



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

NAIC Group Code 5035, NAIC Company Code 16725 Employer's ID Number 84-2285422
(Current) (Prior)

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
Incorporated/Organized 11/10/2018 Commenced Business 02/06/2020
Statutory Home Office 10123 ALLIANCE ROAD, SUITE 240 BLUE ASH, OH, US 45242
Main Administrative Office 10123 ALLIANCE ROAD, SUITE 240
BLUE ASH, OH, US 45242 513-530-1600
(Telephone)
Mail Address 10123 ALLIANCE ROAD, SUITE 240 BLUE ASH, OH, US 45242
Primary Location of Books and
Records 10123 ALLIANCE ROAD, SUITE 240
BLUE ASH, OH, US 45242 513-530-1600
(Telephone)
Internet Website Address N/A
Statutory Statement Contact JEREMY C HEIMGARTNER 513-469-8545
(Telephone)
JHEIMGARTNER@COMMUNICARE-ADVANTAGE.
COM 513-247-0589
(E-Mail) (Fax)

OFFICERS
ROBERT HAGER#, CEO JEREMY HEIMGARTNER, CFO
CHUCK SATTERFIELD, PRESIDENT CHARLES STOLTZ, TREASURER AND SECRETARY

DIRECTORS OR TRUSTEES
VIKAS GUPTA RONALD WILHEIM
AMY SEVERINO CHARLES STOLTZ#
ISAAC ROSEDALE# STEPHEN ROSEDALE#

State of OHIO
County of HAMILTON SS

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.

x	x	x
CHUCK SATTERFIELD PRESIDENT	JEREMY HEIMGARTNER CFO	ROBERT HAGER CEO

Subscribed and sworn to before me
this _____ day of _____

a. Is this an original filing? Yes
b. If no:
1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____

x _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 – Aggregate of Amounts Not Individually Listed	10,504	12,195	10,257	86,843	86,843	32,957
0199999 – Pharmaceutical Rebate Receivables	10,504	12,195	10,257	86,843	86,843	32,957
0699998 – Aggregate of Amounts Not Individually Listed	1,507,960					1,507,960
0699999 – Other Health Care Receivables	1,507,960					1,507,960
0799999 – Gross Health Care Receivables	1,518,464	12,195	10,257	86,843	86,843	1,540,917

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year	
1. Pharmaceutical rebate receivables	493,790	4,522,868		119,800	493,790	201,807
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				1,507,960		
7. Totals (Lines 1 through 6)	493,790	4,522,868		1,627,760	493,790	201,807

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0299999 – Aggregate accounts not individually listed-uncovered	1,800					1,800
0499999 – Subtotals	1,800					1,800
0599999 – Unreported claims and other claim reserves						6,771,392
0799999 – Total claims unpaid						6,773,192
0899999 – Accrued medical incentive pool and bonus amounts.....						475,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
West Virginia Senior Advantage.....	361,241					361,241	
0199999 – Individually listed receivables.....	361,241					361,241	
0399999 – Total gross amounts receivable.....	361,241					361,241	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Health Care Facility Management LLC.....	Administrative.....	204,146	204,146	
0199999 – Individually listed payable.....		204,146	204,146	
0399999 – Total gross payables.....		204,146	204,146	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups			1,774	100.000		
2. Intermediaries						
3. All other providers	55,093,406	94.114			13,398,000	41,695,406
4. Total capitation payments	55,093,406	94.114	1,774	100.000	13,398,000	41,695,406
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments	3,445,723	5.886	XXX	XXX		3,445,723
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	3,445,723	5.886	XXX	XXX		3,445,723
13. Total (Line 4 plus Line 12)	58,539,129	100.000 %	XXX	XXX	13,398,000	45,141,129

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2022

NAIC Company Code: 16725

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	386							386						
2. First Quarter	390							390						
3. Second Quarter	435							435						
4. Third Quarter	428							428						
5. Current Year	446							446						
6. Current Year Member Months	5,088							5,088						
Total Member Ambulatory Encounters for Year:														
7. Physician	4,719							4,719						
8. Non-Physician	18,423							18,423						
9. Total	23,142							23,142						
10. Hospital Patient Days Incurred	999							999						
11. Number of Inpatient Admissions	190							190						
12. Health Premiums Written (b)	17,302,322							17,302,322						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	17,302,322							17,302,322						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	14,728,920							14,728,920						
18. Amount Incurred for Provision of Health Care Services	14,132,260							14,132,260						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 17,302,322



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2022

NAIC Company Code: 16725

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year.....	193							193						
2. First Quarter.....	205							205						
3. Second Quarter.....	214							214						
4. Third Quarter.....	225							225						
5. Current Year.....	232							232						
6. Current Year Member Months.....	2,601							2,601						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	2,412							2,412						
8. Non-Physician.....	9,418							9,418						
9. Total.....	11,830							11,830						
10. Hospital Patient Days Incurred.....	511							511						
11. Number of Inpatient Admissions.....	97							97						
12. Health Premiums Written (b).....	10,381,393							10,381,393						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	10,381,393							10,381,393						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	8,717,180							8,717,180						
18. Amount Incurred for Provision of Health Care Services.....	8,479,356							8,479,356						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 10,381,393



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

NAIC Company Code: 16725

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	994							994						
2. First Quarter	976							976						
3. Second Quarter	1,009							1,009						
4. Third Quarter	1,063							1,063						
5. Current Year	1,096							1,096						
6. Current Year Member Months	12,274							12,274						
Total Member Ambulatory Encounters for Year:														
7. Physician	11,384							11,384						
8. Non-Physician	44,442							44,442						
9. Total	55,826							55,826						
10. Hospital Patient Days Incurred	2,410							2,410						
11. Number of Inpatient Admissions	459							459						
12. Health Premiums Written (b)	41,525,573							41,525,573						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	41,525,573							41,525,573						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	35,093,029							35,093,029						
18. Amount Incurred for Provision of Health Care Services	33,917,425							33,917,425						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 41,525,573



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION OH CHS SNP, INC. DBA COMMUNICARE ADVANTAGE

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2022

NAIC Company Code: 16725

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,573							1,573						
2. First Quarter	1,571							1,571						
3. Second Quarter	1,658							1,658						
4. Third Quarter	1,716							1,716						
5. Current Year	1,774							1,774						
6. Current Year Member Months	19,963							19,963						
Total Member Ambulatory Encounters for Year:														
7. Physician	18,515							18,515						
8. Non-Physician	72,283							72,283						
9. Total	90,798							90,798						
10. Hospital Patient Days Incurred	3,920							3,920						
11. Number of Inpatient Admissions	746							746						
12. Health Premiums Written (b)	69,209,288							69,209,288						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	69,209,288							69,209,288						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	58,539,129							58,539,129						
18. Amount Incurred for Provision of Health Care Services	56,529,041							56,529,041						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 69,209,288

(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
..... 11835	04-1590940.....	01/01/2022	PartnerRe America Insurance Company.....	DE.....	SSL/I.....	MR.....	..... 170,047	.....	.....	.....	.....	.....	.....
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							..... 170,047	.....	.....	.....	.....	.....	.....
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							..... 170,047	.....	.....	.....	.....	.....	.....
1199999 – Total General Account Authorized.....							..... 170,047	.....	.....	.....	.....	.....	.....
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							..... 170,047	.....	.....	.....	.....	.....	.....
9199999 – Total U.S.....							..... 170,047	.....	.....	.....	.....	.....	.....
9999999 – Total (Sum of 4599999 and 9099999).....							..... 170,047	.....	.....	.....	.....	.....	.....

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

		2022	2021	2020	2019	2018
A.	OPERATIONS ITEMS					
1	Premiums.....					
2	Title XVIII-Medicare.....	170	132			
3	Title XIX-Medicaid.....					
4	Commissions and reinsurance expense allowance.....					
5	Total hospital and medical expenses.....					
B.	BALANCE SHEET ITEMS					
6	Premiums receivable.....					
7	Claims payable.....					
8	Reinsurance recoverable on paid losses.....					
9	Experience rating refunds due or unpaid.....					
10	Commissions and reinsurance expense allowances due.....					
11	Unauthorized reinsurance offset.....					
12	Offset for reinsurance with Certified Reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13	Funds deposited by and withheld from (F).....					
14	Letters of credit (L).....					
15	Trust agreements (T).....					
16	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17	Multiple Beneficiary Trust.....					
18	Funds deposited by and withheld from (F).....					
19	Letters of credit (L).....					
20	Trust agreements (T).....					
21	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1	Cash and invested assets (Line 12)	5,861,140		5,861,140
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)			
4	Net credit for ceded reinsurance	XXX		
5	All other admitted assets (Balance)	7,230,398		7,230,398
6	Total assets (Line 28)	13,091,538		13,091,538
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)	6,773,192		6,773,192
8	Accrued medical incentive pool and bonus payments (Line 2)	475,000		475,000
9	Premiums received in advance (Line 8)	33		33
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance)	1,056,271		1,056,271
15	Total liabilities (Line 24)	8,304,496		8,304,496
16	Total capital and surplus (Line 33)	4,787,041	XXX	4,787,041
17	Total liabilities, capital and surplus (Line 34)	13,091,537		13,091,537
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses		XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables		XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	US Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
	CommuniCare		20-1958124				Rosedale Family Investment Company, Inc.	OH	UIP					NO	
	CommuniCare		20-2142521				Wilheim Family Investment Company, Inc.	OH	UIP					NO	
	CommuniCare		38-3923339				I. Rosedale Family Investment Company, Inc.	OH	UIP					NO	
	CommuniCare		37-1861869				HC IN OPS - MGT, LLC	OH	NIA	RRW, LLC	Ownership	100.000	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		26-3952967				RRW HCFS, LLC	OH	NIA	RRW, LLC	Ownership	100.000	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		45-2183802				RRW, LLC	OH	UIP	Rosedale Family Investment Company, Inc.	Ownership	33.340	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		45-2183802				RRW, LLC	OH	UIP	Wilheim Family Investment Company Inc	Ownership	33.330	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		45-2183802				RRW, LLC	OH	UIP	I. Rosedale Family Investment Company, Inc.	Ownership	33.330	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-2137120				Health Care Holdings, LLC	OH	UIP	RRW, LLC	Ownership	100.000	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		26-6186517				C R Stoltz Irrevocable Trust	OH	UIP					NO	
	CommuniCare		38-3917891				C.R. Stoltz Family Investment Company, Inc.	OH	UIP	C R Stoltz Irrevocable Trust	Ownership	100.000	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		84-2285179				SNP Holdings, LLC	OH	UDP	C.R. Stoltz Family Investment Company, Inc.	Ownership	6.520	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		84-2285179				SNP Holdings, LLC	OH	UDP	Health Care Holdings, LLC	Ownership	93.480	Rosedale Family Investment Company Inc/ Wilheim Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		84-3357360				OHI ISNP, LLC	DE	UDP				OHI ISNP, LLC	NO	

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? (Yes/No)	*
	CommuniCare	16725	84-2285422				OH CHS SNP, Inc. DBA Communicare Advantage	OH	RE	SNP Holdings, LLC	Ownership	91.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare	16725	84-2285422				OH CHS SNP, Inc. DBA Communicare Advantage	OH	RE	OHI ISNP, LLC	Ownership	9.000	OHI ISNP, LLC	NO	
	CommuniCare	15955	81-1336922				West Virginia Senior Advantage, Inc.	WV	IA	SNP Holdings, LLC	Ownership	91.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare	15955	81-1336922				West Virginia Senior Advantage, Inc.	WV	IA	OHI ISNP, LLC	Ownership	9.000	OHI ISNP, LLC	NO	
	CommuniCare		26-3322066				Health Care Facilities Staffing, LLC	OH	NIA	C.R. Stoltz Family Investment Company, Inc.	Ownership	6.520	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		26-3322066				Health Care Facilities Staffing, LLC	OH	NIA	RRW HCFS, LLC	Ownership	93.480	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		61-1776778				WVNH EMP LLC	OH	NIA	Health Care Facilities Staffing, LLC	Ownership	100.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-2137273				Health Care Facility Management, LLC	OH	NIA	HC IN OPS - MGT, LLC	Ownership	93.480	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-2137273				Health Care Facility Management, LLC	OH	NIA	C.R. Stoltz Family Investment Company, Inc.	Ownership	6.520	C R Stoltz Irrevocable Trust	NO	
Asterisk	Explanation														

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16725	84-2285422	OH CHS SNP, Inc. DBA Communicare Advantage		1,250,000			(1,020,000)				230,000	
	84-2285179	SNP Holdings, LLC		(1,137,500)							(1,137,500)	
	84-3357360	OHI ISNP, LLC		(112,500)							(112,500)	
	20-2137273	Health Care Facility Management, LLC					1,020,000				1,020,000	
9999999 – Control Totals									XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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











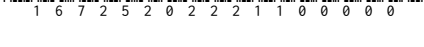



	Response
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES
2. Will an actuarial opinion be filed by March 1?.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
April Filing	
5. Will Management’s Discussion and Analysis be filed by April 1?.....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES
June Filing	
8. Will an audited financial report be filed by June 1?.....	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	YES

SUPPLEMENTAL FILINGS

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

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO
17. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
April Filing	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....	YES
22. Will the regulator-only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
August Filing	
24. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
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10.	 1 6 7 2 5 2 0 2 2 3 6 0 0 0 0 0 0
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13.	 1 6 7 2 5 2 0 2 2 3 7 1 0 0 0 0 0
14.	 1 6 7 2 5 2 0 2 2 3 7 0 0 0 0 0 0
15.	 1 6 7 2 5 2 0 2 2 3 6 5 0 0 0 0 0
16.	 1 6 7 2 5 2 0 2 2 2 2 4 0 0 0 0 0
17.	 1 6 7 2 5 2 0 2 2 2 2 5 0 0 0 0 0
18.	 1 6 7 2 5 2 0 2 2 2 2 6 0 0 0 0 0
19.	 1 6 7 2 5 2 0 2 2 3 0 6 0 0 0 0 0
20.	 1 6 7 2 5 2 0 2 2 2 1 1 0 0 0 0 0
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22.	 1 6 7 2 5 2 0 2 2 2 1 7 0 0 0 0 0
23.	 1 6 7 2 5 2 0 2 2 2 9 0 0 0 0 0 0
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