



QUARTERLY STATEMENT
AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
Paramount Care Inc.

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	95189	Employer's ID Number	341549926
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	04/22/1987		Commenced Business	01/01/1988		
Statutory Home Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Main Administrative Office			300 Madison Ave (Street and Number)			
	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)		(419)887-2500 (Area Code) (Telephone Number)			
Mail Address	300 Madison Ave (Street and Number or P.O. Box)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			300 Madison Ave (Street and Number)			
	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)		(419)887-2500 (Area Code) (Telephone Number)			
Internet Web Site Address	www.paramounthealthcare.com					
Statutory Statement Contact	Rich Potter, Mr. (Name)		(419)887-2006 (Area Code)(Telephone Number)(Extension)			
	rich.potter@promedica.org (E-Mail Address)		(419)887-2020 (Fax Number)			

OFFICERS

Name	Title
Mark Duane Wagoner Mr.	Chairman #
Lori Ann Johnston Mrs.	President
Terrence Gavin Metzger Mr.	Treasurer #
Stephen Michael Sadowski Mr.	Secretary

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer
David Roger Brackett Mr., VP Information Technology Systems
Dee Ann Bialecki-Haase M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

David Frantz Waterman Mr.	Lori Ann Johnston Mrs.
Elaine Marie Canning Ms.	Zak Jon Vassar Mr.
Larry Carl Peterson Mr.	Shraddha Gupta Ms.
Joseph James Sferra M.D.	James Frederick White Mr.
Terry Lynn Bawal Ms	Sameh Bashar Almadani M.D.
Lisa Lyn Burke D.O.	Jim Allen Hoffman Mr.
Mark Duane Wagoner Mr.	Shanda Laine Gore PhD. #

State of Ohio
County of Lucas 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.

(Signature)	(Signature)	(Signature)
Lori Ann Johnston	Jeffrey William Martin	Stephen Michael Sadowski
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	CFO	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2023

a. Is this an original filing? Yes[X] No[]

b. If no: 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	3,861,073		3,861,073	3,905,432
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....67,173,289), cash equivalents (\$.....17,923) and short-term investments (\$.....118,544)	67,309,756		67,309,756	46,689,585
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	439,738	439,738		
9.	Receivables for securities	718		718	432
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	71,611,285	439,738	71,171,547	50,595,449
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	24,380		24,380	16,904
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	250,552	9,861	240,691	338,015
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)	7,201,429		7,201,429	5,762,001
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	16,367,183		16,367,183	19,922,063
2.	Accrued medical incentive pool and bonus amounts	1,403,338		1,403,338	1,024,252
3.	Unpaid claims adjustment expenses	327,000		327,000	358,000
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	1,989,072		1,989,072	1,965,686
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	17,262,105		17,262,105	230,982
9.	General expenses due or accrued	10,816,993		10,816,993	11,569,799
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	543,851		543,851	1,154,204
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	15,493,716		15,493,716	16,467,732
16.	Derivatives				
17.	Payable for securities				30,772
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	600,040		600,040	1,619,337
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	Total liabilities (Lines 1 to 23)	64,803,298		64,803,298	54,342,827
25.	Aggregate write-ins for special surplus funds	X X X	X		

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	X X X	74,559	76,925	152,662
2.	Net premium income (including \$.....0 non-health premium income)	X X X	91,060,984	90,304,914	174,081,641
3.	Change in unearned premium reserves and reserve for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	91,060,984	90,304,914	174,081,641
Hospital and Medical:					
9.	Hospital/medical benefits		67,677,548	64,513,755	130,843,630
10.	Other professional services		1,543,522	1,081,728	2,427,448
11.	Outside referrals				
12.	Emergency room and out-of-area		1,217,102	1,841,103	4,415,897
13.	Prescription drugs		11,392,419	12,182,894	24,165,769
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		486,760	568,604	1,338,560
16.	Subtotal (Lines 9 to 15)		82,317,351	80,188,084	163,191,304
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		82,317,351	80,188,084	163,191,304
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....1,115,543 cost containment expenses		1,271,036	1,680,252	2,014,838
21.	General administrative expenses		9,021,204	8,529,969	14,300,348
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)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	19,339,433	23,645,079	23,645,079
34.	Net income or (loss) from Line 32	891,026	(112,472)	(2,654,829)
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	(309)	(562)	(4,553)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			166,236
39.	Change in nonadmitted assets	401,965	90,349	(1,812,500)
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			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	4,000,000		
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			
48.	Net change in capital and surplus (Lines 34 to 47)	5,292,682	(22,685)	(4,305,646)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	24,632,115	23,622,394	19,339,433
DETAILS OF WRITE-INS				
4701.	.....	.....	.....	.....
4702.	.....	.....	.....	.....
4703.	.....	.....	.....	.....
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	106,958,947	89,474,725	175,432,825
2.	Net investment income	2,693,690	(29,692)	1,896,041
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	109,652,637	89,445,033	177,328,866
5.	Benefit and loss related payments	85,611,746	79,967,993	159,793,773
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	10,204,348	6,742,287	14,619,198
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			1,010,982
10.	TOTAL (Lines 5 through 9)	95,816,094	86,710,280	175,423,953
11.	Net cash from operations (Line 4 minus Line 10)	13,836,543	2,734,753	1,904,913
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	1,403,349	916,084	2,371,392
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	(41)		
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	1,403,308	916,084	2,371,392
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	1,383,627	889,580	2,290,376
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	31,367	29,828	88,719
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	12,533							12,533						
2. First Quarter	12,436							12,436						
3. Second Quarter	12,368							12,368						
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	74,559							74,559						
Total Member Ambulatory Encounters for Period:														
7. Physician	19,343							19,343						
8. Non-Physician	2,953							2,953						
9. Total	22,296							22,296						
10. Hospital Patient Days Incurred	10,547							10,547						
11. Number of Inpatient Admissions	1,528							1,528						
12. Health Premiums Written (a)	91,039,391							91,039,391	</					

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	3,815,213	572,374	123,362	100,059	944,025	5,555,033
0499999 Subtotals	3,815,213	572,374	123,362	100,059	944,025	5,555,033
0599999 Unreported claims and other claim reserves						10,812,150
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						16,367,183
0899999 Accrued Medical Incentive Pool And Bonus Amounts						1,403,338

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		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 Dec 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 Dec 31 of Prior Year	4 On Claims Incurred During the Year		
Line of Business							
1.	Comprehensive (hospital & medical) Individual .....	.....	.....	.....	.....	.....	.....
2.	Comprehensive (hospital & medical) Group .....	.....	.....	.....	.....	.....	.....
3.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
4.	Dental only .....	.....	.....	.....	.....	.....	.....
5.	Vision only .....	.....	.....	.....	.....	.....	.....
6.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
7.	Title XVIII - Medicare	12,606,598	72,897,474	1,216,102	15,151,081	13,822,700	19,922,063
8.	Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
9.	Credit A&H .....	.....	.....	.....	.....	.....	.....
10.	Disability Income .....	.....	.....	.....	.....	.....	.....
11.	Long-Term Care .....	.....	.....	.....	.....	.....	.....
12.	Other health .....	.....	.....	.....	.....	.....	.....
13.	Health subtotal (Lines 1 to 12)	12,606,598	72,897,474	1,216,102	15,151,081	13,822,700	19,922,063
14.	Healthcare receivables (a) .....	.....	3,387,257	.....	.....	.....	3,268,656
15.	Other non-health .....	.....	.....	.....	.....	.....	.....
16.	Medical incentive pools and bonus amounts	107,674	.....	916,578	486,760	1,024,252	1,024,252
17.	Totals (Lines 13 - 14 + 15 + 16)	12,714,272	69,510,217	2,132,680	15,637,841	14,846,952	17,677,659

(a) Excludes \$.0

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Insurance Company (the “Company”) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	Jun. 30 2023	Dec. 31 2022
NET(LOSS) INCOME	Ohio		
Paramount Health Care state basis		891,026	(2,654,829)
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		891,026	(2,654,829)
SURPLUS			
Paramount Health Care state basis		24,632,115	19,339,433
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		24,632,115	19,339,433

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connections with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. Common stock investments are stated at Fair Market Value.
4. The Company does not have any preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures.
9. The Company does not invest in derivatives.

Notes to Financial Statements

- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- 11. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- 12. The Company has not modified its capitalization policy from prior period.
- 13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments and actual prescriptions filled.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

-NOT APPLICABLE

5. Investments

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D.
 - 1. When necessary the Company uses internal estimates in determining prepayment assumptions and whether an other-than-temporary impairment has occurred.
 - 2. None
 - 3. None
 - 4. None
 - 5. None
- E. The company does not have any repurchase agreements or security lending transactions.
- F. The company does not have any repurchase agreements.
- G. The company does not have any reverse repurchase agreements.
- H. The company does not have repurchase agreements accounted for as a sale.
- I. The company does not have reverse repurchase agreements accounted for as a sale.
- J. The company does not have any real estate investments
- K. The company does not have any low-income housing tax credits.
- L. Restricted Assets
 - No significant change.
- M. The company does not have any working capital financing investments.

Notes to Financial Statements

- N.

The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.
- O.

The company does not have any 5* securities.
- P.

The company does not have any short sales.
- Q.

Prepayment Penalty and Acceleration Fees
No significant change.
- R.

The company does not participate in a cash pool.
6.

Joint ventures, Partnerships and Limited Liability Companies

-NOT APPLICABLE
7.

Investment Income

No significant change.
8.

Derivative Instruments

-NOT APPLICABLE
9.

Income Taxes

No significant change.
10.

Information Concerning Parent, Subsidiaries and Affiliates

No significant change.
11.

Debt

-NOT APPLICABLE
12.

Retirement Plans, Deferred Compensation, Postemployment Benefits

No significant change.
13.

Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

No significant change.
14.

Contingencies

-NOT APPLICABLE
15.

Leases

No significant change.
16.

Off-Balance Sheet Risk

No significant change.
17.

Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

-NOT APPLICABLE
18.

Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans

Notes to Financial Statements

No significant change.

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

-NOT APPLICABLE

20. Fair Value Measurements

A1. NA

B. NA

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value	Not Practicable Carrying Value
Bonds	\$ 3,765,299	\$ 3,861,073		\$ 3,765,299			
Short term investments	118,544	118,544	118,544				
Cash Equivalents	17,923	17,923	17,923				
Cash	67,173,289	67,173,289	67,173,289				

D. NA

21. Other Items

-NOT APPLICABLE

22. Subsequent Events

-NOT APPLICABLE

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

-NOT APPLICABLE

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2022 were \$20,280,063. As of June 30, 2023, \$12,814,148 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,216,102 on Medicare lines of insurance. Therefore, there has been a \$6,249,813 favorable prior-year development since December 31, 2022 to June 30, 2023. The decrease is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

27. Structured Settlements

-NOT APPLICABLE

28. Health Care Receivables

No significant change.

29. Participating Policies

Notes to Financial Statements

-NOT APPLICABLE

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve	\$ -
2. Date of the most recent evaluation of this liability	12/31/22
3. Was anticipated investment income utilized in the calculation?	yes

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES (Continued)

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 shares were 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 reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	92.000%
1.2 A&H cost containment percent	1.000%
1.3 A&H expense percent excluding cost containment expenses	10.000%
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 balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/G	MR	Authorized		
23680	47-0698507	01/01/2023	ODYSSEY REINS CO	CT	SSL/I	MR	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit -Type Contracts
1.	Alabama (AL)	N ..									
2.	Alaska (AK)	N ..									
3.	Arizona (AZ)	N ..									
4.	Arkansas (AR)	N ..									
5.	California (CA)	N ..									
6.	Colorado (CO)	N ..									
7.	Connecticut (CT)	N ..									
8.	Delaware (DE)	N ..									
9.	District of Columbia (DC)	N ..									
10.	Florida (FL)	N ..									
11.	Georgia (GA)	N ..									
12.	Hawaii (HI)	N ..									
13.	Idaho (ID)	N ..									
14.	Illinois (IL)	N ..									
15.	Indiana (IN)	N ..									
16.	Iowa (IA)	N ..									
17.	Kansas (KS)	N ..									
18.	Kentucky (KY)	N ..									
19.	Louisiana (LA)	N ..									
20.	Maine (ME)	N ..									
21.	Maryland (MD)	N ..									

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- u ProMedica Longevity and Wellness US, LLC
- u Air Diverter Solutions, LLC, an Ohio limited liability company
- u ProMedica Resourceful, LLC, an Ohio limited liability company (formed 1/14/2021)
- l Fostoria Hospital Association, an Ohio nonprofit corporation.
- l Toledo Innovation Center Leverage Lender LLC
- l PHS Toledo Innovation Center Holdings, LLC
 - u Toledo Innovation Center Manager, LLC an Ohio limited liability company in which, PHS Toledo Innovation Center Holding, LLC holds 23% interest
 - n Toledo Innovation Center Landlord, LLC, an Ohio limited liability company in which, Toledo Innovation Center Manager, LLC holds 99% interest and Toledo Innovation Center master Tenant, LLC holds the remaining 1%.
 - n Toledo Innovation Center Master Tenant, LLC, an Ohio limited liability company in which, Toledo Innovation Center Manager holds 1% interest.
- l ProMedica Continuum Services f/k/a ProMedica Physicians and Continuum Services f/k/a ProMedica Physician Corporation f/k/a ProMedica Physicians Enterprises, an Ohio nonprofit corporation.
 - u ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
 - u ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
 - u The Surgical Institute of Monroe Ambulatory Surgery Center, LLC, a Michigan limited liability company which ProMedica Continuum Service f/k/a ProMedica Physicians & Continuum Services holds 54% ownership interest and various physicians holding the remaining 46% interest.
 - u ProMedica Pharmacy Group, LLC
- l ProMedica Physician Group, Inc., an Ohio non-profit corporation.
 - u ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - u ProMedica Central Physicians a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- u ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
- u ProMedica Northwest Ohio Cardiology Consultants a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Monroe Cardiology, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Monroe Physicians a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Multi Specialty Physicians, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as the sole member (converted 1/1/2021)
- u ProMedica Genito-Urinary Surgeons a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Physicians at Home, Inc., a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica at Home, Inc., a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
- u Memorial Professional Services, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Primary Care Providers, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as its sole member.
- u ProMedica Children’s Specialists, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as its sole member
- l ProMedica Indemnity Corporation, a Vermont corporation.
- l ProMedica Insurance Corporation f/k/a ProMedica Health Ventures Corporation f/k/a Vanguard Health Ventures, Inc., an Ohio nonprofit corporation.
 - u Paramount Preferred Options, Inc., an Ohio for-profit corporation, which is wholly-owned by ProMedica Insurance Corporation.
 - n Health Management Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options.
 - n Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options.
 - n CEC Associates, Inc., a Pennsylvania Corporation which is wholly-owned by Paramount Preferred Options

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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PART 1 - ORGANIZATIONAL CHART

Q15.3

- u NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation with ProMedica Insurance Corporation as its sole member.
- u Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- u NAIC 95566-Paramount Care of Michigan, Inc., a Michigan nonprofit corporation with ProMedica Insurance Corporation as its sole shareholder.
- u NAIC 11518-Paramount Insurance Company f/k/a ProMedica Life Insurance Company, a for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- u NAIC 12353-Paramount Advantage, an Ohio nonprofit corporation with ProMedica Insurance Corporation as its sole member.
- u NAIC 96687-Health Resources, Inc., an Indiana for-profit corporation with ProMedica Insurance Corporation as its sole member.
- u NAIC 16833-Paramount Care of Indiana, Inc., and Indiana nonprofit Corporation.
- u Paramount Care of Florida, Inc., a Florida nonprofit Corporation with ProMedica Insurance Corporation as its sole member.
- u Paramount Care of Virginia, a Virginia for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- u Paramount Care of Maryland, Inc., a Maryland for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- u Paramount Care of New Jersey, Inc., a New Jersey for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- u NAIC 17387-Paramount Care of Pennsylvania, Inc., a Pennsylvania for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- u Paramount Care of Connecticut, Inc., a Connecticut for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- u Paramount Care of Kentucky, Inc., a Kentucky for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- l Bay Park Community Hospital, an Ohio nonprofit corporation.
- l Community Health Center of Branch County, dba ProMedica Coldwater Regional Hospital, a Michigan nonprofit corporation.
- l Defiance Hospital, Inc., an Ohio nonprofit corporation.
 - u Kaitlyn’s Cottage, Inc., an Ohio nonprofit corporation with Defiance Hospital, Inc., as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- I Emma L. Bixby Medical Center, a Michigan nonprofit corporation ProMedica Health System, Inc. as its sole member.
 - u Herrick Memorial Development Corporation, a Michigan for-profit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
 - n Herrick Memorial Office Plaza Condominium Association, a Michigan nonprofit corporation in which Herrick Memorial Development Corporation holds 71.8% ownership interest with various physicians having the remaining 28.2% interest.
 - u Lenawee Clinical Partners is a Michigan nonprofit corporation in which Emma L. Bixby Medical Center holds 50% ownership interest with various physicians holding the remaining 50% interest.
 - u Wolf Creek Associates, LLC, a Michigan limited liability company with Emma L. Bixby Medical Center as its sole member.

- I The Toledo Hospital, an Ohio nonprofit corporation, of which ProMedica Flower Hospital, ProMedica Russell J. Ebeid Children’s Hospital f/k/a ProMedica Toledo Children’s Hospital f/k/a ProMedica Children’s Medical Center of Northwest Ohio and ProMedica Wildwood Orthopaedic and Spine Hospital are divisions.
 - u PHS Investments, LLC, an Ohio for-profit limited company with The Toledo Hospital as its sole member.
 - u Reynolds Road Surgery Center, LLC, an Ohio limited liability company in which The Toledo Hospital holds 63% ownership interest, with various physicians holding a remaining 37% interest.
 - u Northwest Ohio Dedicated Breast MRI, LLC, an Ohio limited liability company in which The Toledo Hospital holds 50% ownership interest with TRA Investment Club, LLC, holding the remaining 50% interest.
 - u Arrowhead Behavioral Health, LLC, a Delaware limited liability company in which The Toledo Hospital holds 30% ownership interest and Toledo Holding Company, LLC, holding a remaining 70% interest.
 - u West Central Surgical Center, LLC, an Ohio limited liability company of which The Toledo Hospital holds 50% ownership interest and various physicians holding the remaining 50% interest.
 - u ProMedica Hickman Cancer Center Pharmacy, LLC, an Ohio limited liability company with The Toledo Hospital as its sole member.
 - u ProMedica Pathology Laboratories, LLC, a Delaware limited liability company where The Toledo Hospital holds 51% ownership interest.
 - u ProMedica Intuitive Management of Ohio, LLC, a Delaware limited liability company where The Toledo Hospital holds 51% ownership interest.
 - u TH Levis MOB I, LLC, an Ohio limited liability company with The Toledo Hospital as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- u TTH Colony Multi-Family Residential Holdings, LLC, an Ohio limited liability company with The Toledo Hospital as its sole member
- l PHS Ventures, LLC f/k/a/ PHS Ventures, Inc., f/k/a BVPH Ventures, Inc., a Delaware LLC with ProMedica Health System, Inc., as its sole member.
- l Memorial Hospital, an Ohio nonprofit corporation.
 - u Fremont Hospital/Physician Organization d/b/a Cooperative Care, an Ohio for-profit corporation of which Memorial Hospital holds 50% ownership interest and various other physicians hold the remaining 50% interest.
 - n Sandusky County Medical Specialists, LLC, and Ohio limited liability company of which Fremont Hospital/Physician Organizations holds 100% ownership interest.
 - u East-West Holding, Ltd., and Ohio limited liability company of which Memorial Hospital holds 50% ownership interest with The Bellevue Hospital, an Ohio nonprofit corporation holding the remaining 50% interest.
- l Mercy Memorial Hospital Corporation, a Michigan nonprofit corporation d/b/a ProMedica Monroe Regional Hospital.
 - u Monroe Health Ventures, Inc., a Michigan for-profit corporation.
 - u Mercy Memorial Surgical Co-Management Company, LLC, a Michigan limited liability company of which Monroe Regional Hospital holds a 50% ownership interest and various other physicians hold the remaining 50% interest.
- l 300 Madison Building, LLC, an Ohio limited liability company.
- l ProMedica Active Mobility, LLC, an Ohio limited liability company.
- l ProMedica International, LLC, an Ohio limited liability company.
- l ProMedica Manager Member, LLC, an Ohio limited liability company.
 - u ProMedica Downton Campus Landlord, LLC, an Ohio limited liability company, an Ohio LLC that ProMedica Manger Member, LLC holds 90% interest and ProMedica Tenant, LLC holds the remaining 10%.
 - n ProMedica Master Tenant, LLC, an Ohio limited liability company, which ProMedica Downtown Campus Landlord, LLC holds 1% ownership interest.
- l 1611 Monroe Investors, LLC, an Ohio limited liability company.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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PART 1 - ORGANIZATIONAL CHART

- | Marina District Development, LLC, an Ohio limited liability company.
- | IST Theatre, LLC, an Ohio limited liability company in which ProMedica Health System holds 100% ownership interest.
- | Ball Park Properties, LLC, an Ohio limited liability company in which ProMedica Health System holds 100% ownership interest.
- | Kapios, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 100% ownership interest.
- | Toledo Riverfront, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 100% ownership interest.
- | Fort Industry JV Partner, LLC, an Ohio limited liability company which ProMedica Health System holds 100% interest
 - u Fort Industry Manager, LLC an Ohio limited liability company in which Fort Industry JV Partner, LLC holds 30% ownership interest.
- | ProMedica Shared Services, LLC, an Ohio LLC
- | HCR ManorCare, Inc. an Ohio nonprofit corporation
 - u Well PM Properties, LLC, a limited liability company where HCR ManorCare, Inc. holds 20% ownership interest.
 - u Well PM Properties II, LLC, a limited liability company where HCR ManorCare, Inc. holds 20% ownership interest.
 - u HCR Healthcare, LLC
 - n Ancillary Services Management, LLC
 - n HCR Home Health Care and Hospice, LLC
 - n HCR Canterbury Village, LLC
 - n HCR Home Health Care and Hospice, LLC
 - § HCR Manor Care Services of Florida III, LLC
 - § HCR Manor Care Services of Florida, LLC
 - § ProMedica Hospice of Marion County, FL, LLC

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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PART 1 - ORGANIZATIONAL CHART

- § ProMedica Hospice of Palm Beach County, FL, LLC
- § Home Health Care Services, LLC
- § The Pharmacy Counter, LLC
- § Heartland Hospice Services, LLC
 - Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.
- n HCR II Healthcare, LLC
 - § HCR III Healthcare, LLC (**See list of HCR III Healthcare, LLC OpCos**)
 - o HCR IV Healthcare, LLC (**see list of HCR IV Healthcare, LLC OpCos**)
- n HCR Manor Care Services, LLC
 - § Heartland Care, LLC (which holds 2.3% interest in Ohio Employee health Partnership , LTD)
- n Health Care and Retirement Corporation of America, LLC
- n ProMedica Employment Services, LLC
- n ProMedica Employment Services II, LLC
- n Heartland Rehabilitation Services, LLC
 - § HCR ManorCare Medical Services of Florida, LLC
 - ProMedica Senior Care Medical Services I, LLC (formed 2/8/2021)
 - § Heartland Home Care, LLC
 - § Heartland Rehabilitation Services of Michigan, LLC
- n Heartland Services, LLC

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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§ Heartland Healthcare Services, LLC- Joint Venture where Heartland Services, LLC has 50% interest (its disregarded entities: Heartland Pharmacy of Illinois, LLC, Heartland Pharmacy of Pennsylvania, LLC, and Sun Pharmacy, LLC)

n Industrial Wastes, LLC

n Manor Care Aviation, LLC

n Manor Care of Delaware County, LLC (which holds 50% interest in Mercy/Manor Partnership)

n Manor Care Supply, LLC

n ManorCare Health Services of Oklahoma, LLC (which holds 60.5% ownership interest in Norman Specialty Hospital, LLC)

n ManorCare Health Services of Toledo OH, LLC

§ ProMedica of Sylvania OH, LLC (NOTE: this was f/k/a Arden Courts of Germantown MD, LLC and previously fell under ManorCare Health Services, LLC)

§ ProMedica of Adrian MI, LLC (Note: this was f/k/a Arden Courts of Centerville VA, LLC and previously fell under ManorCare Health Services, LLC)

§ Monroe Community Health Services, a Michigan nonprofit corporation

§ Lenawee Long Term Care, a Michigan nonprofit corporation.

§ HCRMC- ProMedica, LLC, dba Heartland at ProMedica Flower Hospital, a Delaware limited liability company in which ManorCare Health Services of Toledo OH, LLC holds 100% interest

n ManorCare Health Services, LLC

§ Heartland of Toledo OH, LLC

§ In Home Health, LLC

o Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation

§ Manor Care of Lacey WA, Association

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
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PART 1 - ORGANIZATIONAL CHART

- § Manor Care of Salmon Creek WA, Association
- § Winter Park Nursing Center, LLC
 - o Manor Care of Winter Park FL, LLC- Winter Park Nursing Center, LLC has 50% interest
- n Portfolio One, LLC
- n Forum Purchasing, LLC, a limited liability company in which HCR Healthcare, LLC holds 27.3% ownership interest.

Other Affiliated Entities

Q15.9

- Ø Lima Memorial Joint Operating Company, an Ohio nonprofit corporation, in which Lima Memorial Hospital, an Ohio nonprofit corporation and PHS Ventures, LLC, each hold 50% ownership interest.
- Ø ProMedica Orthopedic Co-Management Company, LLC, an Ohio limited liability company is which The Toledo Hospital and Bay Park Community Hospital share 40% ownership interest with various physicians holding the remaining 60% interest.
- Ø ProMedica Surgical Services Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital and Bay Park Community Hospital share 50% ownership interest with various physicians holding the remaining 50% interest.
- Ø Monroe Community Ambulance, a Michigan nonprofit corporation in which ProMedica Continuing Care Services Corporation holds 25% ownership interest, Monroe Regional Hospital holds 25% interest, and various other corporations hold the remaining 50% interest.
- Ø AAA HealthConnect, LLC, a DE limited liability company in which ProMedica Health System, Inc., hold 50% ownership interest.
- Ø Healthonomy, an OH limited liability company, in which ProMedica Health System, Inc. holds 33.3% interest.
- Ø Senior & Rehab Care at MetroHealth, LLC an Ohio limited liability company in which ProMedica holds 51% ownership interest
- Ø ProMedica Senior Care of Georgia, LLC, an Ohio limited liability company in which ProMedica hold 90% ownership interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
Arden Courts of Westlake OH, LLC	DE	07/24/07	26-0623289	OH	HCR IV Healthcare, LLC
Manor Care of Willoughby OH, LLC	DE	07/24/07	26-0610097	OH	HCR IV Healthcare, LLC
Heartland-Woodridge of Fairfield OH, LLC	DE	07/24/07	26-0623327	OH	HCR IV Healthcare, LLC
Arden Courts of Austin TX, LLC	DE	07/24/07	26-0624145	TX	HCR IV Healthcare, LLC
Arden Courts of Richardson TX, LLC	DE	07/24/07	26-0624214	TX	HCR IV Healthcare, LLC
Arden Courts of San Antonio TX, LLC	DE	07/24/07	26-0624189	TX	HCR IV Healthcare, LLC
Manor Care of Alexandria VA, LLC	DE	07/24/07	26-0624590	VA	HCR IV Healthcare, LLC
Arden Courts of Annandale VA, LLC	DE	07/24/07	26-0624314	VA	HCR IV Healthcare, LLC
Manor Care of Arlington VA, LLC	DE	07/24/07	26-0624619	VA	HCR IV Healthcare, LLC
Arden Courts-Fair Oaks of Fairfax VA, LLC	DE	07/24/07	26-0624353	VA	HCR IV Healthcare, LLC
Manor Care-Fair Oaks of Fairfax VA, LLC	DE	07/24/07	26-0624605	VA	HCR IV Healthcare, LLC
Manor Care-Imperial of Richmond VA, LLC	DE	07/24/07	26-0624643	VA	HCR IV Healthcare, LLC
Medical Care Center-Lynchburg VA, LLC	DE	07/24/07	26-0624567	VA	HCR IV Healthcare, LLC
Manor Care-Stratford Hall of Richmond VA, LLC	DE	07/24/07	26-0624664	VA	HCR IV Healthcare, LLC
Manor Care of Gig Harbor WA, LLC	DE	07/24/07	26-0624719	WA	HCR IV Healthcare, LLC
Manor Care of Lynwood WA, Association	DE	07/24/07	26-0624675	WA	HCR IV Healthcare, LLC
Manor Care of Spokane WA, Association	DE	07/24/07	26-0624687	WA	HCR IV Healthcare, LLC
Manor Care of Tacoma WA, Association	DE	07/24/07	26-0624696	WA	HCR IV Healthcare, LLC
Arden Courts-Richmond, VA, LLC	DE	12/01/20	85-4214133	VA	HCR IV Healthcare, LLC
Arden Courts-Virginia Beach, VA, LLC	DE	12/01/20	85-4220787	VA	HCR IV Healthcare, LLC

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?	No
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	Yes

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



951892023365000022023Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

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
7709999999. Totals	118,544	X X X	117,739	349	258

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			
2.	Cost of short-term investments acquired		127,740	
3.	Accrual of discount		804	
4.	Unrealized valuation increase (decrease)			
5.	Total gain (loss) on disposals		(41)	
6.	Deduct consideration received on disposals		9,959	
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)		118,544	
11.	Deduct total nonadmitted amounts			
12.	Statement value at end of current period (Line 10 minus Line 11)		118,544	

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	61,651	126,266
2.	Cost of cash equivalents acquired	860,043	1,678,793
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	903,771	1,743,408
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)	17,923	61,651
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	17,923	61,651

