



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE**

## Health Resources of Ohio, Inc.

(Name)

NAIC Group Code 01212 (Current Period) , 01212 (Prior Period) NAIC Company Code 17613 Employer's ID Number 93-4022317

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio  
Country of Domicile United States

Licensed as business type: Life, Accident & Health [  ] Property/Casualty [  ] Hospital, Medical & Dental Service or Indemnity [  ]  
Dental Service Corporation [  X ] Vision Service Corporation [  ] Health Maintenance Organization [  ]  
Other [  ] Is HMO, Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 10/16/2023 Commenced Business 05/01/2024

Statutory Home Office 100 Madison Avenue , Toledo, OH, US 43604  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_ 100 Madison Avenue  
(Street and Number)  
Toledo, OH, US 43604-1516 \_\_\_\_\_ 800-727-1444  
(City or Town, State, Country and Zip Code) \_\_\_\_\_ (1-800-727-1444)

Mail Address MSC-S29777 100 Madison Avenue  
(Street and Number or P.O. Box) Toledo, OH, US 43604-1516  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Primary Location of Books and Records 100 Madison Avenue  
(Street and Number)  
Toledo, OH, US 43604-1516, 800-727-1444  
(City, State, Zip Code, Telephone Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.insuringsmiles.com  
Statutory Statement Contact Cynthia M. Watson, 800-727-1444  
(Name) (Area Code) (Telephone Number) (Extension)  
cwatson@insuringsmiles.com 812-424-2096  
(E-Mail Address) (Fax Number)

## OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Joshua Nace # \_\_\_\_\_, President Stephen M Sadowski # \_\_\_\_\_, Secretary  
Terrence Metzger # \_\_\_\_\_, Treasurer Mark Wanczer # \_\_\_\_\_, Chairman

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## OTHER OFFICERS

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#### **DIRECTORS OR TRUSTEES**

**DIRECTORS OR TRUSTEES**

Elaine Canning #	Mark Wagoner #	Joshua Nace #	Terry L Bawel #
James White #	Shanda Gore #	Jim Hoffman #	Terrence Metzger #

State of Ohio \_\_\_\_\_  
County of Lucas \_\_\_\_\_  
S

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.

Subscribed and sworn to before me this  
19th day of February 2025

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

Ellen M. Baumert



Ellen M. Baumert  
Notary Public, State of Ohio  
My Commission Expires:  
July 17, 2026

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	101,510		101,510	0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... 0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... 0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... 0 encumbrances) .....			0	0
5. Cash (\$ ..... 2,774,797 , Schedule E-Part 1), cash equivalents (\$ ..... 0 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	2,774,797		2,774,797	0
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0	.0	0	0
9. Receivables for securities .....	1,852		1,852	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,878,159	.0	2,878,159	0
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	1,530		1,530	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,247	.0	1,247	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	39,515		39,515	0
18.2 Net deferred tax asset.....	1,107	1,107	0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,619		1,619	0
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets .....	0	.0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,923,177	1,107	2,922,070	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	2,923,177	1,107	2,922,070	0
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	.0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. ....			0	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	.0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)	202,894		202,894	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	9,800		9,800	0
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	9,716		9,716	0
9. General expenses due or accrued	84,709		84,709	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	98,833		98,833	0
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	405,952	0	405,952	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	2,670,042	0
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(153,924)	0
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... )	XXX	XXX	0	0
32.2 ..... shares preferred (value included in Line 27 \$ ..... )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,516,118	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,922,070	0
<b>DETAILS OF WRITE-INS</b>				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	226,862.....	0.....
2. Net premium income (including \$ .....0 non-health premium income).....	XXX.....	5,837,356.....	0.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0.....	0.....
4. Fee-for-service (net of \$ .....medical expenses).....	XXX.....	0.....	0.....
5. Risk revenue.....	XXX.....	0.....	0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	5,837,356.....	0.....
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		5,474,766.....	0.....
10. Other professional services.....		0.....	0.....
11. Outside referrals.....		0.....	0.....
12. Emergency room and out-of-area.....		0.....	0.....
13. Prescription drugs.....		0.....	0.....
14. Aggregate write-ins for other hospital and medical.....	.0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....		0.....	0.....
16. Subtotal (Lines 9 to 15).....	.0.....	5,474,766.....	0.....
<b>Less:</b>			
17. Net reinsurance recoveries.....		0.....	0.....
18. Total hospital and medical (Lines 16 minus 17).....	.0.....	5,474,766.....	0.....
19. Non-health claims (net).....		0.....	0.....
20. Claims adjustment expenses, including \$ .....38,619 cost containment expenses.....		116,250.....	0.....
21. General administrative expenses.....		488,118.....	0.....
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0.....	0.....
23. Total underwriting deductions (Lines 18 through 22).....	.0.....	6,079,134.....	0.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(241,778).....	0.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		48,339.....	0.....
26. Net realized capital gains (losses) less capital gains tax of \$ .....0.....		0.....	0.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.0.....	48,339.....	0.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....)(amount charged off \$ .....)].....		0.....	0.....
29. Aggregate write-ins for other income or expenses.....	.0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(193,439).....	0.....
31. Federal and foreign income taxes incurred.....	XXX.....	(39,515).....	0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(153,924).....	0.....
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....	0.....	0.....
0602.....	XXX.....	0.....	0.....
0603.....	XXX.....	0.....	0.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....
0701.....	XXX.....	0.....	0.....
0702.....	XXX.....	0.....	0.....
0703.....	XXX.....	0.....	0.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....
1401.....			0.....
1402.....			0.....
1403.....			0.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....
2901.....			0.....
2902.....			0.....
2903.....			0.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0.....	0.....	0.....

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	.0	0
34. Net income or (loss) from Line 32 .....	(153,924)	0
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	1,107	0
39. Change in nonadmitted assets .....	(1,107)	0
40. Change in unauthorized and certified reinsurance .....	.0	0
41. Change in treasury stock .....	.0	0
42. Change in surplus notes .....	.0	0
43. Cumulative effect of changes in accounting principles .....	0	0
44. Capital Changes:		
44.1 Paid in .....	.0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0
44.3 Transferred to surplus .....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	2,670,042	0
45.2 Transferred to capital (Stock Dividend) .....	.0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	.0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	2,516,118	0
49. Capital and surplus end of reporting year (Line 33 plus 48)	2,516,118	0
<b>DETAILS OF WRITE-INS</b>		
4701. ....	0	0
4702. ....	0	0
4703. ....	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	.0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**CASH FLOW**

<b>Cash from Operations</b>		<b>1 Current Year</b>	<b>2 Prior Year</b>
1. Premiums collected net of reinsurance.....		5,845,825	0
2. Net investment income .....		46,809	0
3. Miscellaneous income .....		0	0
4. Total (Lines 1 through 3) .....		5,892,634	0
5. Benefit and loss related payments .....		5,271,872	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....		509,859	0
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses)		0	0
10. Total (Lines 5 through 9) .....		5,781,731	0
11. Net cash from operations (Line 4 minus Line 10) .....		110,903	0
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:		0	0
12.1 Bonds .....		0	0
12.2 Stocks .....		0	0
12.3 Mortgage loans .....		0	0
12.4 Real estate .....		0	0
12.5 Other invested assets .....		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		0	0
12.7 Miscellaneous proceeds .....		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		0	0
13. Cost of investments acquired (long-term only):		101,510	0
13.1 Bonds .....		0	0
13.2 Stocks .....		0	0
13.3 Mortgage loans .....		0	0
13.4 Real estate .....		0	0
13.5 Other invested assets .....		0	0
13.6 Miscellaneous applications .....		1,852	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		103,362	0
14. Net increase/(decrease) in contract loans and premium notes .....		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		(103,362)	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):		0	0
16.1 Surplus notes, capital notes .....		0	0
16.2 Capital and paid in surplus, less treasury stock.....		2,670,042	0
16.3 Borrowed funds .....		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....		0	0
16.6 Other cash provided (applied).....		97,214	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		2,767,256	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....		2,774,797	0
19. Cash, cash equivalents and short-term investments:		0	0
19.1 Beginning of year .....		0	0
19.2 End of year (Line 18 plus Line 19.1) .....		2,774,797	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	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 Benefit Plan	Title XVII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	5,837,356	0	0	0	0	5,837,356	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0													XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	5,837,356	0	0	5,837,356	0	5,837,356	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	5,474,766													XXX
9. Other professional services	0													XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	0													XXX
13. Aggregate write-ins for other hospital and medical	0													XXX
14. Incentive pool, withhold adjustments and bonus amounts	0													XXX
15. Subtotal (Lines 8 to 14)	5,474,766	0	0	0	0	5,474,766	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	5,474,766	0	0	5,474,766	0	5,474,766	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	38,619	116,250				116,250								
20. General administrative expenses	488,118					488,118								
21. Increase in reserves for accident and health contracts	0													XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	6,079,134	0	0	0	0	6,079,134	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(241,778)	0	0	0	0	(241,778)	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Vision only .....				.0
5. Dental only .....	5,837,356			5,837,356
6. Federal Employees Health Benefits Plan .....	.0			.0
7. Title XVIII - Medicare .....	.0			.0
8. Title XIX – Medicaid .....	.0			.0
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12) .....	5,837,356	0	0	5,837,356
14. Life .....	.0			.0
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	5,837,356	0	0	5,837,356

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

	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											
1. Payments during the year:														
1.1 Direct	5,271,872													
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	5,271,872	0	0	0	0	5,271,872	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	202,894	0	0	0	0	202,894	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	202,894	0	0	0	0	202,894	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0													
6. Net healthcare receivables (a)	0													
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	5,474,766	0	0	0	0	5,474,766	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	5,474,766	0	0	0	0	5,474,766	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital and 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											
1. Reported in Process of Adjustment:														
1.1. Direct .....	0													
1.2. Reinsurance assumed .....	0													
1.3. Reinsurance ceded .....	0													
1.4. Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1. Direct .....	202,894						202,894							
2.2. Reinsurance assumed .....	0													
2.3. Reinsurance ceded .....	0													
2.4. Net .....	202,894	0	0	0	0	202,894	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	0													
3.2. Reinsurance assumed .....	0													
3.3. Reinsurance ceded .....	0													
3.4. Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1. Direct .....	202,894	0	0	0	0	202,894	0	0	0	0	0	0	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	202,894	0	0	0	0	202,894	0	0	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision Only .....					0	0
5. Dental Only .....			5,271,872	202,894	0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....					0	0
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-Term Care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	0	5,271,872	0	202,894	0	0
14. Healthcare receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13-14+15+16)	0	5,271,872	0	202,894	0	0

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

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A – Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	0	0	0
2. 2020 .....	0	0	0	0	0
3. 2021 .....	XXX	0	0	0	0
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	5,272

**Section B – Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	0	0	0
2. 2020 .....	0	0	0	0	0
3. 2021 .....	XXX	0	0	0	0
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	5,475

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	0	0	0.0	0	0	0.0			0	0.0
2. 2021 .....	0	0	0.0	0	0	0.0			0	0.0
3. 2022 .....	0	0	0.0	0	0	0.0			0	0.0
4. 2023 .....	0	0	0.0	0	0	0.0			0	0.0
5. 2024 .....	5,837	5,272	116	2.2	5,388	92.3	203	10	5,601	95.9

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

Pt 2C - Sn A - Paid Claims - XV

**NONE**

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	0	0	0
2. 2020.....	0	0	0	0	0
3. 2021.....	XXX	0	0	0	0
4. 2022.....	XXX	XXX	0	0	0
5. 2023.....	XXX	XXX	XXX	0	0
6. 2024.....	XXX	XXX	XXX	XXX	5,272

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	0	0	0
2. 2020.....	0	0	0	0	0
3. 2021.....	XXX	0	0	0	0
4. 2022.....	XXX	XXX	0	0	0
5. 2023.....	XXX	XXX	XXX	0	0
6. 2024.....	XXX	XXX	XXX	XXX	5,475

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2021.....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2022.....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2023.....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2024.....	5,837	5,272	116	2.2	5,388	92.3	203	10	5,601	95.9

Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XV

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio OT

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	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
		2 Total	3 Individual										
1. Unearned premium reserves .....	0												
2. Additional policy reserves (a) .....	0												
3. Reserve for future contingent benefits .....	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) .....	0												
5. Aggregate write-ins for other policy reserves .....	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
6. Totals (gross) .....	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
7. Reinsurance ceded .....	0												
8. Totals (Net) (Page 3, Line 4) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0												
10. Reserve for future contingent benefits .....	0												
11. Aggregate write-ins for other claim reserves .....	0	0	.0	.0	.0	.0	0	.0	0	0	0	0	.0
12. Totals (gross) .....	0	0	.0	.0	.0	.0	0	.0	0	0	0	0	.0
13. Reinsurance ceded .....	0												
14. Totals (Net) (Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	.0	0	0	0	0	.0	0	0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building)					0
2. Salaries, wages and other benefits .....					0
3. Commissions (less \$ .....ceded plus \$ .....assumed)				117,007	117,007
4. Legal fees and expenses .....					0
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....					0
7. Traveling expenses .....					0
8. Marketing and advertising .....					0
9. Postage, express and telephone .....					0
10. Printing and office supplies .....					0
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....					0
13. Cost or depreciation of EDP equipment and software .....					0
14. Outsourced services including EDP, claims, and other services .....	38,619	77,631	277,818		394,068
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....					0
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....				94,509	94,509
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....					0
23.5 Other (excluding federal income and real estate taxes) .....				(1,619)	(1,619)
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	403	0	403
26. Total expenses incurred (Lines 1 to 25) .....	38,619	77,631	488,118	0 (a)	604,368
27. Less expenses unpaid December 31, current year .....		9,800	84,709		94,509
28. Add expenses unpaid December 31, prior year .....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	38,619	67,831	403,409	0	509,859
<b>DETAILS OF WRITE-INS</b>					
2501. Licensing fees, misc. ....				403	403
2502. ....					0
2503. ....					0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	403	0	403

(a) Includes management fees of \$ .....to affiliates and \$ .....to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	.....
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....
1.2 Other bonds (unaffiliated) .....	(a) .....	4,080 .....
1.3 Bonds of affiliates .....	(a) .....	0 .....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	0 .....
2.11 Preferred stocks of affiliates .....	(b) .....	0 .....
2.2 Common stocks (unaffiliated) .....	(b) .....	0 .....
2.21 Common stocks of affiliates .....	(b) .....	0 .....
3. Mortgage loans .....	(c) .....	0 .....
4. Real estate .....	(d) .....	0 .....
5. Contract loans .....		
6. Cash, cash equivalents and short-term investments .....	(e) .....	44,259 .....
7. Derivative instruments .....	(f) .....	.....
8. Other invested assets .....		
9. Aggregate write-ins for investment income .....	0 .....	0 .....
10. Total gross investment income .....	48,339 .....	48,339 .....
11. Investment expenses .....		
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	.....
13. Interest expense .....	(g) .....	.....
14. Depreciation on real estate and other invested assets .....	(h) .....	.....
15. Aggregate write-ins for deductions from investment income .....	(i) .....	0 .....
16. Total deductions (Lines 11 through 15) .....	0 .....	0 .....
17. Net investment income (Line 10 minus Line 16) .....		48,339 .....
<b>DETAILS OF WRITE-INS</b>		
0901. .....		
0902. .....		
0903. .....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0 .....	0 .....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0 .....	0 .....
1501. .....		
1502. .....		
1503. .....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0 .....	0 .....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	0 .....	0 .....

(a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.  
 (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....			.0 .....		
1.1 Bonds exempt from U.S. tax .....			.0 .....		
1.2 Other bonds (unaffiliated) .....			.0 .....		
1.3 Bonds of affiliates .....	0 .....	0 .....	.0 .....	0 .....	0 .....
2.1 Preferred stocks (unaffiliated) .....	0 .....	0 .....	.0 .....	0 .....	0 .....
2.11 Preferred stocks of affiliates .....	0 .....	0 .....	.0 .....	0 .....	0 .....
2.2 Common stocks (unaffiliated) .....	0 .....	0 .....	.0 .....	0 .....	0 .....
2.21 Common stocks of affiliates .....	0 .....	0 .....	.0 .....	0 .....	0 .....
3. Mortgage loans .....	0 .....	0 .....	.0 .....	0 .....	0 .....
4. Real estate .....	0 .....	0 .....	.0 .....	0 .....	0 .....
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....			.0 .....	0 .....	0 .....
7. Derivative instruments .....			.0 .....	0 .....	0 .....
8. Other invested assets .....	0 .....	0 .....	.0 .....	0 .....	0 .....
9. Aggregate write-ins for capital gains (losses) .....	0 .....	0 .....	.0 .....	0 .....	0 .....
10. Total capital gains (losses) .....	0 .....	0 .....	.0 .....	0 .....	0 .....
<b>DETAILS OF WRITE-INS</b>					
0901. .....			0 .....		
0902. .....			0 .....		
0903. .....			0 .....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0 .....	0 .....	0 .....	0 .....	0 .....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0 .....	0 .....	0 .....	0 .....	0 .....

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	1,107	0	(1,107)
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,107	0	(1,107)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	1,107	0	(1,107)
<b>DETAILS OF WRITE-INS</b>			
1101. ....	0	0	0
1102. ....	0	0	0
1103. ....	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. ....	0	0	0
2502. ....	0	0	0
2503. ....	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
						Total Members at End of
1. Health Maintenance Organizations.....	0	0	28,498	28,684	27,874	226,862
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	0	0	28,498	28,684	27,874	226,862
<b>DETAILS OF WRITE-INS</b>						
0601. ....	0					
0602. ....	0					
0603. ....	0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2024</u>	<u>2023</u>
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	....XXX....	....XXX....	....XXX....	\$ .....(153,924)	\$ .....0
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	....XXX....	....XXX....	....XXX....	\$ .....(153,924)	\$ .....0
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	....XXX....	....XXX....	....XXX....	\$ .....2,516,118	\$ .....0
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	....XXX....	....XXX....	....XXX....	\$ .....2,516,118	\$ .....0

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

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates in the financial statements primarily include investment valuation and estimates of unpaid claims and claims adjustment expense reserves. It is at least reasonably possible that these estimates will be materially revised in the near term.

#### C. Accounting Policy

- (1) Cash consists of cash on deposit, savings accounts, and certificates of deposit with maturity dates within one year from the acquisition date. Cash equivalents are short-term, highly liquid investments with original maturities of three months or less that are both readily convertible to known amounts of cash and so near their maturity that they present insignificant risk of changes in value because of changes in interest rates.
- (2) Bonds are valued in accordance with the valuation prescribed by the NAIC. Generally, bonds are stated at amortized cost unless rated at three or below by the NAIC, in which case bonds are stated at the lower of amortized cost or fair value.
- (3) Unaffiliated common stocks are reported at fair value, as determined by quoted market prices, and the related net unrealized capital gains (losses) are reported in unassigned surplus net of federal income taxes.
- (4) Not Applicable
- (5) Not Applicable
- (6) Not Applicable
- (7) Not Applicable
- (8) Not Applicable
- (9) Not Applicable
- (10) Not Applicable
- (11) Accrued dental claims and related expenses include amounts billed and not paid and an estimate of costs incurred for unbilled services, as computed by management based on its historical experience. It is at least reasonably possible this estimate will change in the near term, and the effect of the change will have a material effect on the statutory financial statements.
- (12) Not Applicable
- (13) Not Applicable

#### D. Going Concern

- Not Applicable
- (1) Not Applicable
  - a. Not Applicable
  - b. Not Applicable
  - c. Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable

### 2. Accounting Changes and Corrections of Errors

Not Applicable

### 3. Business Combinations and Goodwill

Not Applicable

#### A. Statutory Purchase Method

- Not Applicable
- B. Statutory Merger

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable
- (5) Not Applicable

#### C. Assumption Reinsurance

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable

#### D. Impairment Loss

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable

#### E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

- Not Applicable

### 4. Discontinued Operations

Not Applicable

#### A. Discontinued Operation Disposed of or Classified as Held for Sale

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

    a. Not Applicable

    b. Not Applicable

B. Change in Plan of Sale of Discontinued Operation

Not Applicable

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal

Not Applicable

D. Equity Interest Retained in the Discontinued Operation After Disposal

Not Applicable

## 5. Investments

Not Applicable

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

(6) Not Applicable

(7) Not Applicable

(8) Not Applicable

(9) Not Applicable

B. Debt Restructuring

Not Applicable

(1)-(3) Not Applicable

(4) Not Applicable

C. Reverse Mortgages

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3)-(4) Not Applicable

D. Loan-Backed Securities

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

(1)-(2) Not Applicable

(3) Not Applicable

    c. Not Applicable

(4) Not Applicable

(5) Not Applicable

    b. Not Applicable

(6) Not Applicable

(7) Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

(6) Not Applicable

(7) Not Applicable

(8) Not Applicable

(9) Not Applicable

(10) Not Applicable

(11) Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

(6) Not Applicable

(7) Not Applicable

(8) Not Applicable

(9) Not Applicable

(10) Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

(6) Not Applicable

(7) Not Applicable

(8) Not Applicable

(9) Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

(6) Not Applicable

(7) Not Applicable

(8) Not Applicable

J. Real Estate

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

Not Applicable

(1) Not Applicable

a. Not Applicable

b. Not Applicable

c. Not Applicable

(2) Not Applicable

a. Not Applicable

b. Not Applicable

(3) Not Applicable

(4) Not Applicable

a. Not Applicable

b. Not Applicable

c. Not Applicable

d. Not Applicable

e. Not Applicable

(5) Not Applicable

a. Not Applicable

b. Not Applicable

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

a. Not Applicable

b. Not Applicable

c. Not Applicable

(6) Not Applicable

a. Not Applicable

b. Not Applicable

(7) Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0	0.0	0.0
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		0	0		0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0		0	0.0	0.0
i. FHLB capital stock		0	0		0	0.0	0.0
j. On deposit with states	101,510	0	101,510		101,510	3.5	3.5
k. On deposit with other regulatory bodies		0	0		0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0		0	0.0	0.0
n. Other restricted assets	0	0	0		0	0.0	0.0
o. Total Restricted Assets (Sum of a through n)	\$ 101,510	\$ 0	\$ 101,510	\$ 0	\$ 101,510	3.5 %	3.5 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(4)k. Not Applicable

M. Working Capital Finance Investments

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

(1) Not Applicable

(2) Not Applicable

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

(1) Not Applicable

(2) Not Applicable

Q. Prepayment Penalty and Acceleration Fees

Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset type.

Not Applicable

S. Aggregate Collateral Loans by Qualifying Investment Collateral

Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of its admitted assets

Not Applicable

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies in the year of the Impairment Write-Down

Not Applicable

7. Investment Income

Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

- A. Due and Accrued Income that was Excluded from Surplus on the following basis
  - Not Applicable
- B. Total Amount Excluded
  - Not Applicable
- C. Gross, nonadmitted and admitted amounts for interest income due and accrued.
  - Not Applicable
- D. Aggregate deferred interest.
  - Not Applicable
- E. Cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.
  - Not Applicable

## 8. Derivative Instruments

Not Applicable

- A. Derivatives under SSAP No. 86 – *Derivatives*
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
  - (5) Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
  - (8) a. Not Applicable
    - b. Not Applicable
  - (9) Not Applicable

- B. Derivatives under SSAP No. 108 – *Derivatives Hedging Variable Annuity Guarantees*
  - Not Applicable
  - (1) Not Applicable
  - (2) a. Not Applicable
    - b. Not Applicable
  - (3) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
    - d. Not Applicable
  - (4) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
    - d. Not Applicable

## 9. Income Taxes

- A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

12/31/2024		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
(a) Gross Deferred Tax Assets	\$ 1,107	\$ 1,107
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets	\$ 0	\$ 0
(1a - 1b)	\$ 1,107	\$ 0
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset	\$ 1,107	\$ 1,107
(1c -1d )	\$ 0	\$ 0
(f) Deferred Tax Liabilities	\$ 0	\$ 0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ 0	\$ 0
(1e - 1f)	\$ 0	\$ 0

12/31/2023		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
(a) Gross Deferred Tax Assets	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets	\$ 0	\$ 0
(1a - 1b)	\$ 0	\$ 0
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset	\$ 0	\$ 0
(1c -1d )	\$ 0	\$ 0
(f) Deferred Tax Liabilities	\$ 0	\$ 0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ 0	\$ 0
(1e - 1f)	\$ 0	\$ 0

Change		
(7)	(8)	(9) (Col 7+8) Total
(Col 1-4) Ordinary	(Col 2-5) Capital	
(a) Gross Deferred Tax Assets	\$ 1,107	\$ 1,107
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets	\$ 0	\$ 0
(1a - 1b)	\$ 1,107	\$ 0
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset	\$ 1,107	\$ 0
(1c -1d )	\$ 0	\$ 0
(f) Deferred Tax Liabilities	\$ 0	\$ 0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ 0	\$ 0
(1e - 1f)	\$ 0	\$ 0

2.

12/31/2024		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	

Admission Calculation Components SSAP No. 101

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- \$ 0
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)
  - 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.
  - \$ 0
  - 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
  - \$ 0
- (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax
- \$ 0

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

(d) Assets From 2(a) and 2(b) above Offset by Gross Deferred Tax Liabilities.  
 Deferred Tax Assets Admitted as the result of application of SSAP No. 101.  
 Total (2(a) + 2(b) + 2(c)) \$ ..... 0 \$ ..... 0 \$ ..... 0

12/31/2023		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)  
 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 Total (2(a) + 2(b) + 2(c)) \$ ..... 0 \$ ..... 0 \$ ..... 0

Change		
(7)	(8)	(9) (Col 7+8) Total
(Col 1-4) Ordinary	(Col 2-5) Capital	

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)  
 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. \$ ..... 0 \$ ..... 0 \$ ..... 0  
 Total (2(a) + 2(b) + 2(c)) \$ ..... 0 \$ ..... 0 \$ ..... 0

3.

2024	2023
------	------

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. ..... 808.825 ..... 0.000  
 (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. \$ ..... 2,516,118.000 \$ ..... 0.000

4.

12/31/2024	
(1)	(2)
Ordinary	Capital

#### Impact of Tax-Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.  
 1. Adjusted Gross DTAs Amount From Note 9A1(c) ..... 1,107 ..... 0  
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies ..... 0 ..... 0  
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) ..... 0 ..... 0  
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies ..... 0 ..... 0

12/31/2023	
(3)	(4)
Ordinary	Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.  
 1. Adjusted Gross DTAs Amount From Note 9A1(c) ..... 0 ..... 0  
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies ..... 0 ..... 0  
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) ..... 0 ..... 0  
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies ..... 0 ..... 0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.  
 1. Adjusted Gross DTAs Amount From Note 9A1(c) ..... 1,107 ..... 0  
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies ..... 0 ..... 0  
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) ..... 0 ..... 0  
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies ..... 0 ..... 0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes ..... No ..... X .....

#### B. Deferred Tax Liabilities Not Recognized

Not Applicable

(1) Not Applicable  
 (2) Not Applicable  
 (3) Not Applicable  
 (4) Not Applicable

#### C. Current income taxes incurred consist of the following major components

(1)	(2)	(3) (Col 1-2) Change
12/31/2024	12/31/2023	

##### 1. Current Income Tax

(a) Federal ..... (39,515) ..... 0 ..... (39,515)  
 (b) Foreign ..... 0 ..... 0 ..... 0  
 (c) Subtotal (1a+1b) ..... (39,515) ..... 0 ..... (39,515)  
 (d) Federal income tax on net capital gains ..... 0 ..... 0 ..... 0  
 (e) Utilization of capital loss carry-forwards ..... 0 ..... 0 ..... 0  
 (f) Other ..... 0 ..... 0 ..... 0  
 (g) Federal and foreign income taxes incurred (1c+1d+1e+1f) ..... (39,515) ..... 0 ..... (39,515)

##### 2. Deferred Tax Assets:

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## (a) Ordinary

(1) Discounting of unpaid losses	\$ 699	\$ 0	\$ 699
(2) Unearned premium reserve	\$ 408	\$ 0	\$ 408
(3) Policyholder reserves	\$ 0	\$ 0	\$ 0
(4) Investments	\$ 0	\$ 0	\$ 0
(5) Deferred acquisition costs	\$ 0	\$ 0	\$ 0
(6) Policyholder dividends accrual	\$ 0	\$ 0	\$ 0
(7) Fixed assets	\$ 0	\$ 0	\$ 0
(8) Compensation and benefits accrual	\$ 0	\$ 0	\$ 0
(9) Pension accrual	\$ 0	\$ 0	\$ 0
(10) Receivables - nonadmitted	\$ 0	\$ 0	\$ 0
(11) Net operating loss carry-forward	\$ 0	\$ 0	\$ 0
(12) Tax credit carry-forward	\$ 0	\$ 0	\$ 0
(13) Other	\$ 0	\$ 0	\$ 0
(99) Subtotal (sum of 2a1 through 2a13)	\$ 1,107	\$ 0	\$ 1,107

(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 1,107	\$ 0	\$ 1,107

(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 0	\$ 0	\$ 0
------------------------------------------------------------	------	------	------

## (e) Capital:

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Net capital loss carry-forward	\$ 0	\$ 0	\$ 0
(3) Real estate	\$ 0	\$ 0	\$ 0
(4) Other	\$ 0	\$ 0	\$ 0
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 0	\$ 0	\$ 0

(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 0	\$ 0	\$ 0

(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ 0	\$ 0	\$ 0
-----------------------------------------------------------	------	------	------

(i) Admitted deferred tax assets (2d + 2h)	\$ 0	\$ 0	\$ 0
--------------------------------------------	------	------	------

## 3. Deferred Tax Liabilities:

### (a) Ordinary

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	\$ 0	\$ 0	\$ 0
(3) Deferred and uncollected premium	\$ 0	\$ 0	\$ 0
(4) Policyholder reserves	\$ 0	\$ 0	\$ 0
(5) Other	\$ 0	\$ 0	\$ 0
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 0	\$ 0	\$ 0

### (b) Capital:

(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	\$ 0	\$ 0	\$ 0
(3) Other	\$ 0	\$ 0	\$ 0
(99) Subtotal (3b1+3b2+3b3)	\$ 0	\$ 0	\$ 0

(c) Deferred tax liabilities (3a99 + 3b99)	\$ 0	\$ 0	\$ 0
--------------------------------------------	------	------	------

4. Net deferred tax assets/liabilities (2i - 3c)	\$ 0	\$ 0	\$ 0
--------------------------------------------------	------	------	------

## D. Among the more significant book to tax adjustments were the following:

D. Reconciliation of federal income tax rate to actual effective rate:			
Description	(A) Amount	(B)	
		Statutory Rate 21.00%	(B)/x Effective Tax Rate
Income Before Taxes	(193,439)	(40,622)	21.00%
Tax-Exempt Interest (net of proration)	0	0	0.00%
Dividends Received Deduction (net of proration)	0	0	0.00%
Meals & Entertainment	0	0	0.00%
Club Dues	0	0	0.00%
Lobbying Expenses	0	0	0.00%
Nondeductible Dividends	0	0	0.00%
Penalties	0	0	0.00%
ACA Insurer Fee	0	0	0.00%
Nonadmit Change	-	0	0.00%
Commuter Benefits	-	0	0.00%
Merger Impact	-	0	0.00%
Deferred Write Offs	-	0	0.00%
Prior Year True Up	-	0	0.00%
Total	(193,439)	(40,622)	21.00%
Federal income taxed incurred [expense/(benefit)]		(39,515)	20.43%
Tax on capital gains/(losses)		0	0.00%
Change in net deferred income tax [charge/(benefit)]		(1,107)	0.57%
Total statutory income taxes		(40,622)	21.00%

## E. Operating Loss and Tax Credit Carryforwards

(1) At December 31, 2024, the Company had net operating loss carryforwards expiring through the year 2024 of \$0

At December 31, 2024, the Company had net operating loss carryforwards expiring through the year 2029 of \$0

(2) The following is income tax expense for 2022, 2023, and 2024 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2022	0	0	0
2023	0	0	0
2024	0	0	0
Total	-	0	-

(3) Not Applicable

## F. Consolidated Federal Income Tax Return

(1) The Company is party to a tax-sharing agreement with the parent company, ProMedica Insurance Corporation (PIC), and affiliated entities as follows: Paramount Benefits Agency (PBA); Health Resources of Ohio, Inc. (HRO), and Health Resources, Inc. (HRI). Tax returns are completed on a consolidated basis. However, allocation is based upon separate

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

return calculations with current credit for net losses. The method of allocation between the companies is subject to a written agreement approved by the Board of Directors. Intercompany tax balances are settled through the holding company, PIC.

Paramount Preferred Options (PPO), Health Management Solutions, Inc. (HMS), Paramount Preferred Services (PPS), and CEC Associates (CEC) were part of the preceding agreement through 2/01/2024.

Paramount Care of Michigan, Inc. (PCM), Paramount Care, Inc. (PCI), Paramount Insurance Company (PICO), Paramount Care of Indiana (PCIN), Paramount Care of Virginia, Inc. (PCVA), Paramount Care of Maryland, Inc. (PCMD), and Paramount Care of Pennsylvania, Inc. (PCPA) were part of the preceding agreement through 5/01/2024.

(2) The Company is party to a tax-sharing agreement with its parent company and affiliates. Tax returns are completed on a consolidated basis. Allocation is based on separate return calculations with current credit for net losses.

G. Federal or Foreign Income Tax Loss Contingencies

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

The Company is primarily subject to U.S. federal and various U.S. state and local tax authorities. As of December 31, 2024, there are no U.S. federal or state returns under examination.

H. Repatriation Transition Tax (RTT)

Not Applicable

I. Alternative Minimum Tax Credit

Not Applicable

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Nature of the Relationship Involved

A cost sharing agreement between ProMedica Health System and ProMedica Insurance Corporation and Subsidiaries, including the Company, is currently in effect. ProMedica allocates corporate overhead to its ProMedica entities. The agreement was effective May 1, 2024.

An administrative services agreement is in effect between the Company and Health Resources, Inc. Health Resources, Inc. agrees to provide certain administrative services in connection with the insurance plans issued or administered by the Company. The agreement is effective May 1, 2024.

B. Detail of Transactions

The amount paid by the Company to HRI in 2024 results from the administrative services agreement between Health Resources, Inc. and the Company and consist of the net of premiums collected, administration fees and claims reimbursements.

C. Transactions with related party who are not reported on Schedule Y

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

a. Not Applicable

b. Not Applicable

c. Not Applicable

(4) Not Applicable

D. Amounts Due From or To Related Parties

Amounts due to and from affiliates will be resolved the following month through an intercompany funds transfer process.

**Receivable (Payable)**

	<b>2024</b>	<b>2023</b>
Health Resources, Inc.	(\$97,214)	\$0

A cost sharing agreement between ProMedica Shared Services, LLC and ProMedica Insurance Corporation and Subsidiaries, including the Company, is currently in effect. ProMedica Shared Services provides certain services at cost to ProMedica Insurance Corporation and Subsidiaries. The Company was allocated \$0 through Q4 2024 for shared expenses.

An administrative services agreement is in effect between the Company and Health Resources, Inc. Health Resources, Inc. agrees to perform certain administrative services including claims administration for the Company. The Company paid Health Resources, Inc. \$5,474,766 in administration fees, claims and broker commissions through Q4 2024.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

A cost sharing agreement between ProMedica Shared Services, LLC and ProMedica Insurance Corporation and Subsidiaries, including the Company, is currently in effect. ProMedica Shared Services provides certain services at cost to ProMedica Insurance Corporation and Subsidiaries. The Company was allocated \$0 through Q4 2024 for shared expenses.

An administrative services agreement is in effect between the Company and Health Resources, Inc. Health Resources, Inc. agrees to perform certain administrative services including claims administration for the Company. The Company paid Health Resources, Inc. \$5,474,766 in administration fees, claims and broker commissions through Q4 2024.

F. Guarantees or Undertakings

Not Applicable

G. Nature of the Control Relationship

Not Applicable

H. Amount Deducted for Investment in Upstream Intermediate Entity or Ultimate Parent Owned

Not Applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not Applicable

J. Investments in Impaired SCAs

Not Applicable

K. Investment in Foreign Insurance Subsidiary

Not Applicable

L. Investment in Downstream Noninsurance Holding Company

Not Applicable

M. All SCA Investments

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
N. Investment in Insurance SCAs

Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
O. SCA or SSAP No. 48 Entity Loss Tracking

Not Applicable

**11. Debt**  
Not Applicable  
A. All Other Debt

Not Applicable  
B. FHLB (Federal Home Loan Bank) Agreements

Not Applicable  
(1) Not Applicable  
(2) FHLB Capital Stock

Not Applicable  
a. Not Applicable  
b. Not Applicable  
(3) Collateral Pledged to FHLB

Not Applicable  
a. Not Applicable  
b. Not Applicable  
(4) Borrowing from FHLB

Not Applicable  
a. Not Applicable  
b. Not Applicable  
c. Not Applicable

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**  
Not Applicable  
A. Defined Benefit Plan

Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
(4) Not Applicable  
(5) Not Applicable  
(6) Not Applicable  
(7) Not Applicable  
(8) Not Applicable  
(9) Not Applicable  
(10) Not Applicable  
(11) Not Applicable  
(12) Not Applicable  
(13) Not Applicable  
(14) Not Applicable  
(15) Not Applicable  
(16) Not Applicable  
(17) Not Applicable

B. Investment Policies and Strategies

Not Applicable  
C. Fair Value of Plan Assets

Not Applicable  
(1) Not Applicable  
(2) Not Applicable

D. Basis Used to Determine Expected Long-Term Rate-of-Return

Not Applicable  
E. Defined Contribution Plans

Not Applicable  
F. Multiemployer Plans

Not Applicable  
G. Consolidated/Holding Company Plans

Not Applicable  
H. Postemployment Benefits and Compensated Absences

Not Applicable  
I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

A. Number of Shares of Each Class of Capital Stock, Authorized, Issued and Outstanding and the Par or Stated Value of Each Class  
There are 1,000 shares of common stock authorized, issued and outstanding.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not Applicable  
C. Dividend Restrictions

D. Dates and Amounts of Dividends Paid

Not Applicable  
E. Profits that may be Paid as Ordinary Dividends to Stockholders

F. Restrictions on Unassigned Funds (Surplus)

Not Applicable  
G. Mutual Reciprocal Amounts of Advances to Surplus not Repaid

Not Applicable  
H. Amount of Stock Held for Special Purposes

Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

- I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period
  - Not Applicable
- J. Changes in Unassigned Funds
  - Not Applicable
- K. Surplus Notes
  - Not Applicable
- L. The Impact of any Restatement Due to Prior Quasi-Reorganizations
  - Not Applicable
- M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
  - Not Applicable

14. **Liabilities, Contingencies and Assessments**  
Not Applicable

- A. Contingent Commitments
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
- B. Assessments
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
  - (3) Not Applicable
    - b. Not Applicable
    - c. Not Applicable
- C. Gain Contingencies
  - Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
  - Not Applicable
- E. Joint and Several Liabilities
  - Not Applicable
- F. All Other Contingencies
  - Not Applicable

15. **Leases**  
Not Applicable

- A. Lessee Operating Lease
  - Not Applicable
  - (1) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
    - d. Not Applicable
    - e. Not Applicable
  - (2) a. Not Applicable
  - (3) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
- B. Lessor Leases
  - Not Applicable
  - (1) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
    - d. Not Applicable
  - (2) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable

16. **Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**  
Not Applicable

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable

17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**  
Not Applicable

- A. Transfers of Receivables Reported as Sales
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
- B. Transfer and Servicing of Financial Assets
  - Not Applicable
  - (1) Not Applicable
  - (2) Not Applicable
    - a. Not Applicable
    - b. Not Applicable
    - c. Not Applicable
  - (3) Not Applicable
  - (4) Not Applicable
    - a. Not Applicable
      - 1. Not Applicable
        - (a) Not Applicable
        - (b) Not Applicable
      - 2. Not Applicable
    - b. Not Applicable
      - 1. Not Applicable
        - (a) Not Applicable
        - (b) Not Applicable
        - (c) Not Applicable
        - (d) Not Applicable
      - 2. Not Applicable
      - 3. Not Applicable
      - 4. Not Applicable
      - 5. Not Applicable
  - (5) Not Applicable
  - (6) Not Applicable
  - (7) Not Applicable
- C. Wash Sales

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

Not Applicable  
(1) Not Applicable  
(2) Not Applicable

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**  
Not Applicable  
A. ASO Plans  
Not Applicable  
B. ASC Plans  
Not Applicable  
C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:  
Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
(4) Not Applicable

**19. Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators**  
Not Applicable

**20. Fair Value Measurements**  
A. Assets and Liabilities Measured at Fair Value  
(3)  
(4)  
(5)  
B. Other Fair Value Disclosures  
Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value: Level 1: Quoted prices in active markets for identical assets or liabilities Level 2: Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities Level 3: Un-observable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Following is a description of the valuation methodologies used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying statements of admitted assets, liabilities, and capital and surplus, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. Available-for-Sale Securities and Money Market Mutual Funds Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatile, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. Level 2 securities include U.S. Government and federal agency securities.  
C. Fair Value of Financial Instruments  
Not Applicable  
D. Not Practicable to Estimate Fair Value  
Not Applicable  
E. Investments Measured using the NAV as Practical Expedient  
Not Applicable

**21. Other Items**  
Not Applicable  
A. Unusual or Infrequent Items  
Not Applicable  
B. Troubled Debt Restructuring: Debtors  
Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
(4) Not Applicable  
C. Other Disclosures  
Not Applicable  
D. Business Interruption Insurance Recoveries  
Not Applicable  
E. State Transferable and Non-transferable Tax Credits  
Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
(4) Not Applicable  
F. Subprime-Mortgage-Related Risk Exposure  
Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
(4) Not Applicable  
G. Retained Assets  
Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
H. Insurance-Linked Securities (ILS) Contracts  
Not Applicable  
I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy  
Not Applicable

**22. Events Subsequent**  
Not Applicable

**23. Reinsurance**  
Not Applicable  
A. Ceded Reinsurance Report  
Not Applicable  
Section 1 - General Interrogatories  
Not Applicable  
(1) Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

(2) Not Applicable  
Section 2 - Ceded Reinsurance Report - Part A

Not Applicable

- (1) Not Applicable
- a. Not Applicable
- b. Not Applicable

(2) Not Applicable

Section 3 - Ceded Reinsurance Report - Part B

Not Applicable

- (1) Not Applicable
- (2) Not Applicable

B. Uncollectible Reinsurance

Not Applicable

C. Commutation of Reinsurance Reflected in Income and Expenses

Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable

- (1) Not Applicable
- b. Not Applicable

(2) Not Applicable

b. Not Applicable

E. Reinsurance Credit

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) Not Applicable

(6) Not Applicable

## 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not Applicable

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

Not Applicable

B. Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium

Not Applicable

C. Amount of Net Premiums Written Subject to Retrospective Rating Features

Not Applicable

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

Not Applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

## 25. Changes in Incurred Claims and Claim Adjustment Expenses

Not Applicable

A. Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

Not Applicable

B. Information about Significant Changes in Methodologies and Assumptions

Not Applicable

## 26. Intercompany Pooling Arrangements

Not Applicable

A. Lead Entity and Affiliated Entities Participating in the Intercompany Pool

Not Applicable

B. Lines and Types of Business Subject to the Pooling Agreement

Not Applicable

C. Cessions to Non-Affiliated Reinsurance Business Subject to the Pooling Agreement

Not Applicable

D. Identification of all Pool Members that are Parties to the Reinsurance Agreements with Non-Affiliated Reinsurers

Not Applicable

E. Discrepancies Between Entries Regarding Pooled Business

Not Applicable

F. Intercompany Sharing of the Provision for Reinsurance

Not Applicable

G. Amounts due to/from the Lead Entity and Affiliated Entities Participating in the Intercompany Pool

Not Applicable

## 27. Structured Settlements

Health Entities should not complete this Note.

## 28. Health Care Receivables

Not Applicable

A. Pharmaceutical Rebate Receivables

Not Applicable

B. Risk Sharing Receivables

Not Applicable

## 29. Participating Policies

Not Applicable

## 30. Premium Deficiency Reserves

Not Applicable

## 31. Anticipated Salvage and Subrogation

Not Applicable

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [  ] No [  ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [  ] No [  ] N/A [  ]

1.3 State Regulating? Ohio..... Yes [  ] No [  ]

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [  ] No [  ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [  ] No [  ]  
If yes, date of change: ..... 01/24/2024

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

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_

3.4 By what department or departments? Ohio Department of Insurance.....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [  ] No [  ] N/A [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? Yes [  ] No [  ]  
4.12 renewals? Yes [  ] No [  ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? Yes [  ] No [  ]  
4.22 renewals? Yes [  ] No [  ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]  
If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [  ] No [  ]

6.2 If yes, give full information ..... Yes [  ] No [  ]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [  ] No [  ]

7.2 If yes,  
7.21 State the percentage of foreign control ..... 0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [  ] No [  ]  
If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [  ] No [  ]  
If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [  ] No [  ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [  ] No [  ] N/A [  ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Plante Moran, 27400 Northwestern Highway, Southfield, MI 48037.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [  ] No [  ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [  ] No [  ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**  
**GENERAL INTERROGATORIES**  
**PART 1 - COMMON INTERROGATORIES**

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [  ] No [  ] N/A [  ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Timothy P. Berghoff, FSA, MAAA, 8216 Millview Dr, Cincinnati, OH 45249.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [  ] No [  ]  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved ..... 0  
 12.13 Total book/adjusted carrying value ..... \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [  ] No [  ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [  ] No [  ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [  ] No [  ] N/A [  ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [  ] No [  ]  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [  ] No [  ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [  ] No [  ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [  ] No [  ]  
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [  ] No [  ]  
 17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [  ] No [  ]  
 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [  ] No [  ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [  ] No [  ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$..... 0  
 20.12 To stockholders not officers \$..... 0  
 20.13 Trustees, supreme or grand (Fraternal only) \$..... 0  
 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$..... 0  
 20.22 To stockholders not officers \$..... 0  
 20.23 Trustees, supreme or grand (Fraternal only) \$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [  ] No [  ]

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....  
 21.22 Borrowed from others \$.....  
 21.23 Leased from others \$.....  
 21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [  ] No [  ]

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....  
 22.22 Amount paid as expenses \$.....  
 22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [  ] No [  ]  
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [  ] No [  ]  
 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [  ] No [  ]

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [  ] No [  ] NA [  ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [  ] No [  ] NA [  ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [  ] No [  ] NA [  ]

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$..... 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$..... 0

25.093 Total payable for securities lending reported on the liability page \$..... 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [  ] No [  ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements	\$.....
26.22 Subject to reverse repurchase agreements	\$.....
26.23 Subject to dollar repurchase agreements	\$.....
26.24 Subject to reverse dollar repurchase agreements	\$.....
26.25 Placed under option agreements	\$.....
26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
26.27 FHLB Capital Stock	\$.....
26.28 On deposit with states	\$.....
26.29 On deposit with other regulatory bodies	\$.....
26.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
26.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
26.32 Other	\$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [  ] No [  ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [  ] No [  ] N/A [  ]

#### LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [  ] No [  ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
27.42 Permitted accounting practice	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
27.43 Other accounting guidance	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [  ] No [  ]

28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [  ] No [  ]

29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Securities.....	5050 Kingsley Drive, Cincinnati, OH 45263.....

29.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [  ] No [  ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**  
**GENERAL INTERROGATORIES**  
**PART 1 - COMMON INTERROGATORIES**

authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Fifth Third Securities.....	U.....
.....	.....
.....	.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2001 .....	.....	.....
30.2002 .....	.....	.....
30.2999 TOTAL	.....	0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	101,510	105,829
31.2 Preferred Stocks.....	0	0
31.3 Totals.....	101,510	105,829

31.4 Describe the sources or methods utilized in determining the fair values:

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes [ ] No [ X ]

36. 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.

Yes [ ] No [ X ]

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

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 FEs to Schedule BA non-registered private funds that complied with the above criteria?

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%)) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [  ] No [  ] NA [  ]

Yes [  ] No [  ]

38.1 Does the reporting entity directly hold cryptocurrencies?

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

Yes [  ] No [  ]

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes [  ] No [  ]

39.22 Immediately converted to U.S. dollars

Yes [  ] No [  ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

### OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

41.1 Amount of payments for legal expenses, if any? \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U.S. business only.	\$ ..... 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ .....
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ ..... 0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ ..... 0
1.6	Individual policies:	
	Most current three years:	
	1.61 Total premium earned	\$ ..... 0
	1.62 Total incurred claims	\$ ..... 0
	1.63 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.64 Total premium earned	\$ ..... 0
	1.65 Total incurred claims	\$ ..... 0
	1.66 Number of covered lives	..... 0
1.7	Group policies:	
	Most current three years:	
	1.71 Total premium earned	\$ ..... 0
	1.72 Total incurred claims	\$ ..... 0
	1.73 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.74 Total premium earned	\$ ..... 0
	1.75 Total incurred claims	\$ ..... 0
	1.76 Number of covered lives	..... 0

## 2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ ..... 5,837,356	\$ ..... 0
2.2	Premium Denominator	\$ ..... 5,837,356	\$ ..... 0
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 0.000
2.4	Reserve Numerator	\$ ..... 203,297	\$ ..... 0
2.5	Reserve Denominator	\$ ..... 202,894	\$ ..... 0
2.6	Reserve Ratio (2.4/2.5)	..... 1.002	..... 0.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [ X ]
3.2	If yes, give particulars:	

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ X ] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [ ]

5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ] No [ X ]
5.2	If no, explain:	

5.2	Stop loss is not necessary as all dental plans have annual maximums.	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical	\$.....
	5.32 Medical Only	\$.....
	5.33 Medicare Supplement	\$.....
	5.34 Dental and Vision	\$.....
	5.35 Other Limited Benefit Plan	\$.....
	5.36 Other	\$.....

6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	
----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [ X ] No [ ]
7.2	If no, give details	

8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	..... 494
	8.2 Number of providers at end of reporting year	..... 494

9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [ ] No [ ]
9.2	If yes, direct premium earned:	

	9.21 Business with rate guarantees between 15-36 months	..... 988,682
	9.22 Business with rate guarantees over 36 months	..... 0

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ X ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....
10.22 Amount actually paid for year bonuses	\$.....
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or,	Yes [ ] No [ X ]
11.14 A Mixed Model (combination of above) ?	Yes [ X ] No [ ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

OH.....

11.4 If yes, show the amount required.

\$..... 300,375

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
Ohio.....	.....
.....	.....

13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ X ] N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written \$.....

15.2 Total Incurred Claims \$.....

15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without secondary guarantee)						
Universal Life (with or without secondary guarantee)						
Variable Universal Life (with or without secondary guarantee)						

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ ] No [ X ]

16.1 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 ]

## FIVE - YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	2,922,070	.0	0	0	0
2. Total liabilities (Page 3, Line 24) .....	405,952	.0	0	0	0
3. Statutory minimum capital and surplus requirement.....	300,375	.0	0	0	0
4. Total capital and surplus (Page 3, Line 33) .....	2,516,118	.0	0	0	0
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	5,837,356	.0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	5,474,766	.0	0	0	0
7. Claims adjustment expenses (Line 20) .....	116,250	.0	0	0	0
8. Total administrative expenses (Line 21) .....	488,118	.0	0	0	0
9. Net underwriting gain (loss) (Line 24) .....	(241,778)	.0	0	0	0
10. Net investment gain (loss) (Line 27) .....	48,339	.0	0	0	0
11. Total other income (Lines 28 plus 29) .....	.0	.0	0	0	0
12. Net income or (loss) (Line 32) .....	(153,924)	.0	0	0	0
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	110,903	0	0	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	2,516,118	.0	0	0	0
15. Authorized control level risk-based capital.....	311,083	.0	0	0	0
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	27,874	.0	0	0	0
17. Total members months (Column 6, Line 7) .....	226,862	.0	0	0	0
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	93.8	.00	.00	.00	.00
20. Cost containment expenses .....	0.7	.00	.00	.00	.00
21. Other claims adjustment expenses .....	1.3	.00	.00	.00	.00
22. Total underwriting deductions (Line 23) .....	104.1	.00	.00	.00	.00
23. Total underwriting gain (loss) (Line 24) .....	(4.1)	.00	.00	.00	.00
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	.0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)] .....	.0	0	0	0	0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	.0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	.0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	.0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	.0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	.0	0	0	0	0
31. All other affiliated .....	.0	0	0	0	0
32. Total of above Lines 26 to 31.....	.0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - *Accounting Changes and Correction of Errors*? Yes  No

If no, please explain .....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama	AL	N							0	0	
2. Alaska	AK	N							0	0	
3. Arizona	AZ	N							0	0	
4. Arkansas	AR	N							0	0	
5. California	CA	N							0	0	
6. Colorado	CO	N							0	0	
7. Connecticut	CT	N							0	0	
8. Delaware	DE	N							0	0	
9. District of Columbia	DC	N							0	0	
10. Florida	FL	N							0	0	
11. Georgia	GA	N							0	0	
12. Hawaii	HI	N							0	0	
13. Idaho	ID	N							0	0	
14. Illinois	IL	N							0	0	
15. Indiana	IN	N							0	0	
16. Iowa	IA	N							0	0	
17. Kansas	KS	N							0	0	
18. Kentucky	KY	N							0	0	
19. Louisiana	LA	N							0	0	
20. Maine	ME	N							0	0	
21. Maryland	MD	N							0	0	
22. Massachusetts	MA	N							0	0	
23. Michigan	MI	N							0	0	
24. Minnesota	MN	N							0	0	
25. Mississippi	MS	N							0	0	
26. Missouri	MO	N							0	0	
27. Montana	MT	N							0	0	
28. Nebraska	NE	N							0	0	
29. Nevada	NV	N							0	0	
30. New Hampshire	NH	N							0	0	
31. New Jersey	NJ	N							0	0	
32. New Mexico	NM	N							0	0	
33. New York	NY	N							0	0	
34. North Carolina	NC	N							0	0	
35. North Dakota	ND	N							0	0	
36. Ohio	OH	L	5,837,356						5,837,356	0	
37. Oklahoma	OK	N							0	0	
38. Oregon	OR	N							0	0	
39. Pennsylvania	PA	N							0	0	
40. Rhode Island	RI	N							0	0	
41. South Carolina	SC	N							0	0	
42. South Dakota	SD	N							0	0	
43. Tennessee	TN	N							0	0	
44. Texas	TX	N							0	0	
45. Utah	UT	N							0	0	
46. Vermont	VT	N							0	0	
47. Virginia	VA	N							0	0	
48. Washington	WA	N							0	0	
49. West Virginia	WV	N							0	0	
50. Wisconsin	WI	N							0	0	
51. Wyoming	WY	N							0	0	
52. American Samoa	AS	N							0	0	
53. Guam	GU	N							0	0	
54. Puerto Rico	PR	N							0	0	
55. U.S. Virgin Islands	VI	N							0	0	
56. Northern Mariana Islands	MP	N							0	0	
57. Canada	CAN	N							0	0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal		XXX	5,837,356	0	0	0	0	0	5,837,356	0	
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	0	
61. Total (Direct Business)		XXX	5,837,356	0	0	0	0	0	5,837,356	0	
<b>DETAILS OF WRITE-INS</b>											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 4. Q – Qualified – Qualified or accredited reinsurer ..... 0  
 2. R – Registered – Non-domiciled RRGs ..... 0 5. N – None of the above – Not allowed to write business in the state ..... 56  
 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0

(b) Explanation of basis of allocation by states, premiums by states, etc.

Situs of contract

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

#### ORGANIZATION CHART

The Reporting Entity is ultimately controlled by ProMedica Health System, Inc., (“ProMedica”), a nonprofit holding company exempt from federal taxation under Section 501(c)(3) and 509(a)(3) of the Internal Revenue Code. Where the term “ultimate controlling person/entity” is used this is an insurance industry standard and required term which does not indicate operational or day-to-day control of the parent.

The following coding system is used to show the interrelationships among the various members of the insurance holding company system:

- A circle means that ProMedica is the sole member/parent of the entity.
- ◆ Each entity marked with a diamond is a subsidiary of the entity listed directly above and denoted with a circle.
- Each entity marked with a square is a subsidiary of the entity listed directly above and marked with a diamond.
- Each entity marked with a small square is a subsidiary of the entity listed directly above and marked with a larger square
- Each entity marked with an open circle is a subsidiary of the entity listed directly above and marked with a small square.
- Each entity marked with an arrow is a member of the insurance holding company system.

04

The following list depicts the identities and interrelationships of affiliated persons within the insurance holding company system:

- 1 ProMedica Foundation, an Ohio nonprofit corporation, of which Defiance Foundation, Fostoria Community Hospital Foundation, ProMedicaHickman Hospital Foundation, , Memorial Hospital Foundation, Monroe Regional Hospital Foundation, are divisions.
  - Dissolved 12/31/2024.
  - HCR ManorCare Foundation, Inc.
  - Heartland Hospice Memorial Fund, Inc.
  - The Hug Fund
- 2 ProMedica Health Network, Inc., an Ohio for profit corporation, with ProMedica Health System, Inc. as the sole shareholder.
- 3 ProMedica Innovations, LLC, an Ohio limited liability company with ProMedica Health System as its sole member.

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**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

- ProMedica Natural Wellness, LLC (the inactive LLC, Nexttech Ohio, LLC, changed its name to ProMedica Natural Wellness, LLC).
- ProMedica Longevity and Wellness International, LLC
- ProMedica Longevity and Wellness US, LLC
- Dissolved 9/16/2024 ProMedica Resourceful, LLC, an Ohio limited liability company (formed 1/14/2021)

4 Fostoria Hospital Association, an Ohio nonprofit corporation.

5 Toledo Innovation Center Leverage Lender LLC

6 PHS Toledo Innovation Center Holdings, LLC

- 1 Toledo Innovation Center Manager, LLC an Ohio limited liability company in which, PHS Toledo Innovation Center Holding, LLC holds 23% interest
  - 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%.
  - Toledo Innovation Center Master Tenant, LLC, an Ohio limited liability company in which, Toledo Innovation Center Manager holds 1% interest.

7 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.

- 1 ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
- 2 ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
- 3 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.
- 4 ProMedica Pharmacy Group, LLC

8 ProMedica Physician Group, Inc., an Ohio non-profit corporation.

- 1 ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

2 ProMedica Central Physicians a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.

3 ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.

4 ProMedica Northwest Ohio Cardiology Consultants a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.

5 ProMedica Monroe Cardiology, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.

6 ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.

7 ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.

8 ProMedica Monroe Physicians a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.

9 ProMedica Multi Specialty Physicians, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as the sole member (converted 1/1/2021)

10 ProMedica Genito-Urinary Surgeons a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.

11 ProMedica Physicians at Home, Inc., a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.

12 ProMedica at Home, Inc., a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.

13 Memorial Professional Services, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.

14 ProMedica Primary Care Providers, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as its sole member.

15 ProMedica Children's Specialists, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as its sole member

9 ProMedica Indemnity Corporation, a Vermont corporation.

10 ProMedica Insurance Corporation f/k/a ProMedica Health Ventures Corporation f/k/a Vanguard Health Ventures, Inc., an Ohio nonprofit corporation.

- ◆ Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- ◆ NAIC 96687-Health Resources, Inc., an Indiana for-profit corporation with ProMedica Insurance Corporation as its sole member.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

- ◆ Paramount Care of Florida, Inc., a Florida nonprofit Corporation with ProMedica Insurance Corporation as its sole member.
- ◆ Paramount Care of New Jersey, Inc., a New Jersey for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- ◆ Dissolved December 23, 2024
- ◆ Paramount Care of Kentucky, Inc., a Kentucky for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- ◆ Health Resources of Ohio, Inc. (formerly known as Paramount Health Care, Inc.), an Ohio for-profit Corporation with ProMedica Insurance Corporation as its sole member.

11 Bay Park Community Hospital, an Ohio nonprofit corporation.

12 (sold) As of December 1, 2024, ProMedica is no longer the Member

13 Defiance Hospital, Inc., an Ohio nonprofit corporation.

1 Kaitlyn's Cottage, Inc., an Ohio nonprofit corporation with Defiance Hospital, Inc., as its sole member.

14 Emma L. Bixby Medical Center, a Michigan nonprofit corporation ProMedica Health System, Inc. as its sole member.

- ◆ Herrick Memorial Development Corporation, a Michigan for-profit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
  - 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.
  - ◆ Wolf Creek Associates, LLC, a Michigan limited liability company with Emma L. Bixby Medical Center as its sole member.

15 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.

- ◆ PHS Investments, LLC, an Ohio for-profit limited company with The Toledo Hospital as its sole member.
- ◆ Reynolds Road Surgical Center,Ltd, an Ohio limited liability company in which The Toledo Hospital holds 63% ownership interest, with various physicians holding a remaining 37% interest.

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

- ◆ Northwest Ohio Dedicated Breast MRI, LLC, an Ohio limited liability company in which The Toledo Hospital holds 100% ownership interest (as of 1/1/2024).
- ◆ 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.
- ◆ 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.
- ◆ ProMedica Hickman Cancer Center Pharmacy, LLC, an Ohio limited liability company with The Toledo Hospital as its sole member.

  

- ◆ ProMedica Intuitive Management of Ohio, LLC, a Delaware limited liability company where The Toledo Hospital holds 51% ownership interest.
- ◆ TH Levis MOB I, LLC, an Ohio limited liability company with The Toledo Hospital as its sole member.
- ◆ Vision Associates MOB, LLC, an Ohio limited liability company where The Toledo Hospital holds 12.5% interest as of January 1, 2024

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- 16 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.
- 17 Memorial Hospital, an Ohio nonprofit corporation.
  - 1 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.
    - Dissolved December 20, 2024
  - 2 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.
- 18 Mercy Memorial Hospital Corporation, a Michigan nonprofit corporation d/b/a ProMedica Monroe Regional Hospital.
  - 1 Monroe Health Ventures, Inc., a Michigan for-profit corporation.
  - 2 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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

19 300 Madison Building, LLC, an Ohio limited liability company.

20 ProMedica Active Mobility, LLC, an Ohio limited liability company.

21 ProMedica International, LLC, an Ohio limited liability company.

22 ProMedica Manager Member, LLC, an Ohio limited liability company.

23 1611 Monroe Investors, LLC, an Ohio limited liability company.

24 Marina District Development, LLC, an Ohio limited liability company.

25 IST Theatre, LLC, an Ohio limited liability company in which ProMedica Health System holds 100% ownership interest.

26 Ball Park Properties, LLC, an Ohio limited liability company in which ProMedica Health System holds 100% ownership interest.

27 Kapios, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 100% ownership interest.

28 Toledo Riverfront Hotel, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 100% ownership interest.

29 Fort Industry JV Partner, LLC, an Ohio limited liability company which ProMedica Health System holds 100% interest

1 Fort Industry Manager, LLC an Ohio limited liability company in which Fort Industry JV Partner, LLC holds 30% ownership interest.

30 ProMedica Shared Services, LLC, an Ohio LLC

31 HCR ManorCare, Inc. an Ohio nonprofit corporation

- ◆ Well PM Properties, LLC, a limited liability company where HCR ManorCare, Inc. holds 15% ownership interest as of 12/22/22.
- ◆ No longer exists as of 2022
- ◆ HCR Healthcare, LLC
  - Ancillary Services Management, LLC
  - I think this can be deleted because it is also listed below (see highlight) HCR Canterbury Village, LLC

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

■ 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
- ProMedica Hospice of Palm Beach County, FL, LLC
- Heartland 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.

■ HCR II Healthcare, LLC

- HCR III Healthcare, LLC (**See list of HCR III Healthcare, LLC OpCos**)
  - HCR IV Healthcare, LLC (**see list of HCR IV Healthcare, LLC OpCos**)

■ HCR Manor Care Services, LLC

- Heartland Care, LLC (which holds 2.3% interest in Ohio Employee health Partnership , LTD)

■ Health Care and Retirement Corporation of America, LLC

■ ProMedica Employment Services, LLC

■ ProMedica Employment Services II, LLC

■ Heartland Rehabilitation Services, LLC

- HCR ManorCare Medical Services of Florida, LLC

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

- ProMedica Senior Care Medical Services I, LLC (formed 2/8/2021)
  - Heartland Home Care, LLC
  - Heartland Rehabilitation Services of Michigan, LLC
- Heartland Services, LLC
  - 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)
- Industrial Wastes, LLC
- Manor Care Aviation, LLC
- Manor Care of Delaware County, LLC (which holds 50% interest in Mercy/Manor Partnership)
- Manor Care Supply, LLC
- 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
- ManorCare Health Services, LLC
  - Heartland of Toledo OH, LLC

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

- In Home Health, LLC
  - Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation
- Manor Care of Lacey WA, Association
- Manor Care of Salmon Creek WA, Association
- Winter Park Nursing Center, LLC
  - Manor Care of Winter Park FL, LLC- Winter Park Nursing Center, LLC has 50% interest
- Portfolio One, LLC
- Forum Purchasing, LLC, a limited liability company in which HCR Healthcare, LLC holds 27.3% ownership interest.

**Other Affiliated Entities**

- 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.
- 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.
- Healthonomy, an OH limited liability company, in which ProMedica Health System, Inc. holds 33.3% interest.
- Senior & Rehab Care at MetroHealth, LLC an Ohio limited liability company in which ProMedica holds 51% ownership interest
- ProMedica Senior Care of Georgia, LLC, an Ohio limited liability company in which ProMedica hold 90% ownership interest.

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.**

Entity Name	State Formed	Date Formed	EIN	State Qual.	Member
Arden Courts of Avon CT, LLC	DE	07/24/07	26-0625113	CT	HCR III Healthcare, LLC
Arden Courts of Farmington CT, LLC	DE	07/24/07	26-0625092	CT	HCR III Healthcare, LLC
Manor Care-Pike Creek of Wilmington DE, LLC	DE	07/24/07	26-0623346	N/A---	HCR III Healthcare, LLC
Arden Courts of Wilmington DE, LLC	DE	07/24/07	26-0625127	N/A---	HCR III Healthcare, LLC
Manor Care of Wilmington DE, LLC	DE	07/24/07	26-0623367	N/A---	HCR III Healthcare, LLC
Heartland of Boca Raton FL, LLC	DE	07/24/07	26-0623949	FL	HCR III Healthcare, LLC
Manor Care of Boca Raton FL, LLC	DE	07/24/07	26-0624217	FL	HCR III Healthcare, LLC
Heartland of Boynton Beach FL, LLC	DE	07/24/07	26-0623523	FL	HCR III Healthcare, LLC
Manor Care of Boynton Beach FL, LLC	DE	07/24/07	26-0624241	FL	HCR III Healthcare, LLC
Arden Courts of Delray Beach FL, LLC	DE	07/24/07	26-0625237	FL	HCR III Healthcare, LLC
Manor Care of Delray Beach FL, LLC	DE	07/24/07	26-0624068	FL	HCR III Healthcare, LLC
Manor Care of Dunedin FL, LLC	DE	07/24/07	26-0624190	FL	HCR III Healthcare, LLC
Arden Courts of Ft. Myers FL, LLC	DE	07/24/07	26-0625314	FL	HCR III Healthcare, LLC
Heartland of Fort Myers FL, LLC	DE	07/24/07	26-0623726	FL	HCR III Healthcare, LLC
Manor Care of Ft. Myers FL, LLC	DE	07/24/07	26-0624272	FL	HCR III Healthcare, LLC
Heartland-South Jacksonville of Jacksonville FL, LLC	DE	07/24/07	26-0623559	FL	HCR III Healthcare, LLC
Heartland of Jacksonville FL, LLC	DE	07/24/07	26-0623590	FL	HCR III Healthcare, LLC
Kensington Manor-Sarasota FL, LLC	DE	07/24/07	26-0623931	FL	HCR III Healthcare, LLC
Arden Courts of Largo FL, LLC	DE	07/24/07	26-0625141	FL	HCR III Healthcare, LLC
Arden Courts-Lely Palms of Naples FL, LLC	DE	07/24/07	26-0625279	FL	HCR III Healthcare, LLC
Manor Care-Lely Palms of Naples FL (SH), LLC	DE	07/24/07	26-0625295	FL	HCR III Healthcare, LLC
Manor Care of Naples FL, LLC	DE	07/24/07	26-0624049	FL	HCR III Healthcare, LLC
Heartland of Orange Park FL, LLC	DE	07/24/07	26-0623613	FL	HCR III Healthcare, LLC
Arden Courts of Palm Harbor FL, LLC	DE	07/24/07	26-0625222	FL	HCR III Healthcare, LLC
Manor Care of Palm Harbor FL, LLC	DE	07/24/07	26-0624018	FL	HCR III Healthcare, LLC
Heartland-Prosperity Oaks of Palm Beach Gardens FL, LLC	DE	07/24/07	26-0623909	FL	HCR III Healthcare, LLC
Arden Courts of Sarasota FL, LLC	DE	07/24/07	26-0625246	FL	HCR III Healthcare, LLC
Heartland of Sarasota FL, LLC	DE	07/24/07	26-0623968	FL	HCR III Healthcare, LLC
Manor Care Nursing Center of Sarasota FL, LLC	DE	07/24/07	26-0624159	FL	HCR III Healthcare, LLC
Arden Courts of Seminole FL, LLC	DE	07/24/07	26-0625266	FL	HCR III Healthcare, LLC
Arden Courts of Tampa FL, LLC	DE	07/24/07	26-0625330	FL	HCR III Healthcare, LLC
Manor Care of Venice FL, LLC	DE	07/24/07	26-0624092	FL	HCR III Healthcare, LLC
Arden Courts of W. Palm Beach FL, LLC	DE	07/24/07	26-0625258	FL	HCR III Healthcare, LLC
Manor Care of W. Palm Beach FL, LLC	DE	07/24/07	26-0624142	FL	HCR III Healthcare, LLC
Arden Courts of Winter Springs FL, LLC	DE	07/24/07	26-0625340	FL	HCR III Healthcare, LLC
Heartland of Zephyrhills FL, LLC	DE	07/24/07	26-0623476	FL	HCR III Healthcare, LLC
Manor Care Rehabilitation Center of Decatur GA, LLC	DE	07/24/07	26-0624293	GA	HCR III Healthcare, LLC
Manor Care of Marietta GA, LLC	DE	07/24/07	26-0624336	GA	HCR III Healthcare, LLC
Manor Care of Cedar Rapids IA, LLC	DE	07/24/07	26-0624378	IA	HCR III Healthcare, LLC
Manor Care of Davenport IA, LLC	DE	07/24/07	26-0624394	IA	HCR III Healthcare, LLC
Manor Care of Dubuque IA, LLC	DE	07/24/07	26-0624416	IA	HCR III Healthcare, LLC

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Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
Manor Care of Waterloo IA, LLC	DE	07/24/07	26-0624363	IA	HCR III Healthcare, LLC
Manor Care of West Des Moines IA, LLC	DE	07/24/07	26-0624438	IA	HCR III Healthcare, LLC
Heartland of Adelphi MD, LLC	DE	07/24/07	26-0620015	MD	HCR III Healthcare, LLC
Manor Care of Bethesda MD, LLC	DE	07/24/07	26-0620122	MD	HCR III Healthcare, LLC
Manor Care of Chevy Chase MD, LLC	DE	07/24/07	26-0620158	MD	HCR III Healthcare, LLC
Heartland of Hyattsville MD, LLC	DE	07/24/07	26-0619980	MD	HCR III Healthcare, LLC
Arden Courts of Kensington MD, LLC	DE	07/24/07	26-0622568	MD	HCR III Healthcare, LLC
Manor Care-Largo MD, LLC	DE	07/24/07	26-0620266	MD	HCR III Healthcare, LLC
Arden Courts of Pikesville MD, LLC	DE	07/24/07	26-0622121	MD	HCR III Healthcare, LLC
Springhouse of Pikesville MD, LLC	DE	07/24/07	26-0620079	MD	HCR III Healthcare, LLC
Arden Courts of Potomac MD, LLC	DE	07/24/07	26-0622198	MD	HCR III Healthcare, LLC
Manor Care of Potomac MD, LLC	DE	07/24/07	26-0620187	MD	HCR III Healthcare, LLC
Manor Care-Rossville MD, LLC	DE	07/24/07	26-0620310	MD	HCR III Healthcare, LLC
Manor Care-Roland Park MD, LLC	DE	07/24/07	26-0620341	MD	HCR III Healthcare, LLC
Manor Care-Ruxton MD, LLC	DE	07/24/07	26-0620431	MD	HCR III Healthcare, LLC
Arden Courts of Silver Spring MD, LLC	DE	07/24/07	26-0622164	MD	HCR III Healthcare, LLC
Manor Care of Silver Spring MD, LLC	DE	07/24/07	26-0620058	MD	HCR III Healthcare, LLC
Arden Courts of Towson MD, LLC	DE	07/24/07	26-0622661	MD	HCR III Healthcare, LLC
Manor Care of Towson, LLC	DE	07/24/07	26-0620456	MD	HCR III Healthcare, LLC
Manor Care of Wheaton MD, LLC	DE	07/24/07	26-0620376	MD	HCR III Healthcare, LLC
Arden Courts of Cherry Hill NJ, LLC	DE	07/24/07	26-0623009	NJ	HCR III Healthcare, LLC
Manor Care of Mountainside NJ, LLC	DE	07/24/07	26-0612791	NJ	HCR III Healthcare, LLC
Manor Care of Voorhees NJ, LLC	DE	07/24/07	26-0612955	NJ	HCR III Healthcare, LLC
Arden Courts of Wayne NJ, LLC	DE	07/24/07	26-0622912	NJ	HCR III Healthcare, LLC
Manor Care-West Deptford of Paulsboro NJ, LLC	DE	07/24/07	26-0612993	NJ	HCR III Healthcare, LLC
Arden Courts of W. Orange NJ, LLC	DE	07/24/07	26-0622938	NJ	HCR III Healthcare, LLC
Arden Courts of Whippany NJ, LLC	DE	07/24/07	26-0623155	NJ	HCR III Healthcare, LLC
Arden Courts of Allentown PA, LLC	DE	07/24/07	26-0623965	PA	HCR III Healthcare, LLC
Manor Care of Allentown PA, LLC	DE	07/24/07	26-0610673	PA	HCR III Healthcare, LLC
Manor Care of Bethel Park PA, LLC	DE	07/24/07	26-0622002	PA	HCR III Healthcare, LLC
Manor Care of Bethlehem PA (2021), LLC	DE	07/24/07	26-0614878	PA	HCR III Healthcare, LLC
Manor Care of Bethlehem PA (2029), LLC	DE	07/24/07	26-0621845	PA	HCR III Healthcare, LLC
Manor Care of Camp Hill PA, LLC	DE	07/24/07	26-0623070	PA	HCR III Healthcare, LLC
Manor Care of Carlisle PA, LLC	DE	07/24/07	26-0610623	PA	HCR III Healthcare, LLC
Manor Care of Chambersburg PA, LLC	DE	07/24/07	26-0614915	PA	HCR III Healthcare, LLC
Manor Care of Dallastown PA, LLC	DE	07/24/07	26-0614534	PA	HCR III Healthcare, LLC
Donahoe Manor-Bedford PA, LLC	DE	07/24/07	26-0623108	PA	HCR III Healthcare, LLC
Manor Care of Easton PA, LLC	DE	07/24/07	26-0621877	PA	HCR III Healthcare, LLC
Manor Care-Greentree of Pittsburgh PA, LLC	DE	07/24/07	26-0622713	PA	HCR III Healthcare, LLC
Hampton House-Wilkes Barre, PA, LLC	DE	07/24/07	26-0610244	PA	HCR III Healthcare, LLC
Manor Care of Huntingdon Valley PA, LLC	DE	07/24/07	26-0610582	PA	HCR III Healthcare, LLC

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Health Resources of Ohio, Inc.

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Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
Arden Courts of Jefferson Hills PA, LLC	DE	07/24/07	26-0624075	PA	HCR III Healthcare, LLC
Manor Care of Jersey Shore PA, LLC	DE	07/24/07	26-0614957	PA	HCR III Healthcare, LLC
Arden Courts of King of Prussia PA, LLC	DE	07/24/07	26-0624032	PA	HCR III Healthcare, LLC
Manor Care of King of Prussia PA, LLC	DE	07/24/07	26-0610645	PA	HCR III Healthcare, LLC
Manor Care of Kingston PA, LLC	DE	07/24/07	26-0615323	PA	HCR III Healthcare, LLC
Manor Care-Kingston Court of York PA, LLC	DE	07/24/07	26-0610561	PA	HCR III Healthcare, LLC
Manor Care of Lancaster PA, LLC	DE	07/24/07	26-0621637	PA	HCR III Healthcare, LLC
Manor Care-Lansdale of Montgomeryville PA, LLC	DE	07/24/07	26-0614451	PA	HCR III Healthcare, LLC
Manor Care of Laureldale PA, LLC	DE	07/24/07	26-0615380	PA	HCR III Healthcare, LLC
Manor Care of Lebanon PA, LLC	DE	07/24/07	26-0615358	PA	HCR III Healthcare, LLC
Manor Care-Linden Village of Lebanon PA, LLC	DE	07/24/07	26-0621960	PA	HCR III Healthcare, LLC
Manor Care of McMurray PA, LLC	DE	07/24/07	26-0614341	PA	HCR III Healthcare, LLC
Arden Courts of Monroeville PA, LLC	DE	07/24/07	26-0623898	PA	HCR III Healthcare, LLC
Manor Care of Monroeville PA, LLC	DE	07/24/07	26-0614497	PA	HCR III Healthcare, LLC
Arden Courts-North Hills of Pittsburgh PA, LLC	DE	07/24/07	26-0623920	PA	HCR III Healthcare, LLC
Manor Care-North Hills of Pittsburgh PA, LLC	DE	07/24/07	26-0610604	PA	HCR III Healthcare, LLC
Old Orchard Health Care Center-Easton PA, LLC	DE	07/24/07	26-0623007	PA	HCR III Healthcare, LLC
Heartland of Pittsburgh PA, LLC	DE	07/24/07	26-0610260	PA	HCR III Healthcare, LLC
Manor Care of Pottstown PA, LLC	DE	07/24/07	26-0615421	PA	HCR III Healthcare, LLC
Manor Care of Pottsville PA, LLC	DE	07/24/07	26-0615453	PA	HCR III Healthcare, LLC
Shadyside Nursing and Rehabilitation Center-Pittsburgh PA, LLC	DE	07/24/07	26-0610325	PA	HCR III Healthcare, LLC
Manor Care of Sinking Spring PA, LLC	DE	07/24/07	26-0621908	PA	HCR III Healthcare, LLC
Sky Vue Terrace-Pittsburgh PA, LLC	DE	07/24/07	26-0610347	PA	HCR III Healthcare, LLC
Manor Care of Sunbury PA, LLC	DE	07/24/07	26-0615499	PA	HCR III Healthcare, LLC
Arden Courts-Susquehanna of Harrisburg PA, LLC	DE	07/24/07	26-0624065	PA	HCR III Healthcare, LLC
Wallingford Nursing and Rehabilitation Center-Wallingford PA, LLC	DE	07/24/07	26-0610542	PA	HCR III Healthcare, LLC
Manor Care of West Reading PA, LLC	DE	07/24/07	26-0615529	PA	HCR III Healthcare, LLC
Arden Courts-Warminster of Hatboro PA, LLC	DE	07/24/07	26-0623869	PA	HCR III Healthcare, LLC
Whitehall Borough-Pittsburgh PA, LLC	DE	07/24/07	26-0622805	PA	HCR III Healthcare, LLC
Manor Care of Williamsport PA (North), LLC	DE	07/24/07	26-0621747	PA	HCR III Healthcare, LLC
Manor Care of Williamsport PA (South), LLC	DE	07/24/07	26-0621778	PA	HCR III Healthcare, LLC
Arden Courts of Yardley PA, LLC	DE	07/24/07	26-0623944	PA	HCR III Healthcare, LLC
Manor Care of Yardley PA, LLC	DE	07/24/07	26-0614171	PA	HCR III Healthcare, LLC
Manor Care of Yeadon PA, LLC	DE	07/24/07	26-0621815	PA	HCR III Healthcare, LLC
Manor Care of York PA (North), LLC	DE	07/24/07	26-0622887	PA	HCR III Healthcare, LLC
Manor Care of York PA (South), LLC	DE	07/24/07	26-0622947	PA	HCR III Healthcare, LLC
Heartland-Charleston of Hanahan SC, LLC	DE	07/24/07	26-0623167	SC	HCR III Healthcare, LLC
Columbia Rehabilitation and Nursing Center-Columbia SC, LLC	DE	07/24/07	26-0623408	SC	HCR III Healthcare, LLC
Oakmont East-Greenville SC, LLC	DE	07/24/07	26-0623316	SC	HCR III Healthcare, LLC
Oakmont West-Greenville SC, LLC	DE	07/24/07	26-0623335	SC	HCR III Healthcare, LLC
Oakmont of Union SC, LLC	DE	07/24/07	26-0623208	SC	HCR III Healthcare, LLC

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West Ashley Rehabilitation and Nursing Center-Charleston SC, LLC	DE	07/24/07	26-0623364	SC	HCR III Healthcare, LLC
ProMedica Senior Care of Brightwood, MD, LLC	DE	12/23/20	86-1310885	MD	HCR III Healthcare, LLC
ProMedica Senior Care of Exton, PA, LLC	DE	12/14/20	86-1376199	PA	HCR III Healthcare, LLC
ProMedica Senior Care of Lafayette, CO, LLC	DE	12/14/20	86-1504827	CO	HCR III Healthcare, LLC
ProMedica Senior Care of Lakewood, CO, LLC	DE	12/22/20	86-4395571	CO	HCR III Healthcare, LLC
ProMedica Senior Care of Moorestown, NJ, LLC	DE	12/14/20	86-1448854	NJ	HCR III Healthcare, LLC
ProMedica Senior Care of Philadelphia, PA, LLC	DE	12/14/20	86-1430242	PA	HCR III Healthcare, LLC
ProMedica Senior Care of Piscataway NJ, Inc	DE	12/22/20	86-1179270	NJ	HCR III Healthcare, LLC
ProMedica Senior Care of Voorhees NJ, LLC	DE	12/22/20	86-1243633	NJ	HCR III Healthcare, LLC
ProMedica Senior Care of Willow Grove, PA, LLC	DE	12/23/20	86-1360692	PA	HCR III Healthcare, LLC
Manor Care of Citrus Heights CA, LLC	DE	07/24/07	26-0622564	CA	HCR IV Healthcare, LLC
Manor Care of Fountain Valley CA, LLC	DE	07/24/07	26-0622988	CA	HCR IV Healthcare, LLC
Manor Care of Hemet CA, LLC	DE	07/24/07	26-0623107	CA	HCR IV Healthcare, LLC
Manor Care of Palm Desert CA, LLC	DE	07/24/07	26-0623221	CA	HCR IV Healthcare, LLC
Manor Care of Sunnyvale CA, LLC	DE	07/24/07	26-0623034	CA	HCR IV Healthcare, LLC
Manor Care-Tice Valley CA, LLC	DE	07/24/07	26-0622591	CA	HCR IV Healthcare, LLC
Manor Care of Walnut Creek CA, LLC	DE	07/24/07	26-0623196	CA	HCR IV Healthcare, LLC
Manor Care of Denver CO, LLC	DE	07/24/07	26-0623262	CO	HCR IV Healthcare, LLC
Manor Care of Boulder CO, LLC	DE	07/24/07	26-0623287	CO	HCR IV Healthcare, LLC
Manor Care of Elk Grove Village IL, LLC	DE	07/24/07	26-0618782	IL	HCR IV Healthcare, LLC
Heartland of Galesburg IL, LLC	DE	07/24/07	26-0624455	IL	HCR IV Healthcare, LLC
Arden Courts of Geneva IL, LLC	DE	07/24/07	26-0625428	IL	HCR IV Healthcare, LLC
Arden Courts of Glen Ellyn IL, LLC	DE	07/24/07	26-0625418	IL	HCR IV Healthcare, LLC
Heartland of Henry IL, LLC	DE	07/24/07	26-0614845	IL	HCR IV Healthcare, LLC
Manor Care of Hinsdale IL, LLC	DE	07/24/07	26-0615984	IL	HCR IV Healthcare, LLC
Manor Care of Homewood IL, LLC	DE	07/24/07	26-0614920	IL	HCR IV Healthcare, LLC
Manor Care of Libertyville IL, LLC	DE	07/24/07	26-0615859	IL	HCR IV Healthcare, LLC
Heartland of Macomb IL, LLC	DE	07/24/07	26-0624476	IL	HCR IV Healthcare, LLC
Heartland of Moline IL, LLC	DE	07/24/07	26-0624491	IL	HCR IV Healthcare, LLC
Manor Care of Oak Lawn (East) IL, LLC	DE	07/24/07	26-0615929	IL	HCR IV Healthcare, LLC
Manor Care of Oak Lawn (West) IL, LLC	DE	07/24/07	26-0616038	IL	HCR IV Healthcare, LLC
Manor Care of Palos Heights IL, LLC	DE	07/24/07	26-0615889	IL	HCR IV Healthcare, LLC
Manor Care of Palos Heights (West) IL, LLC	DE	07/24/07	26-0618879	IL	HCR IV Healthcare, LLC
Arden Courts of South Holland IL, LLC	DE	07/24/07	26-0622045	IL	HCR IV Healthcare, LLC
Arden Courts of Palos Heights IL, LLC	DE	07/24/07	26-0625390	IL	HCR IV Healthcare, LLC
Arden Courts of Elk Grove Village IL, LLC	DE	07/24/07	26-0625405	IL	HCR IV Healthcare, LLC
Arden Courts of Northbrook IL, LLC	DE	07/24/07	26-0625378	IL	HCR IV Healthcare, LLC
Manor Care of Indy (South) IN, LLC	DE	07/24/07	26-0619623	IN	HCR IV Healthcare, LLC
Manor Care-Summer Trace of Carmel IN, LLC	DE	07/24/07	26-0619716	IN	HCR IV Healthcare, LLC
Heartland of Allen Park MI, LLC	DE	07/24/07	26-0611286	MI	HCR IV Healthcare, LLC
Heartland of Ann Arbor MI, LLC	DE	07/24/07	26-0612384	MI	HCR IV Healthcare, LLC

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Heartland of Battle Creek MI, LLC	DE	07/24/07	26-0612206	MI	HCR IV Healthcare, LLC
Arden Courts of Bingham Farms MI, LLC	DE	07/24/07	26-0622828	MI	HCR IV Healthcare, LLC
Heartland-Briarwood MI, LLC	DE	07/24/07	26-0611711	MI	HCR IV Healthcare, LLC
Heartland of Canton MI, LLC	DE	07/24/07	26-0620527	MI	HCR IV Healthcare, LLC
Heartland of Dearborn Heights MI, LLC	DE	07/24/07	26-0611231	MI	HCR IV Healthcare, LLC
Fostrian Courts Assisted Living-Flushing MI, LLC	DE	07/24/07	26-0622894	MI	HCR IV Healthcare, LLC
Heartland-Fostrian of Flushing MI, LLC	DE	07/24/07	26-0611818	MI	HCR IV Healthcare, LLC
Heartland-Georgian East of Grosse Pointe MI, LLC	DE	07/24/07	26-0611334	MI	HCR IV Healthcare, LLC
Heartland-Hampton of Bay City MI, LLC	DE	07/24/07	26-0611865	MI	HCR IV Healthcare, LLC
Manor Care of Kingsford MI, LLC	DE	07/24/07	26-0611592	MI	HCR IV Healthcare, LLC
Arden Courts of Livonia MI, LLC	DE	07/24/07	26-0622866	MI	HCR IV Healthcare, LLC
Heartland-Oakland MI, LLC	DE	07/24/07	26-0620480	MI	HCR IV Healthcare, LLC
Arden Courts of Sterling Heights MI, LLC	DE	07/24/07	26-0622772	MI	HCR IV Healthcare, LLC
Heartland of Three Rivers MI, LLC	DE	07/24/07	26-0612325	MI	HCR IV Healthcare, LLC
Heartland-University of Livonia MI, LLC	DE	07/24/07	26-0611184	MI	HCR IV Healthcare, LLC
Arden Courts of Akron OH, LLC	DE	07/24/07	26-0623857	OH	HCR IV Healthcare, LLC
Manor Care of Barberton OH, LLC	DE	07/24/07	26-0609528	OH	HCR IV Healthcare, LLC
Heartland-Beavercreek of Dayton OH, LLC	DE	07/24/07	26-0609445	OH	HCR IV Healthcare, LLC
Heartland of Bucyrus OH, LLC	DE	07/24/07	26-0614610	OH	HCR IV Healthcare, LLC
Arden Courts-Anderson of Cincinnati OH, LLC	DE	07/24/07	26-0623677	OH	HCR IV Healthcare, LLC
Arden Courts-Bainbridge of Chagrin Falls OH, LLC	DE	07/24/07	26-0623202	OH	HCR IV Healthcare, LLC
Heartland of Centerville OH, LLC	DE	07/24/07	26-0609683	OH	HCR IV Healthcare, LLC
Heartland of Chillicothe OH, LLC	DE	07/24/07	26-0609311	OH	HCR IV Healthcare, LLC
Heartland of Hillsboro OH, LLC	DE	07/24/07	26-0609351	OH	HCR IV Healthcare, LLC
Arden Courts of Kenwood OH, LLC	DE	07/24/07	26-0623245	OH	HCR IV Healthcare, LLC
Heartland of Kettering OH, LLC	DE	07/24/07	26-0609231	OH	HCR IV Healthcare, LLC
Heartland of Marion OH, LLC	DE	07/24/07	26-0613105	OH	HCR IV Healthcare, LLC
Heartland of Marietta OH, LLC	DE	07/24/07	26-0609259	OH	HCR IV Healthcare, LLC
Heartland of Mentor OH, LLC	DE	07/24/07	26-0610122	OH	HCR IV Healthcare, LLC
Heartland of Miamisburg OH, LLC	DE	07/24/07		OH	HCR IV Healthcare, LLC
Heartland-Oak Pavilion of Cincinnati OH, LLC	DE	07/24/07	26-0614533	OH	HCR IV Healthcare, LLC
Arden Courts of Parma OH, LLC	DE	07/24/07	26-0623801	OH	HCR IV Healthcare, LLC
Manor Care of Parma OH, LLC	DE	07/24/07	26-0609661	OH	HCR IV Healthcare, LLC
Heartland of Perrysburg OH, LLC	DE	07/24/07	26-0609189	OH	HCR IV Healthcare, LLC
Perrysburg Commons Senior Housing-Perrysburg OH, LLC	DE	07/24/07	26-0623264	OH	HCR IV Healthcare, LLC
Heartland-Riverview of South Point OH, LLC	DE	07/24/07	26-0609484	OH	HCR IV Healthcare, LLC
Heartland Village of Westerville OH (NC), LLC	DE	07/24/07	26-0609323	OH	HCR IV Healthcare, LLC
Heartland Village of Westerville OH (RC), LLC	DE	07/24/07	26-0609337	OH	HCR IV Healthcare, LLC
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

Heartland Woodbridge of Fairfield OH, LLC was dissolved 10/2/2023

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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