

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code..... 5035,..... 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, CHIEF EXECUTIVE OFFICER..... JEREMY HEIMGARTNER, CHIEF FINANCIAL OFFICER.....
..... RONALD WILHEIM#, PRESIDENT & CHAIRMAN OF BOARD 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 |
| RONALD WILHEIM PRESIDENT & CHAIRMAN OF BOARD | JEREMY HEIMGARTNER CHIEF FINANCIAL OFFICER | ROBERT HAGER CHIEF EXECUTIVE OFFICER |

Subscribed and sworn to before me
this _____ day of
_____, 2024

a. Is this an original filing? Yes _____

b. If no:

1. State the amendment number: _____

2. Date filed: _____

3. Number of pages attached: _____

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 | 13,976 | 14,054 | 14,027 | 137,231 | 137,231 | 42,058 |
| 0199999 – Pharmaceutical Rebate Receivables | 13,976 | 14,054 | 14,027 | 137,231 | 137,231 | 42,058 |
| 0799999 – Gross Health Care Receivables | 13,976 | 14,054 | 14,027 | 137,231 | 137,231 | 42,058 |

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 |
| 1. Pharmaceutical rebate receivables | 279,736 | | 28,652 | 150,636 | 308,388 | 308,388 |
| 2. Claim overpayment receivables | | | | | | |
| 3. Loans and advances to providers | | | | | | |
| 4. Capitation arrangement receivables | | | | | | |
| 5. Risk sharing receivables | | | | | | |
| 6. Other health care receivables | | | | | | 1,059,593 |
| 7. Totals (Lines 1 through 6) | 279,736 | | 28,652 | 150,636 | 308,388 | 1,367,981 |

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 |
| 0399999 – Aggregate accounts not individually listed-covered..... | 992,381 | | | | | 992,381 |
| 0499999 – Subtotals..... | 992,381 | | | | | 992,381 |
| 0599999 – Unreported claims and other claim reserves | | | | | | 9,541,618 |
| 0799999 – Total claims unpaid | | | | | | 10,533,999 |
| 0899999 – Accrued medical incentive pool and bonus amounts..... | | | | | | 1,114,660 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|---|----------------------|-----------------------|-----------------------|-----------------------|----------------------|------------------|----------------------|
| | | | | | | 7 Current | 8 Non-Current |
| HCF Health care Facility Management LLC | 3,928,668 | | | | | 3,928,668 | |
| MSO CHS Managed Service Corp, LLC | 3,478,670 | | | | | 3,478,670 | |
| West Virginia Senior Advantage, Inc, | 547,292 | | | | | 547,292 | |
| SNP Holdings, LLC | 100 | | | | | 100 | |
| 0199999 – Individually listed receivables | 7,954,730 | | | | | 7,954,730 | |
| 0399999 – Total gross amounts receivable | 7,954,730 | | | | | 7,954,730 | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|-------------|--------|---------|-------------|
| Affiliate | Description | Amount | Current | Non-Current |
| 0399999 – Total gross payables..... | | | | |

NONE

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 | | | 2,021 | 100.000 | | |
| 2. Intermediaries | | | | | | |
| 3. All other providers | 63,003,591 | 98.346 | | | 15,093,300 | 47,910,291 |
| 4. Total capitation payments | 63,003,591 | 98.346 | 2,021 | 100.000 | 15,093,300 | 47,910,291 |
| 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 | 1,059,593 | 1.654 | XXX | XXX | | 1,059,593 |
| 9. Non-contingent salaries | | | XXX | XXX | | |
| 10. Aggregate cost arrangements | | | XXX | XXX | | |
| 11. All other payments | | | XXX | XXX | | |
| 12. Total other payments | 1,059,593 | 1.654 | XXX | XXX | | 1,059,593 |
| 13. Total (Line 4 plus Line 12) | 64,063,184 | 100.000 % | XXX | XXX | 15,093,300 | 48,969,884 |

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 2023

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 | 446 | | | | | | | 446 | | | | | | |
| 2. First Quarter | 444 | | | | | | | 444 | | | | | | |
| 3. Second Quarter | 456 | | | | | | | 456 | | | | | | |
| 4. Third Quarter | 434 | | | | | | | 434 | | | | | | |
| 5. Current Year | 476 | | | | | | | 476 | | | | | | |
| 6. Current Year Member Months | 5,367 | | | | | | | 5,367 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 7,818 | | | | | | | 7,818 | | | | | | |
| 8. Non-Physician | 30,840 | | | | | | | 30,840 | | | | | | |
| 9. Total | 38,658 | | | | | | | 38,658 | | | | | | |
| 10. Hospital Patient Days Incurred | 1,414 | | | | | | | 1,414 | | | | | | |
| 11. Number of Inpatient Admissions | 267 | | | | | | | 267 | | | | | | |
| 12. Health Premiums Written (b) | 20,854,308 | | | | | | | 20,854,308 | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 20,730,948 | | | | | | | 20,730,948 | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 16,119,343 | | | | | | | 16,119,343 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 17,510,093 | | | | | | | 17,510,093 | | | | | | |

(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 \$ 20,854,308



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 2023

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 | 232 | | | | | | | 232 | | | | | | |
| 2. First Quarter | 287 | | | | | | | 287 | | | | | | |
| 3. Second Quarter | 310 | | | | | | | 310 | | | | | | |
| 4. Third Quarter | 317 | | | | | | | 317 | | | | | | |
| 5. Current Year | 328 | | | | | | | 328 | | | | | | |
| 6. Current Year Member Months | 3,704 | | | | | | | 3,704 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 5,212 | | | | | | | 5,212 | | | | | | |
| 8. Non-Physician | 20,560 | | | | | | | 20,560 | | | | | | |
| 9. Total | 25,772 | | | | | | | 25,772 | | | | | | |
| 10. Hospital Patient Days Incurred | 943 | | | | | | | 943 | | | | | | |
| 11. Number of Inpatient Admissions | 178 | | | | | | | 178 | | | | | | |
| 12. Health Premiums Written (b) | 14,867,779 | | | | | | | 14,867,779 | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 14,785,539 | | | | | | | 14,785,539 | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 9,505,931 | | | | | | | 9,505,931 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 10,540,844 | | | | | | | 10,540,844 | | | | | | |

(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 \$ 14,867,779



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 2023

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 | 1,096 | | | | | | | 1,096 | | | | | | |
| 2. First Quarter | 1,075 | | | | | | | 1,075 | | | | | | |
| 3. Second Quarter | 1,098 | | | | | | | 1,098 | | | | | | |
| 4. Third Quarter | 1,138 | | | | | | | 1,138 | | | | | | |
| 5. Current Year | 1,217 | | | | | | | 1,217 | | | | | | |
| 6. Current Year Member Months | 13,534 | | | | | | | 13,534 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 19,546 | | | | | | | 19,546 | | | | | | |
| 8. Non-Physician | 77,100 | | | | | | | 77,100 | | | | | | |
| 9. Total | 96,646 | | | | | | | 96,646 | | | | | | |
| 10. Hospital Patient Days Incurred | 3,536 | | | | | | | 3,536 | | | | | | |
| 11. Number of Inpatient Admissions | 667 | | | | | | | 667 | | | | | | |
| 12. Health Premiums Written (b) | 50,304,584 | | | | | | | 50,304,584 | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 49,996,184 | | | | | | | 49,996,184 | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 38,437,910 | | | | | | | 38,437,910 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 42,076,406 | | | | | | | 42,076,406 | | | | | | |

(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 \$ 50,304,584



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 2023

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 | 1,774 | | | | | | | 1,774 | | | | | | |
| 2. First Quarter | 1,806 | | | | | | | 1,806 | | | | | | |
| 3. Second Quarter | 1,864 | | | | | | | 1,864 | | | | | | |
| 4. Third Quarter | 1,889 | | | | | | | 1,889 | | | | | | |
| 5. Current Year | 2,021 | | | | | | | 2,021 | | | | | | |
| 6. Current Year Member Months | 22,605 | | | | | | | 22,605 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 32,576 | | | | | | | 32,576 | | | | | | |
| 8. Non-Physician | 128,500 | | | | | | | 128,500 | | | | | | |
| 9. Total | 161,076 | | | | | | | 161,076 | | | | | | |
| 10. Hospital Patient Days Incurred | 5,893 | | | | | | | 5,893 | | | | | | |
| 11. Number of Inpatient Admissions | 1,112 | | | | | | | 1,112 | | | | | | |
| 12. Health Premiums Written (b) | 86,026,672 | | | | | | | 86,026,672 | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 85,512,671 | | | | | | | 85,512,671 | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 64,063,184 | | | | | | | 64,063,184 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 70,127,343 | | | | | | | 70,127,343 | | | | | | |

(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 \$ 86,026,671

(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..... | 01/01/2023 | PartnerRe America Insurance Company..... | DE..... | SSL/I..... | MR..... | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |
| 0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates..... | | | | | | | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |
| 1099999 – General Account, Authorized, Total Authorized Non-Affiliates..... | | | | | | | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |
| 1199999 – Total General Account Authorized..... | | | | | | | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |
| 4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified..... | | | | | | | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |
| 9199999 – Total U.S..... | | | | | | | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |
| 9999999 – Total (Sum of 4599999 and 9099999)..... | | | | | | | 178,109 | ..... | ..... | ..... | ..... | ..... | ..... |

(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)

| | | 2023 | 2022 | 2021 | 2020 | 2019 |
|----|---|------|------|------|------|------|
| A. | OPERATIONS ITEMS | | | | | |
| 1 | Premiums..... | | | | | |
| 2 | Title XVIII-Medicare..... | 178 | 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) | 8,357,153 | | 8,357,153 |
| 2 | Accident and health premiums due and unpaid (Line 15) | 5,406 | | 5,406 |
| 3 | Amounts recoverable from reinsurers (Line 16.1) | | | |
| 4 | Net credit for ceded reinsurance | XXX | | |
| 5 | All other admitted assets (Balance) | 12,152,302 | | 12,152,302 |
| 6 | Total assets (Line 28) | 20,514,861 | | 20,514,861 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | | |
| 7 | Claims unpaid (Line 1) | 10,533,999 | | 10,533,999 |
| 8 | Accrued medical incentive pool and bonus payments (Line 2) | 1,114,660 | | 1,114,660 |
| 9 | Premiums received in advance (Line 8) | 405,787 | | 405,787 |
| 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) | 2,288,987 | | 2,288,987 |
| 15 | Total liabilities (Line 24) | 14,343,433 | | 14,343,433 |
| 16 | Total capital and surplus (Line 33) | 6,171,427 | XXX | 6,171,427 |
| 17 | Total liabilities, capital and surplus (Line 34) | 20,514,860 | | 20,514,860 |
| 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. | U.S. 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 | |
| | CommuniCare | | 88-3972962 | | | | CHS Managed Service Corp, LLC | OH | NIA | Health Care Facility Management, LLC | Ownership | 93.480 | HC IN OPS - MGT, LLC | NO | |
| | Communicare | | 88-3972962 | | | | CHS Managed Service Corp, LLC | OH | NIA | Health Care Facility Management, LLC | Ownership | 6.520 | C R Stoltz Family Investment Company, Inc. | 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) |
| | 88-3972962 | CHS Managed Service Corp, LLC | | | | | 6,044,574 | | | | 6,044,574 | |
| 16725 | 84-2285422 | OH CHS SNP, Inc. DBA Communicare Advantage | | | | | (6,044,574) | | | | (6,044,574) | |
| 9999999 – Control Totals | | | | | | | | | XXX | | | |

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------------------|--|---|--|----------------------------|---|--|--|
| Insurers in Holding Company | Owners with Greater than 10% Ownership | Ownership Percentage Column 2 of Column 1 | Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No) | Ultimate Controlling Party | U.S. Insurance Groups or Entities Controlled by Column 5 | Ownership Percentage (Column 5 of Column 6) | Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No) |

NONE

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.









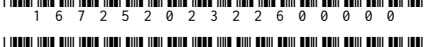


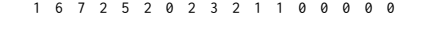


| | Response |
|---|-----------|
| March Filing | |
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?..... | YES |
| 2. Will an actuarial opinion be filed by March 1?..... | YES |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC 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 |
| 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?..... | NO |
| April Filing | |
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?..... | NO |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?..... | NO |
| 22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?..... | YES |
| 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. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. |  1 6 7 2 5 2 0 2 3 3 6 0 0 0 0 0 0 |
| 11. |  1 6 7 2 5 2 0 2 3 2 0 5 0 0 0 0 0 |
| 12. |  1 6 7 2 5 2 0 2 3 4 2 0 0 0 0 0 0 |
| 13. |  1 6 7 2 5 2 0 2 3 3 7 1 0 0 0 0 0 |
| 14. |  1 6 7 2 5 2 0 2 3 3 7 0 0 0 0 0 0 |
| 15. |  1 6 7 2 5 2 0 2 3 3 6 5 0 0 0 0 0 |
| 16. |  1 6 7 2 5 2 0 2 3 2 2 4 0 0 0 0 0 |
| 17. |  1 6 7 2 5 2 0 2 3 2 2 5 0 0 0 0 0 |
| 18. |  1 6 7 2 5 2 0 2 3 2 2 6 0 0 0 0 0 |
| 19. |  1 6 7 2 5 2 0 2 3 6 0 0 0 0 0 0 0 |
| 20. |  1 6 7 2 5 2 0 2 3 3 0 6 0 0 0 0 0 |
| 21. |  1 6 7 2 5 2 0 2 3 2 1 1 0 0 0 0 0 |
| 22. | |
| 23. |  1 6 7 2 5 2 0 2 3 2 9 0 0 0 0 0 0 |
| 24. |  1 6 7 2 5 2 0 2 3 2 2 3 0 0 0 0 0 |

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS