



12353202420100101

2024

Document Code: 201

QUARTERLY STATEMENT
AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Paramount Advantage

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	12353	Employer's ID Number	20-3376102
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[<input type="checkbox"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]	Property/Casualty[<input type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[<input checked="" type="checkbox"/>] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[<input checked="" type="checkbox"/>]			
Incorporated/Organized	08/10/2005		Commenced Business	12/01/2005		
Statutory Home Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Main Administrative Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	www.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Rochelle Barmash, Ms. (Name) rochelle.barmash@promedica.org (E-Mail Address)		(419)887-2500 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

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

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer

Dee Ann Bialecki-Haase M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Lori Ann Johnston Mrs.
Mark Duane Wagoner Mr.

Elaine Marie Canning Ms.

State of Ohio
County of Lucas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Lori Ann Johnston
(Printed Name)
1.
President
(Title)

(Signature)
Jeffrey William Martin
(Printed Name)
2.
CFO
(Title)

(Signature)
Stephen Michael Sadowski
(Printed Name)
3.
Secretary
(Title)

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

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	3,386,787		3,386,787	3,383,294
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....5,650,029), cash equivalents (\$.....32,597,654) and short-term investments (\$.....0)	38,247,683		38,247,683	57,737,020
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				0
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	41,634,470		41,634,470	61,120,315
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	142,575		142,575	243,360
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	246,575		246,575	935,574
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	42,023,620		42,023,620	62,299,249
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	42,023,620		42,023,620	62,299,249
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	612,477		612,477	820,003
2. Accrued medical incentive pool and bonus amounts	263,072		263,072	317,814
3. Unpaid claims adjustment expenses	18,000		18,000	198,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	3,948,787		3,948,787	3,948,788
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	836,433		836,433	2,405,300
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	7,235,916		7,235,916	762,481
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	533,724		533,724	25,446,966
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	13,448,409		13,448,409	33,899,352
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	131,621,685	131,621,685
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(103,046,474)	(103,221,788)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	28,575,211	28,399,897
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	42,023,620	62,299,249
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX			
2. Net premium income (including \$.....0 non-health premium income)	XXX		132,736	2,805,381
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	484,576		5,920,533
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	484,576	132,736	8,725,914
Hospital and Medical:				
9. Hospital/medical benefits		18,118	(1,764,012)	(14,496,455)
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs			(19,614)	(179,513)
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				(7,770,952)
16. Subtotal (Lines 9 to 15)		18,118	(1,783,626)	(22,446,920)
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		18,118	(1,783,626)	(22,446,920)
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses		(180,000)	862,036	215,707
21. General administrative expenses		996,577	(5,952,992)	34,380,205
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		834,695	(6,874,582)	12,148,992
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(350,119)	7,007,318	(3,423,078)
25. Net investment income earned		521,940	360,867	2,044,898
26. Net realized capital gains (losses) less capital gains tax of \$.....0			(238,689)	(1,515,824)
27. Net investment gains (losses) (Lines 25 plus 26)		521,940	122,178	529,074
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses			62,300,000	(60,000,000)
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	171,821	69,429,496	(62,894,004)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	171,821	69,429,496	(62,894,004)
DETAILS OF WRITE-INS				
0601. Care management income	XXX	484,576		5,920,533
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	484,576		5,920,533
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Contributions to ProMedica Health System				(132,565,025)
2902. Gain on sale of Membership				72,565,025
2903. Other income			62,300,000	
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			62,300,000	(60,000,000)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	28,399,897	90,749,464	90,749,464
34. Net income or (loss) from Line 32	171,821	69,429,496	(62,894,004)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	3,493	397,369	(1,367,249)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets		(29,000)	1,911,686
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	175,314	69,797,865	(62,349,567)
49. Capital and surplus end of reporting period (Line 33 plus 48)	28,575,211	160,547,329	28,399,897
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	132,736	(21,736)	
2.	Net investment income	622,725	345,398	1,513,180
3.	Miscellaneous income	484,576		5,920,533
4.	TOTAL (Lines 1 to 3)	1,107,301	478,134	7,411,977
5.	Benefit and loss related payments	280,386	1,037,407	743,376
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,565,444	(870,391)	41,452,141
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	2,845,830	167,016	42,195,517
11.	Net cash from operations (Line 4 minus Line 10)	(1,738,529)	311,118	(34,783,540)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	8,746,614		117,251,142
12.2	Stocks		25,200	5,441,901
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			55,793
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			(8,464)
12.7	Miscellaneous proceeds	1,409,442		90,666
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	10,181,256		122,831,038
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	9,538,842		60,324,684
13.2	Stocks		59,155	40,265
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			183,241
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	9,597,997		60,548,191
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	583,259		62,282,847
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(17,750,808)	(26,318,786)	(96,856,374)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(17,750,808)	(26,318,786)	(96,856,374)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(19,489,337)	(25,424,409)	(69,357,067)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	57,737,020	127,094,087	127,094,087
19.2	End of period (Line 18 plus Line 19.1)	38,247,683	101,669,678	57,737,020

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	.....	.....	.....	.....
20.0002	.....	.....	.....	.....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Period:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (a)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	225,644									225,644				
18. Amount Incurred for Provision of Health Care Services	18,118									18,118				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered	11,698	11,698
0499999 Subtotals	11,698	11,698
0599999 Unreported claims and other claim reserves	600,779
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid	612,477
0899999 Accrued Medical Incentive Pool And Bonus Amounts	263,072

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) Individual .....	.....	.....	.....	.....	.....	.....
2. Comprehensive (hospital & medical) Group .....	.....	.....	.....	.....	.....	.....
3. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Dental only .....	.....	.....	.....	.....	.....	.....
6. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
7. Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
8. Title XIX - Medicaid	225,644	.....	612,477	.....	838,121	820,003
9. Credit A&H .....	.....	.....	.....	.....	.....	.....
10. Disability Income .....	.....	.....	.....	.....	.....	.....
11. Long-Term Care .....	.....	.....	.....	.....	.....	.....
12. Other health .....	.....	.....	.....	.....	.....	.....
13. Health subtotal (Lines 1 to 12)	225,644	.....	612,477	.....	838,121	820,003
14. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
15. Other non-health .....	.....	.....	.....	.....	.....	.....
16. Medical incentive pools and bonus amounts	54,742	.....	263,072	.....	317,814	317,814
17. Totals (Lines 13 - 14 + 15 + 16)	280,386	.....	875,549	.....	1,155,935	1,137,817

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

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

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

	State of Domicile	Mar. 31 2024	Dec. 31 2023
	Ohio		
NET INCOME			
Paramount Advantage state basis	171,821	(62,894,004)	
State Prescribed Practices that increase/(decrease) NAIC SAP	-	-	
State Permitted Practices that increase/(decrease) NAIC SAP	-	-	
NAIC SAP	171,821	(62,894,004)	
SURPLUS			
Paramount Advantage state basis	28,575,211	28,399,897	
State Prescribed Practices that increase/(decrease) NAIC SAP	-	-	
State Permitted Practices that increase/(decrease) NAIC SAP	-	-	
NAIC SAP	28,575,211	28,399,897	

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

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

C. Accounting Policy

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

In addition, the company uses the following accounting policies:

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

Notes to Financial Statements

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

2. Accounting Changes and Corrections of Errors

-NOT APPLICABLE

3. Business Combinations and Goodwill

-NOT APPLICABLE

4. Discontinued Operations

-NOT APPLICABLE

5. Investments

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D. The company does not have any loan-backed securities.
- E. The company does not have any repurchase agreements or security lending transactions.
- F. The company does not have any repurchase agreements.
- G. The company does not have any reverse repurchase agreements.
- H. The company does not have repurchase agreements accounted for as a sale.
- I. The company does not have reverse repurchase agreements accounted for as a sale.
- J. The company does not have any real estate investments
- K. The company does not have any low-income housing tax credits.
- L. Restricted Assets-no significant change.
- M. The company does not have any working capital financing investments.

Notes to Financial Statements

- N. The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.
- O. The company does not have any 5* securities.
- P. The company does not have any short sales.
- Q. Prepayment Penalty and Acceleration Fees
 - No significant change
- R. The company does not participate in a cash pool.

6. Joint ventures, Partnerships and Limited Liability Companies

-NOT APPLICABLE

7. Investment Income

No significant change.

8. Derivative Instruments

-NOT APPLICABLE

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant changes.

11. Debt

-NOT APPLICABLE

12. Retirement Plans, Deferred Compensation, Postemployment Benefits

-NOT APPLICABLE

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant changes.

14. Contingencies

-NOT APPLICABLE

15. Leases

-NOT APPLICABLE

16. Off-Balance Sheet Risk

-NOT APPLICABLE

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

-NOT APPLICABLE

Notes to Financial Statements

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

-NOT APPLICABLE

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

-NOT APPLICABLE

20. Fair Value Measurement

C. Type of Financial Instrument	Aggregate Fair Value	Admitted Assets				Net Asset Value	Not Practicable Carrying Value
			Level 1	Level 2	Level 3		
Bonds	\$ 3,386,196	\$ 3,386,787		\$ 3,386,196			
Cash Equivalents	32,597,654	32,597,654	32,597,654				
Cash	5,650,029	5,650,029	5,650,029				

21. Other Items

Paramount Advantage (“Paramount”) was not awarded a Next Generation Ohio Medicaid Contract for the plan years 2022-2027 by the Ohio Department of Medicaid. As a result, Paramount entered into an asset purchase agreement with Community Insurance Company, d/b/a Anthem Blue Cross Blue Shield of Ohio (“Anthem”), whereby Paramount sold certain assets, primarily its Ohio Medicaid contract, as well as its Ohio Medicaid enrollment. The novation of the Ohio Medicaid Contract occurred on February 11, 2022 at which point Anthem paid the company \$50,000,000. In addition, a contingency payment of \$325 per member was made from Anthem to Paramount for each member that was retained by Anthem as of May 1, 2023. Gross proceeds received in June 2023 were \$72,565,025.

In conjunction with this agreement, the parties also entered into a transition services agreement under which Paramount provided all services under the previous Ohio Medicaid Contract – on behalf of Anthem – until the Next Generation Program became effective as of February 1, 2023; Paramount received an administrative fee from Anthem for these services through that transition date. In 2024 and 2023, the Company was paid \$23,963 and 14,339,629, respectively, for these services. In addition, effective after the Next Generation go-live, Paramount Advantage began to provide certain data migration and run-out services which will continue for a period of 17 months.

Paramount and Anthem also entered into a Risk Agreement for Medicaid members in northwest Ohio who elect to remain with Anthem. Current membership in this geography is approximately 100,000. Anthem will pay Paramount a monthly administrative fee to provide population health management and care management services. For 2024 and 2023, the revenue was \$484,576 and \$5,920,533, respectively. Through a mutually agreed upon formula, the two parties will share profits related to members covered under the Risk Agreement.

22. Subsequent Events

No significant change.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

-NOT APPLICABLE

Notes to Financial Statements

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$1,018,003. As of March 31, 2023, \$225,644 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$612,477 a result of re-estimation of unpaid claims and claim adjustment expenses on Medicaid lines of insurance. Therefore, there has been a \$179,882 favorable prior-year development since December 31, 2023 to March 31, 2024. The change is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

27. Structured Settlements

-NOT APPLICABLE

28. Health Care Receivables

No significant change.

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve	\$ -
2. Date of the most recent evaluation of this liability	12/31/23
3. Was anticipated investment income utilized in the calculation?	yes

31. Anticipated Salvage and Subrogation

-NOT APPLICABLE

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes [] No [X]
1.2 If yes, has the report been filed with the domiciliary state?
 Yes [] No [X]

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 [X]
2.2 If yes, date of change:
.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.
 Yes[X] No []
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes[] No[X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 Yes[] No[X]
3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes[] No[X]
3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 Yes[] No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.
 Yes[] No[] N/A[X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
..... 12/31/2020
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
..... 12/31/2020
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
..... 05/13/2022
6.4 By what department or departments?
Ohio Department of Insurance
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
 Yes[] No[] N/A[X]
6.6 Have all of the recommendations within the latest financial examination report been complied with?
 Yes[] No[X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
.....
7.2 If yes, give full information
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
 Yes[] No[X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 Yes[] No[X]
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
 Yes[] No[X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]
.....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No .....	..... No .....	..... No .....	..... No

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 Yes[X] No []
(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.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended?
 Yes[] No[X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
 Yes[] No[X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
 Yes[X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
\$..... 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
 Yes[] No[X]
11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
\$..... 0

13. Amount of real estate and mortgages held in short-term investments:
\$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 Yes[] No[X]

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

Yes[] No[X]

15.2 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[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian Address
The Bank of New York Mellon	Three Mellon Center, Suite 153-3925, Pittsburg, PA ..
BofA Securities, Inc	110 N Wacker Dr, 26th flr, IL4-110-26-15, Chicago, IL 60606 ..

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

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

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	0.000%
1.2 A&H cost containment percent	.....	0.000%
1.3 A&H expense percent excluding cost containment expenses	.....	0.000%

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
				N O N E					

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

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

DETAILS OF WRITE-INS

58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

4. Q - Qualified - Qualified or accredited reinsurer

5. N - None of the above - Not allowed to write business in the state

56

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.

Q5

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

- | ProMedica Foundation, an Ohio nonprofit corporation, of which Defiance Foundation, Fostoria Community Hospital Foundation, ProMedica, Bixby Hospital Foundation, Herrick Hospital Foundation, Memorial Hospital Foundation, Monroe Regional Hospital Foundation, Community Health Center Foundation and Metro Foundation (which includes Bay Park Community Hospital Foundation, Toledo Hospital Foundation, Ebeid Children's Hospital Foundation and Flower Hospital Foundation) are divisions.
 - Mission Pointe Golf Course, LLC, a Michigan limited liability company, with ProMedica Foundation d/b/a Herrick Hospital Foundation as its sole member.
 - HCR ManorCare Foundation, Inc.
 - Heartland Hospice Memorial Fund, Inc.
 - The Hug Fund
- | ProMedica Health Network, Inc., an Ohio for profit corporation, with ProMedica Health System, Inc. as the sole shareholder.
- | ProMedica Innovations, LLC, an Ohio limited liability company with ProMedica Health System as its sole member.
 - ProMedica Natural Wellness, LLC (the inactive LLC, Nexttech Ohio, LLC, changed its name to ProMedica Natural Wellness, LLC).
 - ProMedica Longevity and Wellness International, LLC

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

Q5.1

- ProMedica Longevity and Wellness US, LLC
- Air Diverter Solutions, LLC, an Ohio limited liability company
- ProMedica Resourceful, LLC, an Ohio limited liability company (formed 1/14/2021)
- | Fostoria Hospital Association, an Ohio nonprofit corporation.
- | Toledo Innovation Center Leverage Lender LLC
- | PHS Toledo Innovation Center Holdings, LLC
 - 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.
- | 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.
 - ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
 - ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
 - 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.
 - ProMedica Pharmacy Group, LLC
- | ProMedica Physician Group, Inc., an Ohio non-profit corporation.
 - ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - ProMedica Central Physicians a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
- ProMedica Northwest Ohio Cardiology Consultants a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Monroe Cardiology, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Monroe Physicians a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Multi Specialty Physicians, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as the sole member (converted 1/1/2021)
- ProMedica Genito-Urinary Surgeons a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Physicians at Home, Inc., a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
- ProMedica at Home, Inc., a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
- Memorial Professional Services, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
- ProMedica Primary Care Providers, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as its sole member.
- ProMedica Children's Specialists, a Michigan nonprofit corporation with ProMedica Physician Group, Inc. as its sole member
- | ProMedica Indemnity Corporation, a Vermont corporation.
- | ProMedica Insurance Corporation f/k/a ProMedica Health Ventures Corporation f/k/a Vanguard Health Ventures, Inc., an Ohio nonprofit corporation.
 - NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation with ProMedica Insurance Corporation as its sole member.
 - Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
 - NAIC 95566-Paramount Care of Michigan, Inc., a Michigan nonprofit corporation with ProMedica Insurance Corporation as its sole shareholder.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Q15.3

- NAIC 11518-Paramount Insurance Company f/k/a ProMedica Life Insurance Company, a for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- NAIC 12353-Paramount Advantage, an Ohio nonprofit corporation with ProMedica Insurance Corporation as its sole member.
- NAIC 96687-Health Resources, Inc., an Indiana for-profit corporation with ProMedica Insurance Corporation as its sole member.
- NAIC 16833-Paramount Care of Indiana, Inc., and Indiana nonprofit Corporation.
- Paramount Care of Florida, Inc., a Florida nonprofit Corporation with ProMedica Insurance Corporation as its sole member.
- NAIC 17490-Paramount Care of Virginia Inc., a Virginia for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- NAIC 17474-Paramount Care of Maryland, Inc., a Maryland for-profit 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.
- NAIC 17387-Paramount Care of Pennsylvania, Inc., a Pennsylvania for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- Paramount Care of Connecticut, Inc., a Connecticut for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- Paramount Care of Kentucky, Inc., a Kentucky for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- Paramount Health Care, Inc., an Ohio for-profit Corporation with ProMedica Insurance Corporation as its sole member.
- | Bay Park Community Hospital, an Ohio nonprofit corporation.
- | Community Health Center of Branch County, dba ProMedica Coldwater Regional Hospital, a Michigan nonprofit corporation.
- | Defiance Hospital, Inc., an Ohio nonprofit corporation.
 - Kaitlyn's Cottage, Inc., an Ohio nonprofit corporation with Defiance Hospital, Inc., as its sole member.
- | 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

◻ 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.

| 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 Surgery Center, LLC, an Ohio limited liability company in which The Toledo Hospital holds 63% ownership interest, with various physicians holding a remaining 37% interest.

 ◻ 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 Pathology Laboratories, LLC, a Delaware limited liability company where The Toledo Hospital holds 51% ownership interest.

 ◻ 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.

| Dissolved 3/20/2024 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.

| Memorial Hospital, an Ohio nonprofit corporation.

 ◻ 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- Sandusky County Medical Specialists, LLC, and Ohio limited liability company of which Fremont Hospital/Physician Organizations holds 100% ownership interest.
- 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.
- | Mercy Memorial Hospital Corporation, a Michigan nonprofit corporation d/b/a ProMedica Monroe Regional Hospital.
 - Monroe Health Ventures, Inc., a Michigan for-profit corporation.
 - 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.
- | 300 Madison Building, LLC, an Ohio limited liability company.
- | ProMedica Active Mobility, LLC, an Ohio limited liability company.
- | ProMedica International, LLC, an Ohio limited liability company.
- | ProMedica Manager Member, LLC, an Ohio limited liability company.
- | 1611 Monroe Investors, LLC, an Ohio limited liability company.
- | Marina District Development, LLC, an Ohio limited liability company.
- | IST Theatre, LLC, an Ohio limited liability company in which ProMedica Health System holds 100% ownership interest.
- | Ball Park Properties, LLC, an Ohio limited liability company in which ProMedica Health System holds 100% ownership interest.
- | Kapios, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 100% ownership interest.
- | Toledo Riverfront, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 100% ownership interest.
- | Fort Industry JV Partner, LLC, an Ohio limited liability company which ProMedica Health System holds 100% interest
 - Fort Industry Manager, LLC an Ohio limited liability company in which Fort Industry JV Partner, LLC holds 30% ownership interest.

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

- | ProMedica Shared Services, LLC, an Ohio LLC
- | HCR ManorCare, Inc. an Ohio nonprofit corporation
 - u Well PM Properties, LLC, a limited liability company where HCR ManorCare, Inc. holds 20% ownership interest.
 - u Well PM Properties II, LLC, a limited liability company where HCR ManorCare, Inc. holds 20% ownership interest.
 - u HCR Healthcare, LLC
 - n Ancillary Services Management, LLC
 - n HCR Home Health Care and Hospice, LLC
 - n HCR Canterbury Village, LLC
 - n HCR Home Health Care and Hospice, LLC
 - § HCR Manor Care Services of Florida III, LLC
 - § HCR Manor Care Services of Florida, LLC
 - § ProMedica Hospice of Marion County, FL, LLC
 - § ProMedica Hospice of Palm Beach County, FL, LLC
 - § Home Health Care Services, LLC
 - § The Pharmacy Counter, LLC
 - § Heartland Hospice Services, LLC
 - Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.
 - n HCR II Healthcare, LLC
 - § HCR III Healthcare, LLC (See list of HCR III Healthcare, LLC OpCos)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
o HCR IV Healthcare, LLC (see list of HCR IV Healthcare, LLC OpCos)

o HCR Manor Care Services, LLC

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

o Health Care and Retirement Corporation of America, LLC

o ProMedica Employment Services, LLC

o ProMedica Employment Services II, LLC

o Heartland Rehabilitation Services, LLC

§ HCR ManorCare Medical Services of Florida, LLC

• ProMedica Senior Care Medical Services I, LLC (formed 2/8/2021)

§ Heartland Home Care, LLC

§ Heartland Rehabilitation Services of Michigan, LLC

o 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)

o Industrial Wastes, LLC

o Manor Care Aviation, LLC

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

o Manor Care Supply, LLC

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

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

□ 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
- § 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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- Ø Lima Memorial Joint Operating Company, an Ohio nonprofit corporation, in which Lima Memorial Hospital, an Ohio nonprofit corporation and PHS Ventures, LLC, each hold 50% ownership interest.
- Ø ProMedica Orthopedic Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital and Bay Park Community Hospital share 37.7% ownership interest with various physicians holding the remaining 62.3% interest.
- Ø ProMedica Surgical Services Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital and Bay Park Community Hospital share 50% ownership interest with various physicians holding the remaining 50% interest.
- Ø Monroe Community Ambulance, a Michigan nonprofit corporation in which ProMedica Continuing Care Services Corporation holds 25% ownership interest, Monroe Regional Hospital holds 25% interest, and various other corporations hold the remaining 50% interest.
- Ø AAA HealthConnect, LLC, a DE limited liability company in which ProMedica Health System, Inc., hold 50% ownership interest.
- Ø Healthonomy, an OH limited liability company, in which ProMedica Health System, Inc. holds 33.3% interest.
- Ø Senior & Rehab Care at MetroHealth, LLC an Ohio limited liability company in which ProMedica holds 51% ownership interest
- Ø ProMedica Senior Care of Georgia, LLC, an Ohio limited liability company in which ProMedica hold 90% ownership interest.

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

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

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

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

Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
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

Q15.12

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

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

Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
Arden Courts of 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

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

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

Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
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

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

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

Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
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

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

Entity Name con't	State Formed	Date Formed	EIN	State Qual.	Member
Arden Courts of 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

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16		00000	34-1517672				ProMedica Foundation	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	34-1517672				Mission Pointe Golf Course, LLC	MI	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	52-2031975				HCR ManorCare Foundation Inc.	OH	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	27-0497199				Heartland Hospice Memorial Fund, Inc.	OH	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	20-2272848				The Hug Fund	OH	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	47-4006496				ProMedica Health Network, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	34-1517671				ProMedica Innovations, LLC	OH	NIA	ProMedica Health Network, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	82-1587026				ProMedica Natural Wellness, LLC	OH	NIA	ProMedica Innovations, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	87-3850599				ProMedica Longevity and Wellness International, LLC	OH	NIA	ProMedica Innovations, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	87-3874203				ProMedica Longevity and Wellness US LLC	OH	NIA	ProMedica Innovations, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	85-3725776				Air Diverter Solutions, LLC	OH	NIA	ProMedica Innovations, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	86-1651504				ProMedica Resourceful, LLC	OH	NIA	ProMedica Innovations, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	34-0898745				Fostoria Hospital Association	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	87-1386349				Toledo Innovation Center Leverage Lender LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00001	87-1433009				PHS Toledo Innovation Center Holdings, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00002	87-1343313				Toledo Innovation Center Manager, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00003	87-1343313				Toledo Innovation Center Manager, LLC	OH	NIA	Others	Ownership	77.0	Others	No	0000001
		00004	87-1277852				Toledo Innovation Center Landlord LLC	OH	NIA	Toledo Innovation Center Manager, LLC	Ownership	99.0	ProMedica Health System, Inc.	No	
		00005	87-1277852				Toledo Innovation Center Landlord LLC	OH	NIA	Toledo Center Master Tenant, LLC	Ownership	1.0	ProMedica Health System, Inc.	No	
		00006	87-1364401				Toledo Center Master Trust Tenant, LLC	OH	NIA	Toledo Innovation Center Manager, LLC	Ownership	1.0	ProMedica Health System, Inc.	No	
		00007	87-1364401				Toledo Center Master Trust Tenant, LLC	OH	NIA	Others	Ownership	99.0	Others	No	0000001
		00008	34-1880767				ProMedica Continuum Services	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	34-4492440				ProMedica Continuing Care Services Corporation	OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0324790				ProMedica Courier Services, Inc.	OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	27-0843485				The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	NIA	ProMedica Continuum Services	Ownership	54.0	ProMedica Health System, Inc.	No	
		00000	27-0843485				The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	OTH	Various Physicians	Ownership	46.0	Various Physicians	No	0000001

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.1	ProMedica Insurance Corp	00000	34-1880767			ProMedica Pharmacy Group, LLC	OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1899439			ProMedica Physician Group, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	38-3322278			ProMedica Central Corporation of Michigan	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1881137			ProMedica Central Physicians	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	38-3482148			ProMedica North Physicians Corporation	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	26-3888045			ProMedica Northwest Ohio Cardiology Consultants	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	27-2920342			ProMedica Monroe Cardiology	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	45-3230331			ProMedica Physician Management Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1899439			ProMedica Surgical Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	46-11111822			ProMedica Monroe Physicians	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	45-4976786			ProMedica Multi Specialty Physicians, LLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	46-1120436			ProMedica Genito-Urinary Surgeons	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1899439			ProMedica Physicians at Home, Inc	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1899439			ProMedica at Home, Inc	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	27-3763993			Memorial Professional Services	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	83-1731861			ProMedica Primary Care Providers	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	20-8734161			ProMedica Children's Specialists	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1931936			ProMedica Indemnity Corporation	VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1570675			ProMedica Insurance Corporation	OH	UDP	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
1212	ProMedica Insurance Corp	95189	34-1549926			Paramount Care, Inc.	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1773766			Paramount Benefits Agency, Inc.	OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No		
1212	ProMedica Insurance Corp	95566	38-3200310			Paramount Care of Michigan, Inc.	MI	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No		
1212	ProMedica Insurance Corp	11518	01-0580404			Paramount Insurance Company	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No		
1212	ProMedica Insurance Corp	12353	20-3376102			Paramount Advantage	OH	RE	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No		
1212	ProMedica Insurance Corp	96687	35-1682400			Health Resources Inc.	IN	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
1212 ..	ProMedica Insurance Corp ...	16833	36-4956006	.....	.....	Paramount Care of Indiana, Inc	IN .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	85-4374415	.....	.....	Paramount Care of Florida	FL .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
1212 ..	ProMedica Insurance Corp ...	17490	88-1024636	.....	.....	Paramount Care of Virginia	VA .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
1212 ..	ProMedica Insurance Corp ...	17474	88-1112110	.....	.....	Paramount Care of Maryland	MD .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	88-1148265	.....	.....	Paramount Care of New Jersey	NJ .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
1212 ..	ProMedica Insurance Corp ...	17387	88-1739329	.....	.....	Paramount Care of Pennsylvania	PA .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	88-1097334	.....	.....	Paramount Care of Connecticut	CT .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	88-1051496	.....	.....	Paramount Care of Kentucky	KY .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	94-4022317	.....	.....	Paramount Health Care, Inc.	OH .. IA ..	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	34-1883132	.....	.....	Bay Park Community Hospital	OH .. NIA ..	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	38-6108110	.....	.....	Community Health Center of Branch County	MI .. NIA ..	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	34-4446484	.....	.....	Defiance Hospital, Inc.	OH .. NIA ..	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	45-4781053	.....	.....	Kaitlyn's Cottage, Inc.	OH .. NIA ..	Defiance Hospital, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	38-2796005	.....	.....	Emma L. Bixby Medical Center	MI .. NIA ..	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	38-3146907	.....	.....	Herrick Memorial Development Corporation	MI .. NIA ..	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	38-3639616	.....	.....	Herrick Memorial Office Plaza Condominium Association	MI .. NIA ..	Herrick Memorial Development Corporation	Ownership	71.8	ProMedica Health System, Inc.	No ..		
		00000	38-3639616	.....	.....	Herrick Memorial Office Plaza Condominium Association	MI .. OTH ..	Various Physicians	Ownership	28.2	Various Physicians	No ..	0000001	
		00000	38-3164818	.....	.....	Wolf Creek Associates, LLC	MI .. NIA ..	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	34-4428256	.....	.....	The Toledo Hospital	OH .. NIA ..	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	34-4428256	.....	.....	PHS Investments, LLC	OH .. NIA ..	The Toledo Hospital	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	31-1569454	.....	.....	Reynolds Road Surgery Center, LLC	OH .. NIA ..	The Toledo Hospital	Ownership	63.0	ProMedica Health System, Inc.	No ..		
		00000	31-1569454	.....	.....	Reynolds Road Surgery Center, LLC	OH .. OTH ..	Various Physicians	Ownership	37.0	Various Physicians	No ..	0000001	
		00000	26-0679898	.....	.....	Northwest Ohio Dedicated Breast MRI, LLC	OH .. NIA ..	The Toledo Hospital	Ownership	100.0	ProMedica Health System, Inc.	No ..		
		00000	27-0608044	.....	.....	Arrowhead Behavioral Health, LLC	DE .. NIA ..	The Toledo Hospital	Ownership	30.0	ProMedica Health System, Inc.	No ..		
		00000	27-0608044	.....	.....	Arrowhead Behavioral Health, LLC	OH .. OTH ..	Toledo Holding Company, LLC	Ownership	70.0	Toledo Holding Company, LLC	No ..	0000001	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.3		00000	20-0088459			West Central Surgical Center, LLC	OH	NIA	The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	No		
		00000	20-0088459			West Central Surgical Center, LLC	OH	OTH	Various Physicians	Ownership	50.0	Various Physicians	No	0000001	
		00000	34-4428256			ProMedica Hickman Cancer Center Pharmacy, LLC	OH	NIA	The Toledo Hospital	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	83-1022842			ProMedica Pathology Laboratories, LLC	DE	NIA	The Toledo Hospital	Ownership	51.0	ProMedica Health System, Inc.	No		
		00000	83-1022842			ProMedica Pathology Laboratories, LLC	DE	OTH	Others	Ownership	49.0	Others	No	0000001	
		00000	85-2085627			ProMedica Intuitive Management of Ohio, LLC	DE	NIA	The Toledo Hospital	Ownership	51.0	ProMedica Health System, Inc.	No		
		00000	85-2085627			ProMedica Intuitive Management of Ohio, LLC	DE	OTH	Others	Ownership	49.0	Others	No	0000001	
		00000	88-2454853			TH Levis MOB I, LLC	OH	NIA	The Toledo Hospital	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1880473			PHS Ventures, LLC	VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-4430849			Memorial Hospital	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1770910			Fremont Hospital Physician Organization	OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	No		
		00000	34-1770910			Fremont Hospital Physician Organization	OH	OTH	Fremont Physicians Associations	Ownership	50.0	Various Physicians	No	0000001	
		00000	34-1770910			Sandusky County Medical Specialist, LLC	OH	NIA	Fremont Hospital Physician Organization	Ownership	100.0	Fremont Hospital Physician Organization	No	0000001	
		00000	20-4066818			East-West Holdings, Ltd.	OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	No		
		00000	20-4066818			East-West Holdings, Ltd.	OH	OTH	Bellevue Hospital	Ownership	50.0	Bellevue Hospital	No	0000001	
		00000	38-1984289			Mercy Memorial Hospital	MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	38-2704426			Monroe Health Ventures, Inc.	MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	46-4315135			Mercy Memorial Surgical Co-Management Company, LLC	MI	NIA	Monroe Regional Hospital	Ownership	50.0	ProMedica Health System, Inc.	No		
		00000	46-4315135			Mercy Memorial Surgical Co-Management Company, LLC	MI	OTH	Various Physicians	Ownership	50.0	Various Physicians	No	0000001	
		00000	34-1517671			300 Madison Building, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	81-5178173			ProMedica Active Mobility, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1517671			ProMedica International, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	47-5168737			ProMedica Manager Member, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1517671			1611 Monroe Investors, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1517671			Marina District Development, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1517671			IST Theatre, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		
		00000	34-1517671			Ball Park Properties, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.4		00000	46-4918876	.....	.....	Kapis LLC	.....	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1517671	.....	.....	Toledo Riverfront, LLC	.....	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	84-4675266	.....	.....	Fort Industry JV Partner	.....	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1517671	.....	.....	Fort Industry Manager, LLC	.....	OH	NIA	ProMedica Health System, Inc.	Ownership	30.0	ProMedica Health System, Inc.	No	.....
		00000	34-1517671	.....	.....	Fort Industry Manager, LLC	.....	OH	OTH	Others	Ownership	70.0	Others	No	0000001
		00001	88-3490894	.....	.....	ProMedica Shared Services, LLC	.....	OH	OTH	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	82-5373223	.....	.....	HCR ManorCare, Inc.	.....	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-1264270	.....	.....	Well PM Properties, LLC	.....	DE	NIA	HCR ManorCare, Inc.	Ownership	20.0	ProMedica Health System, Inc.	No	.....
		00000	26-1264270	.....	.....	Well PM Properties, LLC	.....	DE	OTH	Others	Ownership	80.0	Others	No	0000001
		00000	26-0618832	.....	.....	Well PM Properties II, LLC	.....	DE	NIA	HCR ManorCare, Inc.	Ownership	20.0	ProMedica Health System, Inc.	No	.....
		00000	26-0618832	.....	.....	Well PM Properties II, LLC	.....	DE	OTH	Others	Ownership	80.0	Others	No	0000001
		00000	26-0624435	.....	.....	HCR Healthcare, LLC	.....	DE	NIA	HCR ManorCare, Inc.	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1636874	.....	.....	Ancillary Services Management, LLC	.....	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	38-2032536	.....	.....	HCR Canterbury Village, LLC	.....	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1787978	.....	.....	HCR Home Health Care and Hospice, LLC	.....	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	45-2507279	.....	.....	HCR Manor Care Services of Florida III, LLC	.....	FL	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	74-3193136	.....	.....	HCR Manor Care Services of Florida, LLC	.....	FL	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	87-2414012	.....	.....	ProMedica Hospice of Marion County FL, LLC	.....	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	87-2417068	.....	.....	ProMedica Hospice of Palm Beach County FL, LLC	.....	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1787967	.....	.....	Home Health Care Services, LLC	.....	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	27-1325141	.....	.....	The Pharmacy Counter, LLC.	.....	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1788398	.....	.....	Heartland Hospice Services, LLC	.....	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	20-5752995	.....	.....	Erie West Hospice and Palliative Care	.....	OH	NIA	Heartland Hospice Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-1250342	.....	.....	HCR II HealthCare, LLC	.....	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624411	.....	.....	HCR III HealthCare, LLC	.....	DE	NIA	HCR II HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0625113	.....	.....	Arden Courts of Avon CT, LLC	.....	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
Q16.5		00000	26-0625092	.....	.....	Arden Courts of Farmington CT, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	.....
		00000	26-0623346	.....	.....	Manor Care-Pike Creek of Wilmington DE, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625127	.....	.....	Arden Courts of Wilmington DE, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623367	.....	.....	Manor Care of Wilmington DE, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623949	.....	.....	Heartland of Boca Raton FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624217	.....	.....	Manor Care of Boca Raton FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623523	.....	.....	Heartland of Boynton Beach FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624241	.....	.....	Manor Care of Boynton Beach FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625237	.....	.....	Arden Courts of Delray Beach FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624068	.....	.....	Manor Care of Delray Beach FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624190	.....	.....	Manor Care of Dunedin FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625314	.....	.....	Arden Courts of Ft. Myers FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623726	.....	.....	Heartland of Fort Myers FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624272	.....	.....	Manor Care of Ft. Myers FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623559	.....	.....	Heartland-South Jacksonville of Jacksonville FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623590	.....	.....	Heartland of Jacksonville FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623931	.....	.....	Kensington Manor-Sarasota FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625141	.....	.....	Arden Courts of Largo FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625279	.....	.....	Arden Courts-Lely Palms of Naples FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625295	.....	.....	Manor Care-Lely Palms of Naples FL (SH), LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624049	.....	.....	Manor Care of Naples FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623613	.....	.....	Heartland of Orange Park FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625222	.....	.....	Arden Courts of Palm Harbor FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624018	.....	.....	Manor Care of Palm Harbor FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623909	.....	.....	Heartland-Prosperity Oaks of Palm Beach Gardens FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
Q16		00000	26-0625246	.....	.....	Arden Courts of Sarasota FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	.....
		00000	26-0623968	.....	.....	Heartland of Sarasota FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624159	.....	.....	Manor Care Nursing Center of Sarasota FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625266	.....	.....	Arden Courts of Seminole FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625330	.....	.....	Arden Courts of Tampa FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624092	.....	.....	Manor Care of Venice FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625258	.....	.....	Arden Courts of W. Palm Beach FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624142	.....	.....	Manor Care of W. Palm Beach FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625340	.....	.....	Arden Courts of Winter Springs FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623476	.....	.....	Heartland of Zephyrhills FL, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624293	.....	.....	Manor Care Rehabilitation Center of Decatur GA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624336	.....	.....	Manor Care of Marietta GA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624378	.....	.....	Manor Care of Cedar Rapids IA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624394	.....	.....	Manor Care of Davenport IA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624416	.....	.....	Manor Care of Dubuque IA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624363	.....	.....	Manor Care of Waterloo IA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624438	.....	.....	Manor Care of West Des Moines IA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0620015	.....	.....	Heartland of Adelphi MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0620122	.....	.....	Manor Care of Bethesda MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0620158	.....	.....	Manor Care of Chevy Chase MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0619980	.....	.....	Heartland of Hyattsville MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622568	.....	.....	Arden Courts of Kensington MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0620266	.....	.....	Manor Care-Largo MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622121	.....	.....	Arden Courts of Pikesville MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0620079	.....	.....	Springhouse of Pikesville MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q167		00000	26-0622198			Arden Courts of Potomac MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620187			Manor Care of Potomac MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620310			Manor Care-Rossville MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620341			Manor Care-Roland Park MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620431			Manor Care-Ruxton MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0622164			Arden Courts of Silver Spring MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620058			Manor Care of Silver Spring MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0622661			Arden Courts of Towson MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620456			Manor Care of Towson, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0620376			Manor Care of Wheaton MD, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0623009			Arden Courts of Cherry Hill NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0612791			Manor Care of Mountainside NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0612955			Manor Care of Voorhees NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0622912			Arden Courts of Wayne NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0612993			Manor Care-West Deptford of Paulsboro NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0622938			Arden Courts of W. Orange NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0623155			Arden Courts of Whippany NJ, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0623965			Arden Courts of Allentown PA, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0610673			Manor Care of Allentown PA, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0622002			Manor Care of Bethel Park PA, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0614878			Manor Care of Bethlehem PA (2021), LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0621845			Manor Care of Bethlehem PA (2029), LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0623070			Manor Care of Camp Hill PA, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0610623			Manor Care of Carlisle PA, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0614915			Manor Care of Chambersburg PA, LLC		DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
Q16.8		00000	26-0614534	.....	.....	Manor Care of Dallastown PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	.....
		00000	26-0623108	.....	.....	Donahoe Manor-Bedford PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621877	.....	.....	Manor Care of Easton PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622713	.....	.....	Manor Care-Greentree of Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610244	.....	.....	Hampton House-Wilkes Barre, PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610582	.....	.....	Manor Care of Huntingdon Valley PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624075	.....	.....	Arden Courts of Jefferson Hills PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0614957	.....	.....	Manor Care of Jersey Shore PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624032	.....	.....	Arden Courts of King of Prussia PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610645	.....	.....	Manor Care of King of Prussia PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615323	.....	.....	Manor Care of Kingston PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610561	.....	.....	Manor Care-Kingston Court of York PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621637	.....	.....	Manor Care of Lancaster PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0614451	.....	.....	Manor Care-Lansdale of Montgomeryville PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615380	.....	.....	Manor Care of Laureldale PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615358	.....	.....	Manor Care of Lebanon PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621960	.....	.....	Manor Care-Linden Village of Lebanon PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0614341	.....	.....	Manor Care of McMurray PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623898	.....	.....	Arden Courts of Monroeville PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0614497	.....	.....	Manor Care of Monroeville PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623920	.....	.....	Arden Courts-North Hills of Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610604	.....	.....	Manor Care-North Hills of Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623007	.....	.....	Old Orchard Health Care Center-Easton PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610260	.....	.....	Heartland of Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615421	.....	.....	Manor Care of Pottstown PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
Q16.9		00000	26-0615453	.....	.....	Manor Care of Pottsville PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	.....
		00000	26-0610325	.....	.....	Shadyside Nursing and Rehabilitation Center-Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621908	.....	.....	Manor Care of Sinking Spring PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610347	.....	.....	Sky Vue Terrace-Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615499	.....	.....	Manor Care of Sunbury PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0624065	.....	.....	Arden Courts-Susquehanna of Harrisburg PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0610542	.....	.....	Wallingford Nursing and Rehabilitation Center-Wallingford PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615529	.....	.....	Manor Care of West Reading PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623869	.....	.....	Arden Courts-Warminster of Hatboro PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622805	.....	.....	Whitehall Borough-Pittsburgh PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621747	.....	.....	Manor Care of Williamsport PA (North), LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621778	.....	.....	Manor Care of Williamsport PA (South), LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623944	.....	.....	Arden Courts of Yardley PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0614171	.....	.....	Manor Care of Yardley PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0621815	.....	.....	Manor Care of Yeadon PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622887	.....	.....	Manor Care of York PA (North), LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622947	.....	.....	Manor Care of York PA (South), LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623167	.....	.....	Heartland-Charleston of Hanahan SC, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623408	.....	.....	Columbia Rehabilitation and Nursing Center-Columbia SC, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623316	.....	.....	Oakmont East-Greenville SC, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623335	.....	.....	Oakmont West-Greenville SC, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623208	.....	.....	Oakmont of Union SC, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0623364	.....	.....	West Ashley Rehabilitation and Nursing Center-Charleston SC, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	86-1310885	.....	.....	ProMedica Senior Care of Brightwood, MD, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	86-1376199	.....	.....	ProMedica Senior Care of Exton, PA, LLC	.....	DE	NIA	HCR III HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.10		00000	86-1504827	.....	.....	ProMedica Senior Care of Lafayette, CO, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-4395571	.....	.....	ProMedica Senior Care of Lakewood, CO, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-1448854	.....	.....	ProMedica Senior Care of Moorestown, NJ, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-1430242	.....	.....	ProMedica Senior Care of Philadelphia, PA, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-1179270	.....	.....	ProMedica Senior Care of Piscataway, NJ, Inc	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-1243633	.....	.....	ProMedica Senior Care of Voorhees NJ, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-1360692	.....	.....	ProMedica Senior Care of Willow Grove, PA, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-1283803	.....	.....	HCR IV HealthCare, LLC	DE .. NIA ..	HCR III HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0622564	.....	.....	Manor Care of Citrus Heights CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0622988	.....	.....	Manor Care of Fountain Valley CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0623107	.....	.....	Manor Care of Hemet CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0623221	.....	.....	Manor Care of Palm Desert CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0623034	.....	.....	Manor Care of Sunnyvale CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0622591	.....	.....	Manor Care-Tice Valley CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0623196	.....	.....	Manor Care of Walnut Creek CA, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0623262	.....	.....	Manor Care of Denver CO, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0623287	.....	.....	Manor Care of Boulder CO, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0618782	.....	.....	Manor Care of Elk Grove Village IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0624455	.....	.....	Heartland of Galesburg IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0625428	.....	.....	Arden Courts of Geneva IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0625418	.....	.....	Arden Courts of Glen Ellyn IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0614845	.....	.....	Heartland of Henry IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0615984	.....	.....	Manor Care of Hinsdale IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0614920	.....	.....	Manor Care of Homewood IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	26-0615859	.....	.....	Manor Care of Libertyville IL, LLC	DE .. NIA ..	HCR IV HealthCare, LLC .....	.....	Ownership .....	.....	100.0	ProMedica Health System, Inc.	No ..	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
Q16.1		00000	26-0624476	.....	.....	Heartland of Macomb IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	.....
		00000	26-0624491	.....	.....	Heartland of Moline IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615929	.....	.....	Manor Care of Oak Lawn (East) IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0616038	.....	.....	Manor Care of Oak Lawn (West) IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0615889	.....	.....	Manor Care of Palos Heights IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0618879	.....	.....	Manor Care of Palos Heights (West) IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622045	.....	.....	Arden Courts of South Holland IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625390	.....	.....	Arden Courts of Palos Heights IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625405	.....	.....	Arden Courts of Elk Grove Village IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0625378	.....	.....	Arden Courts of Northbrook IL, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0619623	.....	.....	Manor Care of Indy (South) IN, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0619716	.....	.....	Manor Care-Summer Trace of Carmel IN, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611286	.....	.....	Heartland of Allen Park MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0612384	.....	.....	Heartland of Ann Arbor MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0612206	.....	.....	Heartland of Battle Creek MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622828	.....	.....	Arden Courts of Bingham Farms MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611711	.....	.....	Heartland-Briarwood MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0620527	.....	.....	Heartland of Canton MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611231	.....	.....	Heartland of Dearborn Heights MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622894	.....	.....	Fostrian Courts Assisted Living-Flushing MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611818	.....	.....	Heartland-Fostrian of Flushing MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611334	.....	.....	Heartland-Georgian East of Grosse Pointe MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611865	.....	.....	Heartland-Hampton of Bay City MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0611592	.....	.....	Manor Care of Kingsford MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No
		00000	26-0622866	.....	.....	Arden Courts of Livonia MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	.....	100.0	ProMedica Health System, Inc.	No

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
Q16.12		00000	26-0620480	.....	.....	Heartland-Oakland MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	.....
		00000	26-0622772	.....	.....	Arden Courts of Sterling Heights MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0612325	.....	.....	Heartland of Three Rivers MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0611184	.....	.....	Heartland-University of Livonia MI, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0623857	.....	.....	Arden Courts of Akron OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609528	.....	.....	Manor Care of Barberton OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609445	.....	.....	Heartland-Beavercreek of Dayton OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0614610	.....	.....	Heartland of Bucyrus OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0623677	.....	.....	Arden Courts-Anderson of Cincinnati OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0623202	.....	.....	Arden Courts-Bainbridge of Chagrin Falls OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609683	.....	.....	Heartland of Centerville OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609311	.....	.....	Heartland of Chillicothe OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609351	.....	.....	Heartland of Hillsboro OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0623245	.....	.....	Arden Courts of Kenwood OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609231	.....	.....	Heartland of Kettering OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0613105	.....	.....	Heartland of Marion OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609259	.....	.....	Heartland of Marietta OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0610122	.....	.....	Heartland of Mentor OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0794075	.....	.....	Heartland of Miamisburg OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0614533	.....	.....	Heartland-Oak Pavilion of Cincinnati OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0623801	.....	.....	Arden Courts of Parma OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609661	.....	.....	Manor Care of Parma OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609189	.....	.....	Heartland of Perrysburg OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0623264	.....	.....	Perrysburg Commons Senior Housing-Perrysburg OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	
		00000	26-0609484	.....	.....	Heartland-Riverview of South Point OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	.....	Ownership	..... 100.0	ProMedica Health System, Inc.	No	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.13		00000	26-0609323	.....	.....	Heartland Village of Westerville OH (NC), LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0609337	.....	.....	Heartland Village of Westerville OH (RC), LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0623289	.....	.....	Arden Courts of Westlake OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0610097	.....	.....	Manor Care of Willoughby OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0623327	.....	.....	Heartland-Woodridge of Fairfield OH, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624145	.....	.....	Arden Courts of Austin TX, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624214	.....	.....	Arden Courts of Richardson TX, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624189	.....	.....	Arden Courts of San Antonio TX, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624590	.....	.....	Manor Care of Alexandria VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624314	.....	.....	Arden Courts of Annandale VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624619	.....	.....	Manor Care of Arlington VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624353	.....	.....	Arden Courts-Fair Oaks of Fairfax VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624605	.....	.....	Manor Care-Fair Oaks of Fairfax VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624643	.....	.....	Manor Care-Imperial of Richmond VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624567	.....	.....	Medical Care Center-Lynchburg VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624664	.....	.....	Manor Care-Stratford Hall of Richmond VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624719	.....	.....	Manor Care of Gig Harbor WA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624675	.....	.....	Manor Care of Lynwood WA, Association	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624687	.....	.....	Manor Care of Spokane WA, Association	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	26-0624696	.....	.....	Manor Care of Tacoma WA, Association	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	85-4214133	.....	.....	Arden Courts-Richmond, VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	85-4220787	.....	.....	Arden Courts-Virginia Beach, VA, LLC	.....	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1838217	.....	.....	HCR Manor Care Services, LLC	.....	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	32-0091717	.....	.....	Heartland Care, LLC	.....	OH	NIA	HCR Manor Care Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	.....
		00000	34-1477840	.....	.....	Ohio Employee Health Partnership, LTD	.....	OH	NIA	Heartland Care, LLC	Ownership	2.3	ProMedica Health System, Inc.	No	.....
		00000	34-1477840	.....	.....	Ohio Employee Health Partnership, LTD	.....	OH	OTH	Others	Ownership	97.7	Others	No	0000001

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.14	00000	26-1305723	.....	.....	Health Care and Retirement Corporation of America, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	34-1903270	.....	.....	ProMedica Employment Services, LLC .....	.....	OH	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	88-3193329	.....	.....	ProMedica Employment Services II, LLC .....	.....	OH	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	34-1280619	.....	.....	Heartland Rehabilitation Services, LLC .....	.....	OH	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	65-0666550	.....	.....	HCR ManorCare Medical Services of Florida, LLC .....	.....	FL	NIA ..	Heartland Rehabilitation Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	86-2223807	.....	.....	ProMedica Senior Care Medical Services I, LLC .....	.....	DE	NIA ..	HCR ManorCare Medical Services of Florida, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	34-1787895	.....	.....	Heartland Home Care, LLC .....	.....	OH	NIA ..	Heartland Rehabilitation Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	30-0535129	.....	.....	Heartland Rehabilitation Services of Michigan, LLC .....	.....	DE	NIA ..	Heartland Rehabilitation Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	34-1760503	.....	.....	Heartland Services, LLC .....	.....	OH	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	34-1766299	.....	.....	Heartland Healthcare Services, LLC .....	.....	OH	NIA ..	Heartland Services, LLC	Ownership	50.0	ProMedica Health System, Inc.	No ..	.....
	00000	34-1766299	.....	.....	Heartland Healthcare Services, LLC .....	.....	OH	OTH ..	Others	Ownership	50.0	Others	No ..	0000001
		00000	25-1457630	.....	.....	Industrial Wastes, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	52-1462072	.....	.....	Manor Care Aviation, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	52-1916053	.....	.....	Manor Care of Delaware County, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	52-1931012	.....	.....	Mercy/Manor Partnership .....	.....	PA	NIA ..	Manor Care of Delaware County, LLC	Ownership	50.0	ProMedica Health System, Inc.	No ..	.....
		00000	52-1931012	.....	.....	Mercy/Manor Partnership .....	.....	PA	OTH ..	Others	Ownership	50.0	Others	No ..	0000001
	00000	52-2055097	.....	.....	Manor Care Supply, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	52-2055078	.....	.....	ManorCare Health Services of Oklahoma, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	42-1627672	.....	.....	Norman Specialty Hospital, LLC .....	.....	DE	NIA ..	ManorCare Health Services of Oklahoma, LLC	Ownership	60.5	ProMedica Health System, Inc.	No ..	.....
		00000	42-1627672	.....	.....	Norman Specialty Hospital, LLC .....	.....	DE	OTH ..	Others	Ownership	39.5	Others	No ..	0000001
	00000	90-0904333	.....	.....	ManorCare Health Services of Toledo OH, LLC .....	.....	DE	NIA ..	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	61-1771805	.....	.....	ProMedica of Sylvania OH, LLC .....	.....	DE	NIA ..	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	38-3985660	.....	.....	ProMedica of Adrian MI, LLC .....	.....	DE	NIA ..	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	38-2934134	.....	.....	Monroe Community Health Services .....	.....	MI	NIA ..	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
	00000	38-2879330	.....	.....	Lenawee Long Term Care Corporation .....	.....	MI	NIA ..	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....
		00000	46-1343453	.....	.....	HCRMC-ProMedica, LLC .....	.....	OH	NIA ..	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	No ..	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.15		00000	26-1305666	.....	.....	ManorCare Health Services, LLC	DE	NIA	.....	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	30-1202528	.....	.....	Heartland of Toledo OH, LLC	OH	NIA	.....	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	41-1458213	.....	.....	In Home Health, LLC	MN	NIA	.....	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	34-1831624	.....	.....	Visiting Nurse Hospice & Health Care	OH	NIA	.....	In Home Health, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0624391	.....	.....	Manor Care of Lacey WA, Association	DE	NIA	.....	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	26-0624375	.....	.....	Manor Care of Salmon Creek WA, Association	DE	NIA	.....	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	37-1019107	.....	.....	Winter Park Nursing Center, LLC	DE	NIA	.....	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	36-2899194	.....	.....	Manor Care of Winter Park, FL, LLC	DE	NIA	.....	Winter Park Nursing Center, LLC	Ownership	50.0	ProMedica Health System, Inc.	No	
		00000	36-2899194	.....	.....	Manor Care of Winter Park, FL, LLC	DE	NIA	.....	ManorCare Health Services, LLC	Ownership	50.0	ProMedica Health System, Inc.	No	
		00000	22-1604502	.....	.....	Portfolio One, LLC	OH	NIA	.....	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	No	
		00000	22-3874333	.....	.....	Forum Purchasing LLC	DE	NIA	.....	HCR HealthCare, LLC	Ownership	27.3	ProMedica Health System, Inc.	No	
		00000	22-3874333	.....	.....	Forum Purchasing LLC	DE	OTH	.....	Others	Ownership	72.7	Others	No	0000001
		00000	34-1883284	.....	.....	Lima Memorial Joint Operating Company	OH	NIA	.....	PHS Ventures, LLC	Ownership	50.0	ProMedica Health System, Inc.	No	
		00000	34-1883284	.....	.....	Lima Memorial Joint Operating Company	OH	OTH	.....	Lima Memorial Hospital	Ownership	50.0	Lima Memorial Hospital		
		00000	26-4105613	.....	.....	ProMedica Orthopedic Co-Management Company, LLC	OH	NIA	.....	The Toledo Hospital, Bay Park Community Hospital	Ownership	37.7	ProMedica Health System, Inc.	No	
		00000	26-4105613	.....	.....	ProMedica Orthopedic Co-Management Company, LLC	OH	OTH	.....	Various Physicians	Ownership	62.3	Various Physicians	No	0000001
		00000	46-1989695	.....	.....	ProMedica Surgical Services Co-Management Company, LLC	OH	NIA	.....	The Toledo Hospital, Bay Park Community Hospital	Ownership	50.0	ProMedica Health System, Inc.	No	
		00000	46-1989695	.....	.....	ProMedica Surgical Services Co-Management Company, LLC	OH	OTH	.....	Various Physicians	Ownership	50.0	Various Physicians	No	0000001
		00000	02-0753921	.....	.....	Monroe Community Ambulance	MI	NIA	.....	ProMedica Continuing Care Services Corporation	Ownership	25.0	ProMedica Health System, Inc.	No	
		00000	02-0753921	.....	.....	Monroe Community Ambulance	MI	NIA	.....	Monroe Regional Hospital	Ownership	25.0	ProMedica Health System, Inc.	No	
		00000	02-0753921	.....	.....	Monroe Community Ambulance	MI	OTH	.....	Others	Ownership	50.0	Huron Valley Ambulance	No	0000001
		00000	86-1364813	.....	.....	AAA HealthConnect, LLC	DE	NIA	.....	ProMedica Health System, Inc.	Ownership	50.0	ProMedica Health System, Inc.	No	
		00000	86-1364813	.....	.....	AAA HealthConnect, LLC	DE	OTH	.....	Others	Ownership	50.0	Others	No	0000001
		00000	85-3949811	.....	.....	Healthonomy	OH	NIA	.....	ProMedica Health System, Inc.	Ownership	33.3	ProMedica Health System, Inc.	No	
		00000	85-3949811	.....	.....	Healthonomy	OH	OTH	.....	Others	Ownership	66.7	Others	No	0000001
		00000	87-2465544	.....	.....	Senior & Rehab Care at MetroHealth, LLC	OH	NIA	.....	ProMedica Health System, Inc.	Ownership	51.0	ProMedica Health System, Inc.	No	
		00000	87-2465544	.....	.....	Senior & Rehab Care at MetroHealth, LLC	OH	OTH	.....	Others	Ownership	49.0	Others	No	0000001

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	87-1802834			ProMedica Senior Care of Georgia, LLC		OH	NIA	ProMedica Health System, Inc.	Ownership	90.0	ProMedica Health System, Inc.	No	
		00000	87-1802834			ProMedica Senior Care of Georgia, LLC		OH	OTH	Others	Ownership	10.0	Others	No	0000001

Asterisk	Explanation
0000001	Non-related entity

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1235320243650001

2024

Document Code: 365

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		55,738
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		56
7. Deduct amounts received on disposals		55,793
8. Deduct amortization of premium and depreciation		1
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,383,294	68,028,014
2. Cost of bonds and stocks acquired		60,364,950
3. Accrual of discount	3,493	701,621
4. Unrealized valuation increase/(decrease)		(1,457,914)
5. Total gain (loss) on disposals		(1,507,416)
6. Deduct consideration for bonds and stocks disposed of		122,693,043
7. Deduct amortization of premium		52,916
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	3,386,787	3,383,294
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	3,386,787	3,383,294

SCHEDULE D - PART 1B**Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	3,383,294	.....	(10,571)	(7,079)	3,386,787	.....	.....	3,383,294
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds	3,383,294	.....	(10,571)	(7,079)	3,386,787	.....	.....	3,383,294
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	3,383,294	.....	(10,571)	(7,079)	3,386,787	.....	.....	3,383,294

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0;
NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999. Totals		N O N E			

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of short-term investments acquired	1,797,517
3. Accrual of discount	10,246
4. Unrealized valuation increase/(decrease)
5. Total gain (loss) on disposals	(8,464)
6. Deduct consideration received on disposals	1,799,262
7. Deduct amortization of premium	37
8. Total foreign exchange change in book/adjusted carrying value
9. Deduct current year's other-than-temporary impairment recognized
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)
11. Deduct total nonadmitted amounts
12. Statement value at end of current period (Line 10 minus Line 11)

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	54,943,189	1,488,583
2. Cost of cash equivalents acquired	654,465	192,889,965
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	23,000,000	139,435,360
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	32,597,654	54,943,189
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	32,597,654	54,943,189

E01 Schedule A Part 2	NONE
E01 Schedule A Part 3	NONE
E02 Schedule B Part 2	NONE
E02 Schedule B Part 3	NONE
E03 Schedule BA Part 2	NONE
E03 Schedule BA Part 3	NONE
E04 Schedule D Part 3	NONE
E05 Schedule D Part 4	NONE
E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DB Part E	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
Open Depositories									
Huntington Bank	Maumee, OH .....	.....	.....	.....	.....(367,193)	.....5,763,652	.....5,650,030	XXX	
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	...XXX...	.....	.....	.....	.....	.....(1)	XXX
0199999 Total - Open Depositories .....	.....	XXX	...XXX...	.....	.....(367,193)	.....5,763,652	.....5,650,029	XXX	
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	...XXX...	.....	.....	.....	.....	.....	XXX
0299999 Total - Suspended Depositories .....	.....	XXX	...XXX...	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit .....	.....	XXX	...XXX...	.....	.....(367,193)	.....5,763,652	.....5,650,029	XXX	
0499999 Cash in Company's Office .....	.....	XXX	...XXX...	...XXX...	.....	.....	.....	.....	XXX
0599999 Total .....	.....	XXX	...XXX...	.....	.....(367,193)	.....5,763,652	.....5,650,029	XXX	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
09248U718	BLKRK LQ:T-FUND INSTL		12/04/2023	5.170	XXX	27		
8209999999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO						27		
All Other Money Market Mutual Funds								
4812C0670	JPMORGAN:US GVT MM CAP		03/01/2024	5.170	XXX	32,346,557	142,575	574,114
60934N104	FEDERATED HRMS GV O INST		03/01/2024	5.180	XXX	251,070		2,566
8309999999 Subtotal - All Other Money Market Mutual Funds						32,597,627	142,575	576,680
8609999999 Total Cash Equivalents						32,597,654	142,575	576,680