

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 – Aggregate of Amounts Not Individually Listed	12,716	13,727	14,215	129,365	129,365	40,658
0199999 – Pharmaceutical Rebate Receivables	12,716	13,727	14,215	129,365	129,365	40,658
0299998 – Aggregate of Amounts Not Individually Listed				412,590	412,590	
0299999 – Claim Overpayment Receivables				412,590	412,590	
0799999 – Gross Health Care Receivables	12,716	13,727	14,215	541,955	541,955	40,658

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	258,386	3,363,863		170,023	258,386	97,299
2. Claim overpayment receivables				412,590		800,000
3. Loans and advances to providers						
4. Capitation arrangement receivables						440,200
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	258,386	3,363,863		582,613	258,386	1,337,499

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 – Aggregate accounts not individually listed-covered	901,588					901,588
0499999 – Subtotals	901,588					901,588
0599999 – Unreported claims and other claim reserves						6,887,073
0799999 – Total claims unpaid						7,788,662
0899999 – Accrued medical incentive pool and bonus amounts						2,357,934

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
MSO CHS Managed Service Corp, LLC	4,561,007					4,561,007	
HCF Health Care Facility Management LLC	2,020,437					2,020,437	
WVE WVNH EMP LLC	638,805					638,805	
CHQ CHSI EMP LLC	324,954					324,954	
SNP SNP Holdings, LLC	1,050					1,050	
0199999 – Individually listed receivables	7,546,253					7,546,253	
0399999 – Total gross amounts receivable	7,546,253					7,546,253	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 – Total gross payables.....	NONE			

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non- Affiliated Providers
Capitation Payments:						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....	94,863,971	100.000	2,404	100.000	17,239,500	77,624,471
4. Total capitation payments.....	94,863,971	100.000	2,404	100.000	17,239,500	77,624,471
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....			XXX	XXX		
13. Total (Line 4 plus Line 12).....	94,863,971	100.000 %	XXX	XXX	17,239,500	77,624,471

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	119,571		43,317		76,255	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	119,571		43,317		76,255	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2025

NAIC Company Code: 16725

	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.....	478							478						
2. First quarter.....	446							446						
3. Second quarter.....	441							441						
4. Third quarter.....	455							455						
5. Current year.....	459							459						
6. Current year member months.....	5,369							5,369						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	12,698							12,698						
8. Non-physician.....	53,751							53,751						
9. Total.....	66,449							66,449						
10. Hospital patient days incurred.....	6,686							6,686						
11. Number of inpatient admissions.....	5,224							5,224						
12. Health premiums written (b).....	21,859,145							21,859,145						
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	21,859,145							21,859,145						
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	18,528,292							18,528,292						
18. Amount incurred for provision of health care services.....	18,353,601							18,353,601						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 21,859,145



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2025

NAIC Company Code: 16725

	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	517							517						
2. First quarter	502							502						
3. Second quarter	520							520						
4. Third quarter	529							529						
5. Current year	502							502						
6. Current year member months	6,154							6,154						
Total Member Ambulatory Encounters for Year:														
7. Physician	14,703							14,703						
8. Non-physician	62,238							62,238						
9. Total	76,941							76,941						
10. Hospital patient days incurred	7,741							7,741						
11. Number of inpatient admissions	6,048							6,048						
12. Health premiums written (b)	26,902,943							26,902,943						
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	26,902,943							26,902,943						
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	20,553,288							20,553,288						
18. Amount incurred for provision of health care services	20,935,050							20,935,050						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 26,902,943

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025

NAIC Company Code: 16725

	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.....	1,379							1,379						
2. First quarter.....	1,384							1,384						
3. Second quarter.....	1,402							1,402						
4. Third quarter.....	1,439							1,439						
5. Current year.....	1,443							1,443						
6. Current year member months.....	16,887							16,887						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	39,430							39,430						
8. Non-physician.....	166,912							166,912						
9. Total.....	206,341							206,341						
10. Hospital patient days incurred.....	20,761							20,761						
11. Number of inpatient admissions.....	16,221							16,221						
12. Health premiums written (b).....	62,579,361							62,579,361						
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	62,579,361							62,579,361						
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	55,782,391							55,782,391						
18. Amount incurred for provision of health care services.....	55,860,545							55,860,545						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 62,579,361



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

2. BLUE ASH, OH
(LOCATION)

NAIC Group Code: 5035

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 16725

	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	2,374							2,374						
2. First quarter	2,332							2,332						
3. Second quarter	2,363							2,363						
4. Third quarter	2,423							2,423						
5. Current year	2,404							2,404						
6. Current year member months	28,410							28,410						
Total Member Ambulatory Encounters for Year:														
7. Physician	66,830							66,830						
8. Non-physician	282,901							282,901						
9. Total	349,731							349,731						
10. Hospital patient days incurred	35,188							35,188						
11. Number of inpatient admissions	27,493							27,493						
12. Health premiums written (b)	111,341,450							111,341,450						
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	111,341,450							111,341,450						
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	94,863,971							94,863,971						
18. Amount incurred for provision of health care services	95,149,196							95,149,196						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 111,341,450

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
11835	04-1590940	01/01/2025	PartnerRe	DE	882,213	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					882,213	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					882,213	
2299999 - Total Accident and Health					882,213	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					882,213	
9999999 - Total (Sum of 1199999 and 2299999)					882,213	

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2025	PartnerRe	DE	SSL/I	MR	276,497						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							276,497						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							276,497						
1199999 – Total General Account Authorized							276,497						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							276,497						
9199999 – Total U.S.							276,497						
9999999 – Total (Sum of 4599999 and 9099999)							276,497						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

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

	1	2	3	4	5
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare.....	276	216	178	170	132
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	882	490			
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	9,831,061		9,831,061
2. Accident and health premiums due and unpaid (Line 15).....	1,509,910		1,509,910
3. Amounts recoverable from reinsurers (Line 16.1).....	882,213	(882,213)	
4. Net credit for ceded reinsurance.....	XXX	882,213	882,213
5. All other admitted assets (Balance).....	8,664,171		8,664,171
6. Total assets (Line 28).....	20,887,355		20,887,355
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	7,788,662		7,788,662
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,357,934		2,357,934
9. Premiums received in advance (Line 8).....			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....			
14. All other liabilities (Balance).....	1,446,394		1,446,394
15. Total liabilities (Line 24).....	11,592,989		11,592,989
16. Total capital and surplus (Line 33).....	9,294,366	XXX	9,294,366
17. Total liabilities, capital and surplus (Line 34).....	20,887,355		20,887,355
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....		XXX	XXX
19. Accrued medical incentive pool.....		XXX	XXX
20. Premiums received in advance.....		XXX	XXX
21. Reinsurance recoverable on paid losses.....	882,213	XXX	XXX
22. Other ceded reinsurance recoverables.....		XXX	XXX
23. Total ceded reinsurance recoverables.....	882,213	XXX	XXX
24. Premiums receivable.....		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....		XXX	XXX
26. Unauthorized reinsurance.....		XXX	XXX
27. Reinsurance with Certified Reinsurers.....		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
29. Other ceded reinsurance payables/offsets.....		XXX	XXX
30. Total ceded reinsurance payables/offsets.....		XXX	XXX
31. Total net credit for ceded reinsurance.....	882,213	XXX	XXX

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

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

NONE

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
	CommuniCare	16725	84-2285422				OH CHS SNP, Inc. DBA Communicare Advantage	OH	RE	SNP Holdings, LLC	Ownership	91.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare	16725	84-2285422				OH CHS SNP, Inc. DBA Communicare Advantage	OH	RE	OHI ISNP, LLC	Ownership	9.000	OHI ISNP, LLC	NO	
	CommuniCare	15955	81-1336922				West Virginia Senior Advantage, Inc.	WV	IA	SNP Holdings, LLC	Ownership	91.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare	15955	81-1336922				West Virginia Senior Advantage, Inc.	WV	IA	OHI ISNP, LLC	Ownership	9.000	OHI ISNP, LLC	NO	
	CommuniCare		26-3322066				Health Care Facilities Staffing, LLC	OH	NIA	C.R. Stoltz Family Investment Company, Inc.	Ownership	6.520	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		26-3322066				Health Care Facilities Staffing, LLC	OH	NIA	RRW HCFS, LLC	Ownership	93.480	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		61-1776778				WVNH EMP LLC	OH	NIA	Health Care Facilities Staffing, LLC	Ownership	100.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-0338918				CHQ CHSI EMP LLC	OH	NIA	Health Care Facilities Staffing, LLC	Ownership	100.000	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-2137273				Health Care Facility Management, LLC	OH	NIA	HC IN OPS - MGT, LLC	Ownership	93.480	Rosedale Family Investment Company Inc/ Wilhelm Family Investment Company Inc/ I Rosedale Family Investment Company, Inc.	NO	
	CommuniCare		20-2137273				Health Care Facility Management, LLC	OH	NIA	C.R. Stoltz Family Investment Company, Inc.	Ownership	6.520	C R Stoltz Irrevocable Trust	NO	
	CommuniCare		88-3972962				CHS Managed Service Corp, LLC	OH	NIA	Health Care Facility Management, LLC	Ownership	93.480	HC IN OPS - MGT, LLC	NO	
	Communicare		88-3972962				CHS Managed Service Corp, LLC	OH	NIA	Health Care Facility Management, LLC	Ownership	6.520	C R Stoltz Family Investment Company, Inc.	NO	

41.1

Asterisk	Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
16725	84-2285422	OH CHS SNP, Inc DBA Communicare Advantage					(7,793,637)				(7,793,637)	
15955	81-1336922	WVS West Virginia Senior Advantage, Inc.	(4,900,000)				(4,608,348)				(9,508,348)	
		SNP SNP Holdings, LLC	4,900,000								4,900,000	
		MSO CHS Managed Service Corp, LLC					12,401,986				12,401,986	
9999999 – Control Totals										XXX		

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
OH CHS SNP, Inc. DBA Communicare Advantage	SNP Holdings, LLC	91.000 %	NO	Rosedale Family Investment Company, Inc.	OH CHS SNP, Inc. DBA Communicare Advantage	33.340 %	NO
OH CHS SNP, Inc. DBA Communicare Advantage	SNP Holdings, LLC	91.000 %	NO	Wilheim Family Investment Company, Inc.	OH CHS SNP, Inc. DBA Communicare Advantage	33.330 %	NO
OH CHS SNP, Inc. DBA Communicare Advantage	SNP Holdings, LLC	91.000 %	NO	I. Rosedale Family Investment Company, Inc.	OH CHS SNP, Inc. DBA Communicare Advantage	33.330 %	NO
West Virginia Senior Advantage, Inc.	SNP Holdings, LLC	91.000 %	NO	Rosedale Family Investment Company, Inc.	West Virginia Senior Advantage, Inc.	33.340 %	NO
West Virginia Senior Advantage, Inc.	SNP Holdings, LLC	91.000 %	NO	Wilheim Family Investment Company, Inc.	West Virginia Senior Advantage, Inc.	33.330 %	NO
West Virginia Senior Advantage, Inc.	SNP Holdings, LLC	91.000 %	NO	I. Rosedale Family Investment Company, Inc.	West Virginia Senior Advantage, Inc.	33.330 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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














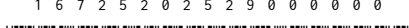
	Responses
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	YES.....
2. Will an Actuarial Opinion be filed by March 1?.....	YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES.....
4. Will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

SUPPLEMENTAL FILINGS

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
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10.	 1 6 7 2 5 2 0 2 5 3 6 0 0 0 0 0 0
11.	 1 6 7 2 5 2 0 2 5 2 0 5 0 0 0 0 0
12.	 1 6 7 2 5 2 0 2 5 4 2 0 0 0 0 0 0
13.	 1 6 7 2 5 2 0 2 5 3 7 1 0 0 0 0 0
14.	 1 6 7 2 5 2 0 2 5 3 7 0 0 0 0 0 0
15.	 1 6 7 2 5 2 0 2 5 3 6 5 0 0 0 0 0
16.	 1 6 7 2 5 2 0 2 5 2 2 4 0 0 0 0 0
17.	 1 6 7 2 5 2 0 2 5 2 2 5 0 0 0 0 0
18.	 1 6 7 2 5 2 0 2 5 2 2 6 0 0 0 0 0
19.	 1 6 7 2 5 2 0 2 5 6 0 0 0 0 0 0 0
20.	 1 6 7 2 5 2 0 2 5 3 0 6 0 0 0 0 0
21.	 1 6 7 2 5 2 0 2 5 2 1 1 0 0 0 0 0
22.	
23.	 1 6 7 2 5 2 0 2 5 2 9 0 0 0 0 0 0
24.	 1 6 7 2 5 2 0 2 5 2 2 3 0 0 0 0 0

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