC..	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4731255..	.....	.....	.....	SOUTHAMPTON HOLDINGS, LP.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4745911..	.....	.....	.....	SOUTHAMPTON GP, LLC.....	MD.....	NIA.....	SOUTHAMPTON HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4632661..	.....	.....	.....	SOUTHAMPTON NURSING AND REHABILITATION CENTER, LP	MD.....	NIA.....	SOUTHAMPTON HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4901394..	.....	.....	.....	SOUTHAMPTON MANOR REALTY, LP.....	MD.....	NIA.....	SOUTHAMPTON HOLDINGS, LP.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4580374..	.....	.....	.....	JULIA MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4779423..	.....	.....	.....	JULIA MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4582991..	.....	.....	.....	NORTHAMPTON MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4858502..	.....	.....	.....	NORTHAMPTON MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4613744..	.....	.....	.....	MORAN MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4862685..	.....	.....	.....	MORAN MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4622769..	.....	.....	.....	DEVLIN MANOR NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4884945..	.....	.....	.....	DEVLIN MANOR REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-1679099..	.....	.....	.....	FOREST HAVEN NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-1703578..	.....	.....	.....	FOREST HAVEN REALTY, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....		.....	.....	.....	BALTIMORE NURSING AND REHABILITATION, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....		.....	.....	.....	BALTIMORE NURSING AND REHABILITATION REALTY, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-3899553..	.....	.....	.....	MID-ATLANTIC OF WALDORF, LLC.....	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-2189668..	.....	.....	.....	MID-ATLANTIC OF WALDORF REALTY, LLC..	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-1908731..	.....	.....	.....	MID-ATLANTIC HEALTH CARE ACQUISITIONS, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	46-1557505..	.....	.....	.....	VILLA ROSA NURSING AND REHABILITATION CENTER, LLC	MD.....	NIA.....	MAHC HOLDINGS, LLC.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....	47-4828613..	.....	.....	.....	CHARLOTTE HALL NURSING, LLC.....	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.810	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP	.....		.....	.....	.....	PHILADELPHIA NURSE PRACTITIONERS GP, LLC	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	1.000	SCOTT M. RIFKIN, M.D.....	...N.....	
4842	PROVIDER PARTNERS HEALTH GROUP		46-4017726..				PHILADELPHIA NURSE PRACTITIONERS, LP	MD.....	NIA.....	SCOTT M. RIFKIN, M.D.....	OWNERSHIP....	0.710	SCOTT M. RIFKIN, M.D.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4842	PROVIDER PARTNERS HEALTH GROUP	.....	82-4208643..	.....	.....	.....	CHESNUT NURSING AND REHABILITATION CENTER, LLC	PA.....	NIA.....	SCOTT M. RIFKIN, M.D.....	MANAGEMENT.....	.....	SCOTT M. RIFKIN, M.D.....	N.....	.....
							ALR INVESTMENTS, LLC.....	IL.....	NIA.....	THE ALDEN GROUP.....	OWNERSHIP.....	1.000	FLOYD A SCHLOSSBERG.....	N.....	.....
							THE ALDEN GROUP.....	IL.....	NIA.....	FLOYD A SCHLOSSBERG LIVING TRUST...	OWNERSHIP.....	1.000	FLOYD A SCHLOSSBERG.....	N.....	.....
							ALDEN DESIGN GROUP, INC.....	IL.....	NIA.....	FLOYD A SCHLOSSBERG LIVING TRUST...	OWNERSHIP.....	1.000	FLOYD A SCHLOSSBERG.....	N.....	.....
							ALDEN BENNETT CONSTRUCTION COMPANY	IL.....	NIA.....	FLOYD A SCHLOSSBERG LIVING TRUST...	OWNERSHIP.....	1.000	FLOYD A SCHLOSSBERG.....	N.....	.....
							ALDEN REALTY SERVICES, INC.....	IL.....	NIA.....	FLOYD A SCHLOSSBERG LIVING TRUST...	OWNERSHIP.....	1.000	FLOYD A SCHLOSSBERG.....	N.....	.....
							FLOYD A SCHLOSSBERG LIVING TRUST.....	IL.....	NIA.....	FLOYD A SCHLOSSBERG.....	OWNERSHIP.....	1.000	FLOYD A SCHLOSSBERG.....	N.....	.....
							AFFINITY EQUITIES, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.360	YOSEF MEYSEL.....	N.....	.....
							AFFINITY EQUITIES, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP.....	0.360	DAVID BERKOWITZ.....	N.....	.....
							Chase Office, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							ProPayHR, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.120	YOSEF MEYSEL.....	N.....	.....
							Renewal Rehab, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.450	YOSEF MEYSEL.....	N.....	.....
							Roosevelt Risk Management, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							V Amusement, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.170	YOSEF MEYSEL.....	N.....	.....
							BM Equities, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							8131 Monticello, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							Aperion Care, Inc. LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							Aperion Financial, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							Aperion Consulting, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.500	YOSEF MEYSEL.....	N.....	.....
							HCS, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.400	YOSEF MEYSEL.....	N.....	.....
							Mum Valet, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.400	YOSEF MEYSEL.....	N.....	.....
							Affinity, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.450	YOSEF MEYSEL.....	N.....	.....
							HB Life, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.330	YOSEF MEYSEL.....	N.....	.....
							P Park Properties, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	1.000	YOSEF MEYSEL.....	N.....	.....
							Pointe Group, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.330	YOSEF MEYSEL.....	N.....	.....
							Aperion Care Arbors Michigan City, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.180	YOSEF MEYSEL.....	N.....	.....
							Aperion Care Bridgeport.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.490	YOSEF MEYSEL.....	N.....	.....
							Aperion Care St Elmo.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.490	YOSEF MEYSEL.....	N.....	.....
							Aperion Care Forest Park, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.480	YOSEF MEYSEL.....	N.....	.....
							Aperion Care Jacksonville, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.470	YOSEF MEYSEL.....	N.....	.....
							Aperion Care Litchfield, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.470	YOSEF MEYSEL.....	N.....	.....
							Aperion Care Springfield, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.470	YOSEF MEYSEL.....	N.....	.....
			26-3843892..				Aperion Care Oak Lawn, LLC.....	IL.....	NIA.....	YOSEF MEYSEL.....	OWNERSHIP.....	0.110	YOSEF MEYSEL.....	N.....	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Q16.6							Aperion Care Dolton, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.390	YOSEF MEYSTEL.....	...N....	
							Aperion Care Burbank, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.600	YOSEF MEYSTEL.....	...N....	
							Aperion Care International, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.290	YOSEF MEYSTEL.....	...N....	
							Aperion Care Wilmington, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.240	YOSEF MEYSTEL.....	...N....	
			20-5015305..				Aperion Care Evanston, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.160	YOSEF MEYSTEL.....	...N....	
							Aperion Care Highwood, LL.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.160	YOSEF MEYSTEL.....	...N....	
			26-1518178..				Aperion Care Midlothian, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.500	YOSEF MEYSTEL.....	...N....	
			26-4328936..				Aperion Care Plum Grove, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care Galesburg, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.320	YOSEF MEYSTEL.....	...N....	
							Aperion Care Moline, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.320	YOSEF MEYSTEL.....	...N....	
							Aperion Care Chicago Heights, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.330	YOSEF MEYSTEL.....	...N....	
							Aperion Care Demotte, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.150	YOSEF MEYSTEL.....	...N....	
							Aperion Care Kokomo, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.150	YOSEF MEYSTEL.....	...N....	
							Aperion Care Tolleston Park, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.150	YOSEF MEYSTEL.....	...N....	
							Aperion Care Valparaiso, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.110	YOSEF MEYSTEL.....	...N....	
							Aperion Care Peru, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.150	YOSEF MEYSTEL.....	...N....	
							Aperion Care Hidden Lake, LLC (CCRC, MO)...	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.290	YOSEF MEYSTEL.....	...N....	
							Aperion Care Spring Valley, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.250	YOSEF MEYSTEL.....	...N....	
							Aperion Care Elgin, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.230	YOSEF MEYSTEL.....	...N....	
							Aperion Care Toluca, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.230	YOSEF MEYSTEL.....	...N....	
							Aperion Care Bloomington, LLC.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.230	YOSEF MEYSTEL.....	...N....	
							Aperion Care Cairo.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.250	YOSEF MEYSTEL.....	...N....	
							Aperion Care Fairfield.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.250	YOSEF MEYSTEL.....	...N....	
							Glennon Management.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.500	YOSEF MEYSTEL.....	...N....	
							Aperion Care Mascoutah.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.250	YOSEF MEYSTEL.....	...N....	
							Aperion Care Olney.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.240	YOSEF MEYSTEL.....	...N....	
							Aperion Care Tonganoxie.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.500	YOSEF MEYSTEL.....	...N....	
							Aperion Care Capitol.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care Princeton.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care Peoria Heights.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care Morton Terrace.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care Morton Villa.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care West Chicago.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							Aperion Care Marseilles.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.300	YOSEF MEYSTEL.....	...N....	
							East Pointe.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.170	YOSEF MEYSTEL.....	...N....	
							South Pointe.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.170	YOSEF MEYSTEL.....	...N....	
							Bay Pointe.....	IL.....	NIA.....	YOSEF MEYSTEL.....	OWNERSHIP...	0.170	YOSEF MEYSTEL.....	...N....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Q16.7							BM Equities, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							Island City Equities, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							ProPayHR, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.120	DAVID BERKOWITZ.....	N.....	
							Renewal Rehab, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.450	DAVID BERKOWITZ.....	N.....	
							Roosevelt Risk Management, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							Chase Office, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							8131 Monticello, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							Aperion Care, Inc. LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							Aperion Financial, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							Aperion Consulting, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							HB Life, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.330	DAVID BERKOWITZ.....	N.....	
							Affinity, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.450	DAVID BERKOWITZ.....	N.....	
							Tal Equities 2-4, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	N.....	
							HCS, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.400	DAVID BERKOWITZ.....	N.....	
							Pointe Group, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.170	DAVID BERKOWITZ.....	N.....	
							Milvado, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.250	DAVID BERKOWITZ.....	N.....	
							Aperion Care Arbors Michigan City, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.180	DAVID BERKOWITZ.....	N.....	
							Aperion Care Bridgeport.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.490	DAVID BERKOWITZ.....	N.....	
							Aperion Care St Elmo.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.490	DAVID BERKOWITZ.....	N.....	
							Aperion Care Forest Park, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.480	DAVID BERKOWITZ.....	N.....	
							Aperion Care Jacksonville, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.470	DAVID BERKOWITZ.....	N.....	
							Aperion Care Litchfield, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.470	DAVID BERKOWITZ.....	N.....	
							Aperion Care Springfield, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.470	DAVID BERKOWITZ.....	N.....	
							Aperion Care Oak Lawn, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.240	DAVID BERKOWITZ.....	N.....	
			27-3201422..				Aperion Care Dolton, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.470	DAVID BERKOWITZ.....	N.....	
							Aperion Care International, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.290	DAVID BERKOWITZ.....	N.....	
							Aperion Care Wilmington, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.240	DAVID BERKOWITZ.....	N.....	
							Aperion Care Midlothian, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.430	DAVID BERKOWITZ.....	N.....	
							Aperion Care Plum Grove, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	N.....	
							Aperion Care Galesburg, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.320	DAVID BERKOWITZ.....	N.....	
							Aperion Care Moline, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.320	DAVID BERKOWITZ.....	N.....	
			26-1872916..				Aperion Care Chicago Heights, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.210	DAVID BERKOWITZ.....	N.....	
							Aperion Care Demotte, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.150	DAVID BERKOWITZ.....	N.....	
							Aperion Care Kokomo, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.150	DAVID BERKOWITZ.....	N.....	
							Aperion Care Tolleston Park, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.150	DAVID BERKOWITZ.....	N.....	
							Aperion Care Valparaiso, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.110	DAVID BERKOWITZ.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Q16.8							Aperion Care Peru, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.150	DAVID BERKOWITZ.....	...N....	
							Aperion Care Hidden Lake, LLC (CCRC, MO)...	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.260	DAVID BERKOWITZ.....	...N....	
							Aperion Care Spring Valley, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.250	DAVID BERKOWITZ.....	...N....	
							Aperion Care Elgin, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.230	DAVID BERKOWITZ.....	...N....	
							Aperion Care Toluca, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.230	DAVID BERKOWITZ.....	...N....	
							Aperion Care Bloomington, LLC.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.230	DAVID BERKOWITZ.....	...N....	
							Aperion Care Olney.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.240	DAVID BERKOWITZ.....	...N....	
							Aperion Care Cairo.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.250	DAVID BERKOWITZ.....	...N....	
							Aperion Care Fairfield.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.250	DAVID BERKOWITZ.....	...N....	
							Glennon Management.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	...N....	
							Aperion Care Mascoutah.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.250	DAVID BERKOWITZ.....	...N....	
							Aperion Care Tonganoxie.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.500	DAVID BERKOWITZ.....	...N....	
							Aperion Care Capitol.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							Aperion Care Princeton.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							Aperion Care Peoria Heights.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							Aperion Care Morton Terrace.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							Aperion Care Morton Villa.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							Aperion Care West Chicago.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							Aperion Care Marseilles.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.300	DAVID BERKOWITZ.....	...N....	
							East Pointe.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.170	DAVID BERKOWITZ.....	...N....	
							South Pointe.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.170	DAVID BERKOWITZ.....	...N....	
							Bay Pointe.....	IL.....	NIA.....	DAVID BERKOWITZ.....	OWNERSHIP...	0.170	DAVID BERKOWITZ.....	...N....	
							Alden Management Services, Inc.("AMS").....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Forum Extended Care Services II, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Forum Extended Care Services of Central Illinois, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Forum Extended Care, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							ANI International Insurance Company.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Master Tenant Association, LLC.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Trails, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden of Old Town East, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden of Old Town West, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Springs, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Trails, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Trails II, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden of Bloomingdale, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP...	0.980	FLOYD A SCHLOSSBERG.....	...N....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Q16.9							The Alden Group- Alden Estates of Evanston, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Estates of Evanston II, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			77-0610669..				Alden Estates of Barrington, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden of Barrington, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-2949011..				Heather Health Care Center, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Heather Health Care Center II, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden-Lakeland Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-2687662..				Lawrence Avenue Building, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	0.980	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Lincoln Park Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-4003483..				Alden-Long Grove Rehabilitation and Health Care Center. Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-4003491..				Alden Estates of Naperville, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Naperville, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Northmoor Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-3847747..				Northmoor Associates, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden-Poplar Creek Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-3548268..				Alden Nursing Center of Poplar Creek, L.L.C....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	0.980	FLOYD A SCHLOSSBERG.....	N.....	
							The Alden Group Alden Village Health Facility for Children and Young Adults, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Village II, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden-Wentworth Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-2975641..				Alden Wentworth, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Shorewood Investments I, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Estates of Shorewood, Inc.....	IL.....	NIA.....	Shorewood Investments I, L.L.C.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Estates of Shorewood I, L.L.C.....	IL.....	NIA.....	Shorewood Investments I, L.L.C.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden Courts of Shorewood, Inc.....	IL.....	NIA.....	Shorewood Investments I, L.L.C.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
							Alden-Orland Park Rehabilitation and Health Care Center, Inc.	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	
			36-3901683..				Orland Associates, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.10

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
							Alden Village North, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden Village North II, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden Estates of Skokie, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Estates of Skokie, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
			36-4030801..				Alden-Des Plaines Rehabilitation and Health Care Center, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden Des Plaines Rehabilitation and Health Care Center, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden Garden Courts of Des Plaines, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden-North Shore Rehabilitation and Health care Center, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							North Shore Touhy Associates, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
			36-3708169..				Alden-Princeton Rehabilitation and Health Care Center, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Princeton Associates I, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
			36-3695814..				Alden-Town Manor Rehabilitation and Health Care Center, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Town Manor Associates, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden-Valley Ridge Rehabilitation and Health Care Center, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Valley Ridge Associates, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
			25-1684990..				Alden Estates of Countryside, Inc. (WI Corp.)...	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Estates of Countryside, L.L.C.-(WI Entity).....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden Estates-Courts of Huntley, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden Huntley Investments, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							The Forum Professional Center.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	0.330	FLOYD A SCHLOSSBERG.....	...N.....	
							Illinois Home Therapeutics, Inc.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Community Physical Therapy & associates, Ltd.....	IL.....	NIA.....	Illinois Home Therapeutics, Inc.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Family Home Health Services, Inc.....	IL.....	NIA.....	Illinois Home Therapeutics, Inc.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Family Solutions for Seniors, Inc.....	IL.....	NIA.....	Illinois Home Therapeutics, Inc.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Prism Health Care Services, Inc.....	IL.....	NIA.....	Illinois Home Therapeutics, Inc.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Fort Medical Equipment, L.L.C.....	IL.....	NIA.....	Illinois Home Therapeutics, Inc.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							ALR Investments, LLC.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden of Waterford Investments, L.L.C.....	IL.....	NIA.....	THE ALDEN GROUP, LTD.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	
							Alden of Waterford, L.L.C.....	IL.....	NIA.....	Alden of Waterford Investments, L.L.C.....	OWNERSHIP....	1.000	FLOYD A SCHLOSSBERG.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16:11

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
							Alden Courts of Waterford, L.L.C.....	IL.....	NIA.....	Alden of Waterford Investments, L.L.C.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Waterford Rehab & Courts, L.L.C.....	IL.....	NIA.....	Alden of Waterford Investments, L.L.C.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Gardens of Waterford, L.L.C.....	IL.....	NIA.....	Alden of Waterford Investments, L.L.C.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Gardens of Waterford, Inc.....	IL.....	NIA.....	Alden of Waterford Investments, L.L.C.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden-Alma Nelson Manor Inc.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden of Rockford Investments, L.L.C.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden-Alma Nelson, L.L.C.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden Meadow Park Health Care Center, Inc. .	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden of Clinton, L.L.C.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden-Park Strathmoor, Inc.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Alden-Park Strathmoor, L.L.C.	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Waterford Management Services, Inc.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
							Bloomington SLF Management, L.L.C.....	IL.....	NIA.....	ALDEN REALTY SERVICES, INC.....	OWNERSHIP...	1.000	FLOYD A SCHLOSSBERG.....	...N....	
		00000..	43-1834842..				N & R OF ADVANCE, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	46-0476484..				ASHLAND NURSING & REHAB, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
							BELLEFONTAINE GARDENS NURSING & REHAB, INC.	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1857883..				N & R OF BETHANY, INC.....	MO.....	NIA.....	GARY CRANE.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	81-3535180..				N & R OF BLOOMFIELD, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	46-5605206..				N & R OF BROOKHAVEN, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1857885..				N & R OF CALIFORNIA, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1866182..				N & R OF CAMDENTON, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1869720..				CARROLL HOUSE, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1885415..				WASHINGTON N & R, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	45-2482123..				N & R OF CHARLESTON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1822973..				N & R OF FREDERICKTOWN, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1834840..				N & R OF SIKESTON AT CLEARVIEW, INC....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
							COUNTRY MEADOWS NURSING & REHAB, LLC	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	26-1689119..				N & R OF CRESTVIEW, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1834843..				N & R OF DEXTER, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1747914..				CUBA MANOR, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1588438..				CURRENT RIVER NURSING CENTER, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	81-3546502..				DEXTER N & R, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	13-4251323..				N & R OF DIXON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1834844..				N & R OF EAST PRARIE, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	
		00000..	43-1822850..				N & R OF ELDON, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.	.....	JAMES LINCOLN.....	...N....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16:12

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000...	26-1277276..				EXCELSIOR SPRINGS NURSING & REHAB, LLC	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822997..				N & R OF FAYETTE, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1723193..				FORSYTH MANOR, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822854..				N & R OF FULTON, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	81-3486444..				N & R OF WELLSVILLE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822786..				N & R OF GERALD, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	81-3519662..				N & R OF GLASGOW, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	65-1205322..				N & R OF SPRINGFIELD EAST, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822969..				N & R OF SEYMOUR, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822970..				N & R OF CHILLICOTHE, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1885415..				WASHINGTON N & R, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	46-3627675..				N & R OF HARTVILLE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	46-5626712..				N & R OF HERMITAGE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1605979..				HILLCREST CARE CENTER, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1820371..				N & R OF PLATTE CITY, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822785..				N & R OF JONESBURG, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	46-1553252..				N & R OF JOPLIN, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	26-0349712..				N & R OF GREEN HAVEN, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	65-1205315..				N & R OF LEBANON NORTH, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	65-1205325..				N & R OF LEBANON SOUTH, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	26-1519965..				N & R OF ST. CHARLES, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822852..				N & R OF LINCOLN COUNTY, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1938756..				N & R OF MAIDEN, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	26-1824091..				VIENNA NURSING AND REHAB, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822966..				N & R OF POPLAR BLUFF, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	81-3535136..				N & R OF MARYVILLE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	81-3492045..				N & R OF ANDERSON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1834845..				N & R OF MINER, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1822784..				N & R OF MOBERLY, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	46-0476482..				N & R OF CALIFORNIA WEST, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	43-1842284..				N & R OF MONTICELLO, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	46-5579103..				N & R OF NEVADA, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	81-3562186..				N & R OF ODESSA, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	81-3492071..				N & R OF NEW MADRID, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	
		00000...	46-5626771..				N & R OF NIXA, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT.		JAMES LINCOLN.....	...N.....	

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Q16:13		00000..	43-1886608..				N & R OF OAK GROVE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	27-4199214..				N & R OF CRANE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	26-1612752..				N & R OF COLUMBIA, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3472258..				N & R OF MEXICO, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	56-2373385..				N & R OF HOLLISTER, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1787660..				POTOSI MANOR, INC.....	MO.....	NIA.....	TIMOTHY DRAKE.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	46-5593643..				N & R OF CHRISTIAN REPUBLIC, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3486533..				MALDEN N & R, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3506345..				N & R OF JEFFERSON CITY, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	26-4339400..				N & R OF MANSFIELD, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3472158..				N & R OF BRANSON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1822972..				N & R OF SILEX, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3519607..				N & R OF SMITHVILLE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	26-1824194..				N & R OF REPUBLIC, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	46-0476485..				N & R OF SOUTH HAMPTON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-5264552..				N & R OF SPRINGFIELD MONTCLAIR, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	26-3398101..				N & R OF FARMINGTON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3562271..				N & R OF ST. JAMES, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1844936..				N & R OF STRAFFORD, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	20-4701082..				N & R OF MAYSVILLE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1823384..				N & R OF SWEET SPRINGS, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	27-4199017..				N & R OF KIMBERLING CITY, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	46-1515562..				N & R OF NORTH COLUMBIA, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-2589245..				N & R OF SOUTH KANSAS CITY, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	20-1059179..				N & R OF TIPTON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	26-1612640..				N & R OF TROY, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3506418..				N & R OF INDEPENDENCE, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1822853..				N & R OF WARRENTON, INC.....	MO.....	NIA.....	GARY CRANE.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	81-3546537..				N & R OF CLINTON, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	46-3639407..				N & R OF WILLARD, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	46-5605263..				N & R OF SPRINGFIELD WEST, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1650222..				TRUMAN VALLEY HC, INC.....	MO.....	NIA.....	MATHIAS DASAL.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	43-1398473..				PACIFIC MANOR, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	
		00000..	26-3372520..				NM OF NASHUA, LLC.....	MO.....	NIA.....	LTC MANAGEMENT SERVICES, LLC.....	MANAGEMENT..		JAMES LINCOLN.....	..N.....	

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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?	YES

Explanation:
1.

Bar Code:

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
Overflow Page for Write-Ins

NONE

PROVIDER PARTNERS HEALTH PLAN OF OHIO, INC.
SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	399,930	399,651
2. Cost of bonds and stocks acquired.....		
3. Accrual of discount.....	70	279
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	400,000	
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).....	0	399,930
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	399,930

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	399,930	70	400,000		0			399,930
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.....	399,930	70	400,000	0	0	0	0	399,930
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.....	399,930	70	400,000	0	0	0	0	399,930

(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.....	412,497	XXX.....	412,497	.....	.....

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.....	7,974	6,440
2. Cost of short-term investments acquired.....	404,523	1,534
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).....	412,497	7,974
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	412,497	7,974

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

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
Bonds - U.S. Government																					
912828 4b 3	USA TREASURY NOTE 2.375% MATURES 3-15-2021	..	03/15/2021.	MATURED		400,000	400,000	399,302	399,930	.....	.....70	.....	.....70	.....	.....400,000	.....	.....	.....0	.....	03/15/2021.	1.
0599999.	Total - Bonds - U.S. Government.....					400,000	400,000	399,302	399,930	0	70	0	70	0	400,000	0	0	0	0	XXX	XXX
8399997.	Total - Bonds - Part 4.....					400,000	400,000	399,302	399,930	0	70	0	70	0	400,000	0	0	0	0	XXX	XXX
8399999.	Total - Bonds.....					400,000	400,000	399,302	399,930	0	70	0	70	0	400,000	0	0	0	0	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....					400,000	XXX	399,302	399,930	0	70	0	70	0	400,000	0	0	0	0	XXX	XXX

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

Sch. DL - Pt. 2
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 or Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
PNC OPERATING ACCOUNT.....					1,519,564	1,994,564	1,990,268	XXX
PNC CLAIMS ACCOUNT.....					10	10	10	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	1,519,574	1,994,574	1,990,278	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	1,519,574	1,994,574	1,990,278	XXX
0599999. Total Cash.....	XXX	XXX	0	0	1,519,574	1,994,574	1,990,278	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....4842

NAIC Company Code.....16362

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums collected.....	1,787	.XXX		.XXX	1,787
2. Earned premiums.....	1,787	.XXX		.XXX	.XXX
3. Claims paid.....		.XXX		.XXX	.0
4. Claims incurred.....	1,811	.XXX		.XXX	.XXX
5. Reinsurance coverage and low income cost sharing - claims paid net of reimbursements applied (a).....	.XXX		.XXX		.0
6. Aggregate policy reserves - change.....		.XXX		.XXX	.XXX
7. Expenses paid.....	194	.XXX		.XXX	194
8. Expenses incurred.....	1,238	.XXX		.XXX	.XXX
9. Underwriting gain or loss.....	(1,262)	.XXX	.0	.XXX	.XXX
10. Cash flow results.....	.XXX	.XXX	.XXX	.XXX	1,593

(a) Uninsured Receivable/Payable with CMS at End of Quarter \$.0 due from CMS or \$.0 due to CMS.