



QUARTERLY STATEMENT AS OF JUNE 30, 2020 OF THE CONDITION AND AFFAIRS OF THE Paramount Care of Michigan

NAIC Group Code 1212 , 1212 NAIC Company Code 95566 Employer's ID Number 38-3200310
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry MI

Country of Domicile United States of America

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

Incorporated/Organized 12/16/1993 Commenced Business 06/07/1996

Statutory Home Office 106 Park Place , Dundee, MI, US 48131
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 106 Park Place
(Street and Number)

Dundee, MI, US 48131 (734)529-7800
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 106 Park Place , Dundee, MI, US 48131
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1901 Indian Wood Circle
(Street and Number)

Maumee, OH, US 43537 (419)887-2500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.paramounthealthcare.com

Statutory Statement Contact Rich Potter, Mr. (419)887-2006
(Name) (Area Code)(Telephone Number)(Extension)

rich.potter@promedica.org (419)887-2020
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Lori Ann Johnston Mrs.	Chairman
Lori Ann Johnston Mrs.	President
Steven Michael Cavanaugh Mr.	Treasurer
Jeffrey Craig Kuhn Mr.	Secretary

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer
 Jered Joseph Wilson Mr., Chief Operating Officer
 Terry Lynn Bawel Ms., President, Health Resources, Inc.
 Alan Michael Sattler Mr., Vice President, Business Development

Dee Ann Bialecki-Hasse M.D., Chief Medical Officer
 David Roger Brackett Mr., Chief Information Officer
 Tod L Phillips Mr., Vice President, Paramount Preferred Options

DIRECTORS OR TRUSTEES

Lori Ann Johnston Mrs.
 John Paul Imm M.D.
 Thomas Frank Sieler Mr. #

William Roger Myers Mr.
 Ken Joseph McNamee M.D.

State of Michigan
 County of Monroe 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. Chief Financial Officer _____ (Title)	_____ (Signature) Jeffrey Craig Kuhn _____ (Printed Name) 3. Secretary _____ (Title)
---	--	--

Subscribed and sworn to before me this _____ day of _____, 2020

- 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				
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 (\$.....5,909,391), cash equivalents (\$.....279,052) and short-term investments (\$.....0)	6,188,443		6,188,443	4,917,800
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
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)	6,188,443		6,188,443	4,917,800
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	24		24	356
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	28,378		28,378	31,437
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)	839,853		839,853	687,937
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	194,018		194,018	129,514
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	42,583	1,149	41,434	41,434
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 adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	2,606,003		2,606,003	1,825,674
24. Health care (\$.....212,242) and other amounts receivable	212,242		212,242	231,107
25. Aggregate write-ins for other-than-invested assets	188,086	86	188,000	188,000
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	10,299,630	1,235	10,298,395	8,053,259
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	10,299,630	1,235	10,298,395	8,053,259
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. State Income Tax recoverable	188,000		188,000	188,000
2502. Other AR	86	86		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	188,086	86	188,000	188,000

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,629,664		2,629,664	1,795,231
2. Accrued medical incentive pool and bonus amounts	38,058		38,058	38,058
3. Unpaid claims adjustment expenses	29,000		29,000	24,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	103,637		103,637	211,967
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	63,425		63,425	48,532
9. General expenses due or accrued	185,842		185,842	173,185
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	552,376		552,376	219,270
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
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	38,840		38,840	88,654
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)	3,640,842		3,640,842	2,598,897
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	10,000	10,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	5,444,362	5,444,362
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	1,203,191	
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	6,657,553	5,454,362
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	10,298,395	8,053,259
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.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	14,763	12,613	25,323
2. Net premium income (including \$.....0 non-health premium income)	X X X	14,284,516	11,992,836	24,296,671
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	14,284,516	11,992,836	24,296,671
Hospital and Medical:				
9. Hospital/medical benefits		9,360,525	7,905,180	16,858,406
10. Other professional services		91,824	30,954	92,130
11. Outside referrals				
12. Emergency room and out-of-area		210,988	234,964	594,455
13. Prescription drugs		2,029,175	1,926,097	3,948,517
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				156,074
16. Subtotal (Lines 9 to 15)		11,692,512	10,097,195	21,649,582
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		11,692,512	10,097,195	21,649,582
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....197,957 cost containment expenses		238,340	156,039	275,227
21. General administrative expenses		830,721	575,579	959,289
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)		12,761,573	10,828,813	22,884,098
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,522,943	1,164,023	1,412,573
25. Net investment income earned		942	64,598	93,293
26. Net realized capital gains (losses) less capital gains tax of \$.....0			5,389	43,851
27. Net investment gains or (losses) (Lines 25 plus 26)		942	69,987	137,144
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				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,523,885	1,234,010	1,549,717
31. Federal and foreign income taxes incurred	X X X	320,608	254,631	317,524
32. Net income (loss) (Lines 30 minus 31)	X X X	1,203,277	979,379	1,232,193
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
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.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	5,454,362	12,220,784	12,220,784
34. Net income or (loss) from Line 32	1,203,277	979,379	1,232,193
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		215	172
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			1,179
39. Change in nonadmitted assets	(86)		34
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			(8,000,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	1,203,191	979,594	(6,766,422)
49. Capital and surplus end of reporting period (Line 33 plus 48)	6,657,553	13,200,378	5,454,362
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	14,042,222	11,876,574	23,724,040
2. Net investment income	1,274	64,156	124,954
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	14,043,496	11,940,730	23,848,994
5. Benefit and loss related payments	10,839,214	10,046,904	21,528,676
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,115,908	571,859	1,696,097
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(12,498)	32,855	184,293
10. TOTAL (Lines 5 through 9)	11,942,624	10,651,618	23,409,066
11. Net cash from operations (Line 4 minus Line 10)	2,100,872	1,289,112	439,928
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		2,045,093	7,835,862
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds		215	172
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)		2,045,308	7,836,034
13. Cost of investments acquired (long-term only):			
13.1 Bonds		2,135,474	2,763,128
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications		92,152	158,438
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)		2,227,626	2,921,566
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)		(182,318)	4,914,468
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			8,000,000
16.6 Other cash provided (applied)	(830,229)	(1,968,624)	(2,097,947)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(830,229)	(1,968,624)	(10,097,947)
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)	1,270,643	(861,830)	(4,743,551)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,917,800	9,661,351	9,661,351
19.2 End of period (Line 18 plus Line 19.1)	6,188,443	8,799,521	4,917,800

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

20.0001				
---------	--	--	--	--

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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,123							2,123		
2. First Quarter	2,492		238					2,254		
3. Second Quarter	2,526		251					2,275		
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	14,763		1,217					13,546		
Total Member Ambulatory Encounters for Period:										
7. Physician	2,603		126					2,477		
8. Non-Physician	373		30					343		
9. Total	2,976		156					2,820		
10. Hospital Patient Days Incurred	2,247		11					2,236		
11. Number of Inpatient Admissions	193		3					190		
12. Health Premiums Written (a)	14,291,286		477,497					13,813,789		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	14,291,286		477,497					13,813,789		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	10,839,215		329,115					10,510,100		
18. Amount Incurred for Provision of Health Care Services	11,692,512		422,515					11,269,997		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....13,813,789.

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	244,201	64,179	6,730	3,789	1,269	320,168
0499999 Subtotals	244,201	64,179	6,730	3,789	1,269	320,168
0599999 Unreported claims and other claim reserves						2,309,496
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,629,664
0899999 Accrued Medical Incentive Pool And Bonus Amounts						38,058

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)		329,115		93,401		
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,072,869	9,437,229	41,271	2,494,993	1,114,140	1,795,231
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	1,072,869	9,766,344	41,271	2,588,394	1,114,140	1,795,231
10. Healthcare receivables (a)		212,242				231,107
11. Other non-health						
12. Medical incentive pools and bonus amounts			38,058		38,058	38,058
13. Totals (Lines 9 - 10 + 11 + 12)	1,072,869	9,554,102	79,329	2,588,394	1,152,198	1,602,182

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Care of Michigan (the “Company”) are presented on a basis of accounting practices prescribed by the Michigan Department of Insurance and Financial Services.

The Michigan Department of Insurance and Financial Services recognizes only statutory accounting practices prescribed by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan 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 Michigan.

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

	State of Domicile Michigan	Jun. 30 2020	Dec. 31 2019
NET INCOME			
Paramount Care of Michigan state basis		1,203,277	1,232,193
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		1,203,277	1,232,193
SURPLUS			
Paramount Care of Michigan state basis		6,657,553	5,454,362
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		6,657,553	5,454,362

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 Policies

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

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. Common stock investments are stated at fair market value.
4. The Company has no preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.

Notes to Financial Statement

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

2. Accounting Changes and Corrections of Errors

-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 Statement

- 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.
6. Joint ventures, Partnerships and Limited Liability Companies
-NOT APPLICABLE.
7. Investment Income
No significant change.
8. Derivative Instruments
-NOT APPLICABLE
9. Income Taxes
No significant change.
10. Information Concerning Parent, Subsidiaries and Affiliates
No significant change.
11. Debt
-NOT APPLICABLE
12. Retirement Plans, Deferred Compensation, Postemployment Benefits
No significant change.
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant change.
14. Contingencies
-NOT APPLICABLE.
15. Leases
-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 Statement

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

A1.NA

B. NA

C.							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value	Not Practicable Carrying Value
Cash Equivalents	279,052	279,052	279,052				
Cash	5,909,391	5,909,391	5,909,391				

D. NA

21. Other Items

-NOT APPLICABLE

22. Subsequent Events

No significant change.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

E. Risk Sharing Provisions of the Affordable Care Act

1. PCM writes insured non-individual accident and health insurance premium that is subject to the Affordable Care Act.
2. Impact of Risk-sharing provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Notes to Financial Statement

Description		Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	0
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	0
3.	Premium adjustments payable due to ACA Risk Adjustment	0
	Operations (Revenue & Expense)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	0
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	0
b.	Transitional ACA Reinsurance Program	
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	0
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	0
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	0
	Liabilities	
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	0
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	0
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	0
	Operations (Revenue & Expense)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	0
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
9.	ACA Reinsurance contributions – not reported as ceded premium	0
c.	Temporary ACA Risk Corridors Program	
	Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors	0
	Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	0
	Operations (Revenue & Expense)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	0
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	0

3. There was no business written subject to the Affordable Care Act during 2020.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2019 were \$1,819,231. As of June 30, 2020, \$1,105,441 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$41,271 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare lines of insurance. Therefore, there has been an \$672,519 favorable prior-year development since December 31, 2019 to June 30, 2020. The decrease is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Notes to Financial Statement

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

Liability carried for premium deficiency reserve :	\$0
Date of most recent evaluation of this liability:	1/27/2020
Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated Salvage and Subrogation

No significant change.

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[X] No[]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[X] No[] N/A[]

- 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? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 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. Yes[] No[X]

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
If yes, complete and file the merger history data file with the NAIC.
- 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? Yes[] No[] N/A[X]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 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. 12/31/2015
- 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). 03/23/2017
- 6.4 By what department or departments?
Department of Insurance and Financial Services
- 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[X] No[] N/A[]

- 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? Yes[] No[X]
- 7.2 If yes, give full information Yes[] No[X]

- 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. Yes[] No[X]

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? Yes[X] No[]
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: Yes[] No[X]
- 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). Yes[] No[X]
- 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? Yes[] No[] N/A[X]
 If no, attach a description with this statement.

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, Suite153-3925, Pittsburg, PA ...

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
Income Research & Management U

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
104863	Income Research & Management	NA	SEC DS

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]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.

GENERAL INTERROGATORIES (Continued)

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. 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.
- d. 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:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 83.000% |
| 1.2 A&H cost containment percent | 1.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 6.000% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[] No[X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/G	MR	Authorized		
23680	47-0698507	01/01/2020	ODYSSEY REINS CO	CT	SSL/I	MR	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	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)	L	477,497	13,813,789					14,291,286	
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)	N								
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)	X X X								
59. Subtotal	X X X	477,497	13,813,789					14,291,286	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	477,497	13,813,789					14,291,286	
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

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

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

1

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

56

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

Paramount Care of Michigan 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. 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.

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

015

- | 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, Toledo 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).
- | Fostoria Hospital Association, an Ohio nonprofit corporation.

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

- I ProMedica Continuum Services f/k/a ProMedica Physicians and Continuum Services f/k/a ProMedica Physician Corporation f/k/a ProMedica Physicians Enterprises, an Ohio nonprofit corporation.
 - U ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
 - U ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
 - U The Surgical Institute of Monroe Ambulatory Surgery Center, LLC, a Michigan limited liability company which ProMedica Continuum Service f/k/a ProMedica Physicians & Continuum Services holds 54% ownership interest and various physicians holding the remaining 46% interest.
 - U ProMedica Pharmacy Group, LLC

- I ProMedica Physician Group, Inc., an Ohio non-profit corporation.
 - U The Pharmacy Counter, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - U ProMedica Central Physicians a Michigan non-profit corporation with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - U Midwest Cardiovascular Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Northwest Ohio Cardiology Consultants a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Monroe Cardiology, a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Monroe Physicians a Michigan nonprofit corporation with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Multi Specialty Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - U ProMedica Genito-Urinary Surgeons a Michigan non-profit corporation with ProMedica Physicians Group, Inc., as its sole member.

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

- └ ProMedica Hospitalists, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- └ ProMedica Hospitalists, PLLC, a Michigan limited liability company 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.
- └ Memorial Anesthesia, Ltd., an Ohio limited liability company with ProMedica Physicians Group, Inc., as its sole member.
- └ ProMedica Primary Care Providers, a Michigan nonprofit corporation with ProMedica Physicians 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.
 - └ Paramount Preferred Options, Inc., an Ohio for-profit corporation, which is wholly-owned by ProMedica Insurance Corporation.
 - ┆ Health Management Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options.
 - ┆ Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options.
 - ┆ CEC Associates, Inc., a Pennsylvania Corporation which is wholly-owned by Paramount Preferred Options
 - └ 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.
 - └ 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 the sole member.
 - └ Paramount Care of Indiana, Inc., and Indiana nonprofit Corporation.

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

- | 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.
 - ⊎ 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.
 - ⊔ Lenawee Clinical Partners is a Michigan nonprofit corporation in which Emma L. Bixby Medical Center holds 50% ownership interest with various physicians holding the remaining 50% interest.
 - ⊔ Wolf Creek Associates, LLC, a Michigan limited liability company with Emma L. Bixby Medical Center as its sole member.
- Herrick Memorial Hospital, Inc., a Michigan nonprofit corporation with ProMedica Health System, Inc. 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 50% ownership interest with TRA Investment Club, LLC, holding the remaining 50% interest.
 - ⊔ 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.

Q15.3

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

- └ 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.
- | 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.
 - ┌ 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 Downton Campus Landlord, LLC, an Ohio limited liability company.
- | ProMedica International, LLC, an Ohio limited liability company.
- | ProMedica Manager Member, LLC, an Ohio limited liability company.

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

- | ProMedica Master Tenant, 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
- | 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.
- | HCR ManorCare, Inc. an Ohio nonprofit corporation
 - ⊃ Well PM Properties, LLC, a limited liability company where HCR ManorCare, Inc. holds 20% ownership interest.
 - ⊃ HCR Healthcare, LLC
 - ⊃ Ancillary Services Management, LLC
 - ⊃ HCR Home Health Care and Hospice, LLC
 - ⊃ HCR Canterbury Village, LLC
 - ⊃ HCR Home Health Care and Hospice, LLC
 - § HCR Manor Care Services of Florida III, LLC
 - § HCR Manor Care Services of Florida, LLC
 - § Home Health Care Services, LLC
 - § Heartland Hospice Services, LLC

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

- Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.

n HCR II Healthcare, LLC

§ HCR III Healthcare, LLC (See list of HCR III Healthcare, LLC OpCos)

o HCR IV Healthcare, LLC (see list of HCR IV Healthcare, LLC OpCos)

n HCR Manor Care Services, LLC

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

n Health Care and Retirement Corporation of America, LLC

n Heartland Employment Services, LLC

n Heartland Rehabilitation Services, LLC

§ HCR ManorCare Medical Services of Florida, LLC

§ Heartland Home Care, LLC

§ Heartland Rehabilitation Services of Michigan, LLC

n 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)

n Industrial Wastes, LLC

n Manor Care Aviation, LLC

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

n Manor Care Supply, LLC

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- n ManorCare Health Services of Oklahoma, LLC (which holds 60.5% ownership interest in Norman Specialty Hospital, LLC)
- n ManorCare Health Services of Toledo OH, LLC
 - § ProMedica of Sylvania OH, LLC (NOTE: this was f/k/a Arden Courts of Germantown MD, LLC and previously fell under ManorCare Health Services, LLC)
 - § ProMedica of Adrian MI, LLC (Note: this was f/k/a Arden Courts of Centerville VA, LLC and previously fell under ManorCare Health Services, LLC)
 - § Monroe Community Health Services, a Michigan nonprofit corporation
 - § Lenawee Long Term Care, a Michigan nonprofit corporation.
 - § HCRMC- ProMedica, LLC, dba Heartland at ProMedica Flower Hospital, a Delaware limited liability company in which ManorCare Health Services of Toledo OH, LLC holds 100% interest
- n ManorCare Health Services, LLC
 - § Heartland of Toledo OH, LLC
 - § In Home Health, LLC
 - o Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation
 - § Manor Care of Lacey WA, Association
 - § Manor Care of Salmon Creek WA, Association
 - § Winter Park Nursing Center, LLC
 - o Manor Care of Winter Park FL, LLC- Winter Park Nursing Center, LLC has 50% interest
- n Portfolio One, LLC
- n Forum Purchasing, LLC, a limited liability company in which HCR Healthcare, LLC holds 27.3% ownership interest.

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

Other Affiliated Entities

- 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 40% ownership interest with various physicians holding the remaining 60% interest.
- Ø Interactive Physical Therapy, an Ohio limited liability company in which ProMedica Health System, Inc., holds 50% ownership interest and various individuals holding the remaining 50% 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 Front Health Holdco, LLC, an Ohio limited liability company in which ProMedica Health System holds 50% 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.	Date Qual.	Member
Arden Courts of Avon CT, LLC	DE	07/24/07	26-0625113	CT	09/10/07	HCR III Healthcare, LLC
Arden Courts of Farmington CT, LLC	DE	07/24/07	26-0625092	CT	09/10/07	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	08/27/07	HCR III Healthcare, LLC
Manor Care of Boca Raton FL, LLC	DE	07/24/07	26-0624217	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Boynton Beach FL, LLC	DE	07/24/07	26-0623523	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Boynton Beach FL, LLC	DE	07/24/07	26-0624241	FL	08/27/07	HCR III Healthcare, LLC
Manor Care-Carrollwood of Tampa FL, LLC	DE	07/24/07	26-0624118	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Delray Beach FL, LLC	DE	07/24/07	26-0625237	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Delray Beach FL, LLC	DE	07/24/07	26-0624068	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Dunedin FL, LLC	DE	07/24/07	26-0624190	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Ft. Myers FL, LLC	DE	07/24/07	26-0625314	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Fort Myers FL, LLC	DE	07/24/07	26-0623726	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Ft. Myers FL, LLC	DE	07/24/07	26-0624272	FL	08/27/07	HCR III Healthcare, LLC
Heartland-South Jacksonville of Jacksonville FL, LLC	DE	07/24/07	26-0623559	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Jacksonville FL, LLC	DE	07/24/07	26-0623590	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Kendall FL, LLC	DE	07/24/07	26-0623392	FL	08/27/07	HCR III Healthcare, LLC
Kensington Manor-Sarasota FL, LLC	DE	07/24/07	26-0623931	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Largo FL, LLC	DE	07/24/07	26-0625141	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Lauderhill FL, LLC	DE	07/24/07	26-0623998	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts-Lely Palms of Naples FL, LLC	DE	07/24/07	26-0625279	FL	08/27/07	HCR III Healthcare, LLC
Manor Care-Lely Palms of Naples FL (SH), LLC	DE	07/24/07	26-0625295	FL	08/27/07	HCR III Healthcare, LLC
Heartland-Miami Lakes of Hialeah FL, LLC	DE	07/24/07	26-0623652	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Naples FL, LLC	DE	07/24/07	26-0624049	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Orange Park FL, LLC	DE	07/24/07	26-0623613	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Palm Harbor FL, LLC	DE	07/24/07	26-0625222	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Palm Harbor FL, LLC	DE	07/24/07	26-0624018	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Plantation FL, LLC	DE	07/24/07	26-0624255	FL	08/27/07	HCR III Healthcare, LLC
Heartland-Prosperity Oaks of Palm Beach Gardens FL, LLC	DE	07/24/07	26-0623909	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Sarasota FL, LLC	DE	07/24/07	26-0625246	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Sarasota FL, LLC	DE	07/24/07	26-0623968	FL	08/27/07	HCR III Healthcare, LLC
Manor Care Nursing Center of Sarasota FL, LLC	DE	07/24/07	26-0624159	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Seminole FL, LLC	DE	07/24/07	26-0625266	FL	08/27/07	HCR III Healthcare, LLC
Heartland of Tamarac FL, LLC	DE	07/24/07	26-0623500	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Tampa FL, LLC	DE	07/24/07	26-0625330	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of Venice FL, LLC	DE	07/24/07	26-0624092	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of W. Palm Beach FL, LLC	DE	07/24/07	26-0625258	FL	08/27/07	HCR III Healthcare, LLC
Manor Care of W. Palm Beach FL, LLC	DE	07/24/07	26-0624142	FL	08/27/07	HCR III Healthcare, LLC
Arden Courts of Winter Springs FL, LLC	DE	07/24/07	26-0625340	FL	08/27/07	HCR III 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.	Date Qual.	Member
Heartland of Zephyrhills FL, LLC	DE	07/24/07	26-0623476	FL	08/27/07	HCR III Healthcare, LLC
Manor Care Rehabilitation Center of Decatur GA, LLC	DE	07/24/07	26-0624293	GA	09/10/07	HCR III Healthcare, LLC
Manor Care of Marietta GA, LLC	DE	07/24/07	26-0624336	GA	09/10/07	HCR III Healthcare, LLC
Manor Care of Cedar Rapids IA, LLC	DE	07/24/07	26-0624378	IA	09/10/07	HCR III Healthcare, LLC
Manor Care of Davenport IA, LLC	DE	07/24/07	26-0624394	IA	09/10/07	HCR III Healthcare, LLC
Manor Care of Dubuque IA, LLC	DE	07/24/07	26-0624416	IA	09/10/07	HCR III Healthcare, LLC
Manor Care of Waterloo IA, LLC	DE	07/24/07	26-0624363	IA	09/10/07	HCR III Healthcare, LLC
Manor Care of West Des Moines IA, LLC	DE	07/24/07	26-0624438	IA	09/10/07	HCR III Healthcare, LLC
Heartland of Adelphi MD, LLC	DE	07/24/07	26-0620015	MD	09/07/07	HCR III Healthcare, LLC
Manor Care of Bethesda MD, LLC	DE	07/24/07	26-0620122	MD	09/07/07	HCR III Healthcare, LLC
Manor Care of Chevy Chase MD, LLC	DE	07/24/07	26-0620158	MD	09/07/07	HCR III Healthcare, LLC
Heartland of Hyattsville MD, LLC	DE	07/24/07	26-0619980	MD	09/07/07	HCR III Healthcare, LLC
Arden Courts of Kensington MD, LLC	DE	07/24/07	26-0622568	MD	09/07/07	HCR III Healthcare, LLC
Manor Care-Largo MD, LLC	DE	07/24/07	26-0620266	MD	09/07/07	HCR III Healthcare, LLC
Arden Courts of Pikesville MD, LLC	DE	07/24/07	26-0622121	MD	09/07/07	HCR III Healthcare, LLC
Springhouse of Pikesville MD, LLC	DE	07/24/07	26-0620079	MD	09/07/07	HCR III Healthcare, LLC
Arden Courts of Potomac MD, LLC	DE	07/24/07	26-0622198	MD	09/07/07	HCR III Healthcare, LLC
Manor Care of Potomac MD, LLC	DE	07/24/07	26-0620187	MD	09/07/07	HCR III Healthcare, LLC
Manor Care-Rossville MD, LLC	DE	07/24/07	26-0620310	MD	09/07/07	HCR III Healthcare, LLC
Manor Care-Roland Park MD, LLC	DE	07/24/07	26-0620341	MD	09/07/07	HCR III Healthcare, LLC
Manor Care-Ruxton MD, LLC	DE	07/24/07	26-0620431	MD	09/07/07	HCR III Healthcare, LLC
Arden Courts of Silver Spring MD, LLC	DE	07/24/07	26-0622164	MD	09/07/07	HCR III Healthcare, LLC
Manor Care of Silver Spring MD, LLC	DE	07/24/07	26-0620058	MD	09/07/07	HCR III Healthcare, LLC
Arden Courts of Towson MD, LLC	DE	07/24/07	26-0622661	MD	09/07/07	HCR III Healthcare, LLC
Manor Care of Towson, LLC	DE	07/24/07	26-0620456	MD	09/07/07	HCR III Healthcare, LLC
Manor Care of Wheaton MD, LLC	DE	07/24/07	26-0620376	MD	09/07/07	HCR III Healthcare, LLC
Arden Courts of Cherry Hill NJ, LLC	DE	07/24/07	26-0623009	NJ	09/10/07	HCR III Healthcare, LLC
Manor Care of Mountainside NJ, LLC	DE	07/24/07	26-0612791	NJ	09/10/07	HCR III Healthcare, LLC
Manor Care of Voorhees NJ, LLC	DE	07/24/07	26-0612955	NJ	09/10/07	HCR III Healthcare, LLC
Arden Courts of Wayne NJ, LLC	DE	07/24/07	26-0622912	NJ	09/10/07	HCR III Healthcare, LLC
Manor Care-West Deptford of Paulsboro NJ, LLC	DE	07/24/07	26-0612993	NJ	09/10/07	HCR III Healthcare, LLC
Arden Courts of W. Orange NJ, LLC	DE	07/24/07	26-0622938	NJ	09/10/07	HCR III Healthcare, LLC
Arden Courts of Whippany NJ, LLC	DE	07/24/07	26-0623155	NJ	09/10/07	HCR III Healthcare, LLC
Arden Courts of Allentown PA, LLC	DE	07/24/07	26-0623965	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Allentown PA, LLC	DE	07/24/07	26-0610673	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Bethel Park PA, LLC	DE	07/24/07	26-0622002	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Bethlehem PA (2021), LLC	DE	07/24/07	26-0614878	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Bethlehem PA (2029), LLC	DE	07/24/07	26-0621845	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Camp Hill PA, LLC	DE	07/24/07	26-0623070	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Carlisle PA, LLC	DE	07/24/07	26-0610623	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Chambersburg PA, LLC	DE	07/24/07	26-0614915	PA	08/31/07	HCR III 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.	Date Qual.	Member
Manor Care of Dallastown PA, LLC	DE	07/24/07	26-0614534	PA	08/31/07	HCR III Healthcare, LLC
Donahoe Manor-Bedford PA, LLC	DE	07/24/07	26-0623108	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Easton PA, LLC	DE	07/24/07	26-0621877	PA	08/31/07	HCR III Healthcare, LLC
Manor Care-Greentree of Pittsburgh PA, LLC	DE	07/24/07	26-0622713	PA	08/31/07	HCR III Healthcare, LLC
Hampton House-Wilkes Barre, PA, LLC	DE	07/24/07	26-0610244	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Huntingdon Valley PA, LLC	DE	07/24/07	26-0610582	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts of Jefferson Hills PA, LLC	DE	07/24/07	26-0624075	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Jersey Shore PA, LLC	DE	07/24/07	26-0614957	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts of King of Prussia PA, LLC	DE	07/24/07	26-0624032	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of King of Prussia PA, LLC	DE	07/24/07	26-0610645	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Kingston PA, LLC	DE	07/24/07	26-0615323	PA	08/31/07	HCR III Healthcare, LLC
Manor Care-Kingston Court of York PA, LLC	DE	07/24/07	26-0610561	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Lancaster PA, LLC	DE	07/24/07	26-0621637	PA	08/31/07	HCR III Healthcare, LLC
Manor Care-Lansdale of Montgomeryville PA, LLC	DE	07/24/07	26-0614451	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Laureldale PA, LLC	DE	07/24/07	26-0615380	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Lebanon PA, LLC	DE	07/24/07	26-0615358	PA	08/31/07	HCR III Healthcare, LLC
Manor Care-Linden Village of Lebanon PA, LLC	DE	07/24/07	26-0621960	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of McMurray PA, LLC	DE	07/24/07	26-0614341	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts of Monroeville PA, LLC	DE	07/24/07	26-0623898	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Monroeville PA, LLC	DE	07/24/07	26-0614497	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts-North Hills of Pittsburgh PA, LLC	DE	07/24/07	26-0623920	PA	08/31/07	HCR III Healthcare, LLC
Manor Care-North Hills of Pittsburgh PA, LLC	DE	07/24/07	26-0610604	PA	08/31/07	HCR III Healthcare, LLC
Old Orchard Health Care Center-Easton PA, LLC	DE	07/24/07	26-0623007	PA	08/31/07	HCR III Healthcare, LLC
Heartland of Pittsburgh PA, LLC	DE	07/24/07	26-0610260	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Pottstown PA, LLC	DE	07/24/07	26-0615421	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Pottsville PA, LLC	DE	07/24/07	26-0615453	PA	08/31/07	HCR III Healthcare, LLC
Shadyside Nursing and Rehabilitation Center-Pittsburgh PA, LLC	DE	07/24/07	26-0610325	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Sinking Spring PA, LLC	DE	07/24/07	26-0621908	PA	08/31/07	HCR III Healthcare, LLC
Sky Vue Terrace-Pittsburgh PA, LLC	DE	07/24/07	26-0610347	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Sunbury PA, LLC	DE	07/24/07	26-0615499	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts-Susquehanna of Harrisburg PA, LLC	DE	07/24/07	26-0624065	PA	08/31/07	HCR III Healthcare, LLC
Wallingford Nursing and Rehabilitation Center-Wallingford PA, LLC	DE	07/24/07	26-0610542	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of West Reading PA, LLC	DE	07/24/07	26-0615529	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts-Warminster of Hatboro PA, LLC	DE	07/24/07	26-0623869	PA	08/31/07	HCR III Healthcare, LLC
Whitehall Borough-Pittsburgh PA, LLC	DE	07/24/07	26-0622805	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Williamsport PA (North), LLC	DE	07/24/07	26-0621747	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Williamsport PA (South), LLC	DE	07/24/07	26-0621778	PA	08/31/07	HCR III Healthcare, LLC
Arden Courts of Yardley PA, LLC	DE	07/24/07	26-0623944	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Yardley PA, LLC	DE	07/24/07	26-0614171	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of Yeaton PA, LLC	DE	07/24/07	26-0621815	PA	08/31/07	HCR III Healthcare, LLC
Manor Care of York PA (North), LLC	DE	07/24/07	26-0622887	PA	08/31/07	HCR III 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.	Date Qual.	Member
Manor Care of York PA (South), LLC	DE	07/24/07	26-0622947	PA	08/31/07	HCR III Healthcare, LLC
Heartland-Charleston of Hanahan SC, LLC	DE	07/24/07	26-0623167	SC	09/10/07	HCR III Healthcare, LLC
Columbia Rehabilitation and Nursing Center-Columbia SC, LLC	DE	07/24/07	26-0623408	SC	09/10/07	HCR III Healthcare, LLC
Oakmont East-Greenville SC, LLC	DE	07/24/07	26-0623316	SC	09/10/07	HCR III Healthcare, LLC
Oakmont West-Greenville SC, LLC	DE	07/24/07	26-0623335	SC	09/10/07	HCR III Healthcare, LLC
Oakmont of Union SC, LLC	DE	07/24/07	26-0623208	SC	09/10/07	HCR III Healthcare, LLC
West Ashley Rehabilitation and Nursing Center-Charleston SC, LLC	DE	07/24/07	26-0623364	SC	09/10/07	HCR III Healthcare, LLC
Manor Care of Fond Du Lac WI, LLC	DE	07/24/07	26-0624802	WI	09/10/07	HCR III Healthcare, LLC
Manor Care of Green Bay WI (East), LLC	DE	07/24/07	26-0624767	WI	09/10/07	HCR III Healthcare, LLC
Manor Care of Green Bay WI (West), LLC	DE	07/24/07	26-0624786	WI	09/10/07	HCR III Healthcare, LLC
Heartland-Pewaukee of Waukesha WI, LLC	DE	07/24/07	26-0624873	WI	09/10/07	HCR III Healthcare, LLC
Heartland of Platteville WI, LLC	DE	07/24/07	26-0624818	WI	09/10/07	HCR III Healthcare, LLC
Heartland-Washington Manor of Kenosha WI, LLC	DE	07/24/07	26-0624859	WI	09/10/07	HCR III Healthcare, LLC
Manor Care of Citrus Heights CA, LLC	DE	07/24/07	26-0622564	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care of Fountain Valley CA, LLC	DE	07/24/07	26-0622988	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care of Hemet CA, LLC	DE	07/24/07	26-0623107	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care of Palm Desert CA, LLC	DE	07/24/07	26-0623221	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care of Sunnyvale CA, LLC	DE	07/24/07	26-0623034	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care-Tice Valley CA, LLC	DE	07/24/07	26-0622591	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care of Walnut Creek CA, LLC	DE	07/24/07	26-0623196	CA	09/10/07	HCR IV Healthcare, LLC
Manor Care of Denver CO, LLC	DE	07/24/07	26-0623262	CO	09/17/07	HCR IV Healthcare, LLC
Manor Care of Boulder CO, LLC	DE	07/24/07	26-0623287	CO	09/17/07	HCR IV Healthcare, LLC
Heartland of Canton IL, LLC	DE	07/24/07	26-0604153	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Champaign IL, LLC	DE	07/24/07	26-0615806	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Decatur IL, LLC	DE	07/24/07	26-0615541	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Elk Grove Village IL, LLC	DE	07/24/07	26-0618782	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Galesburg IL, LLC	DE	07/24/07	26-0624455	IL	09/11/07	HCR IV Healthcare, LLC
Arden Courts of Geneva IL, LLC	DE	07/24/07	26-0625428	IL	09/11/07	HCR IV Healthcare, LLC
Arden Courts of Glen Ellyn IL, LLC	DE	07/24/07	26-0625418	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Henry IL, LLC	DE	07/24/07	26-0614845	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Hinsdale IL, LLC	DE	07/24/07	26-0615984	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Homewood IL, LLC	DE	07/24/07	26-0614920	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Libertyville IL, LLC	DE	07/24/07	26-0615859	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Macomb IL, LLC	DE	07/24/07	26-0624476	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Moline IL, LLC	DE	07/24/07	26-0624491	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Naperville IL, LLC	DE	07/24/07	26-0615638	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Normal IL, LLC	DE	07/24/07	26-0615386	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Northbrook IL, LLC	DE	07/24/07	26-0618960	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Oak Lawn (East) IL, LLC	DE	07/24/07	26-0615929	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Oak Lawn (West) IL, LLC	DE	07/24/07	26-0616038	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Palos Heights IL, LLC	DE	07/24/07	26-0615889	IL	09/11/07	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.	Date Qual.	Member
Manor Care of Palos Heights (West) IL, LLC	DE	07/24/07	26-0618879	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Paxton IL, LLC	DE	07/24/07	26-0614884	IL	09/11/07	HCR IV Healthcare, LLC
Heartland of Peoria IL, LLC	DE	07/24/07	26-0615478	IL	09/11/07	HCR IV Healthcare, LLC
Heartland-Riverview of East Peoria IL (SNF), LLC	DE	07/24/07	26-0619009	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Rolling Meadows IL, LLC	DE	07/24/07	26-0619150	IL	09/11/07	HCR IV Healthcare, LLC
Arden Courts of South Holland IL, LLC	DE	07/24/07	26-0622045	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of South Holland IL, LLC	DE	07/24/07	26-0615010	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Westmont IL, LLC	DE	07/24/07	26-0619027	IL	09/11/07	HCR IV Healthcare, LLC
Arden Courts of Palos Heights IL, LLC	DE	07/24/07	26-0625390	IL	09/11/07	HCR IV Healthcare, LLC
Arden Courts of Elk Grove Village IL, LLC	DE	07/24/07	26-0625405	IL	09/11/07	HCR IV Healthcare, LLC
Arden Courts of Northbrook IL, LLC	DE	07/24/07	26-0625378	IL	09/11/07	HCR IV Healthcare, LLC
Manor Care of Indy (South) IN, LLC	DE	07/24/07	26-0619623	IN	09/13/07	HCR IV Healthcare, LLC
Manor Care-Summer Trace of Carmel IN, LLC	DE	07/24/07	26-0619716	IN	09/13/07	HCR IV Healthcare, LLC
Manor Care of Topeka KS, LLC	DE	07/24/07	26-0619810	KS	09/10/07	HCR IV Healthcare, LLC
Manor Care of Wichita KS, LLC	DE	07/24/07	26-0619870	KS	09/10/07	HCR IV Healthcare, LLC
Heartland of Allen Park MI, LLC	DE	07/24/07	26-0611286	MI	08/16/07	HCR IV Healthcare, LLC
Heartland of Ann Arbor MI, LLC	DE	07/24/07	26-0612384	MI		HCR IV Healthcare, LLC
Heartland of Battle Creek MI, LLC	DE	07/24/07	26-0612206	MI	08/16/07	HCR IV Healthcare, LLC
Arden Courts of Bingham Farms MI, LLC	DE	07/24/07	26-0622828	MI	08/16/07	HCR IV Healthcare, LLC
Heartland-Briarwood MI, LLC	DE	07/24/07	26-0611711	MI	08/16/07	HCR IV Healthcare, LLC
Heartland of Canton MI, LLC	DE	07/24/07	26-0620527	MI	08/16/07	HCR IV Healthcare, LLC
Heartland of Dearborn Heights MI, LLC	DE	07/24/07	26-0611231	MI	08/16/07	HCR IV Healthcare, LLC
Fostrian Courts Assisted Living-Flushing MI, LLC	DE	07/24/07	26-0622894	MI	08/16/07	HCR IV Healthcare, LLC
Heartland-Fostrian of Flushing MI, LLC	DE	07/24/07	26-0611818	MI	08/16/07	HCR IV Healthcare, LLC
Heartland-Georgian East of Grosse Pointe MI, LLC	DE	07/24/07	26-0611334	MI	08/16/07	HCR IV Healthcare, LLC
Heartland-Hampton of Bay City MI, LLC	DE	07/24/07	26-0611865	MI	08/16/07	HCR IV Healthcare, LLC
Manor Care of Kingsford MI, LLC	DE	07/24/07	26-0611592	MI	08/16/07	HCR IV Healthcare, LLC
Arden Courts of Livonia MI, LLC	DE	07/24/07	26-0622866	MI	08/16/07	HCR IV Healthcare, LLC
Heartland-Oakland MI, LLC	DE	07/24/07	26-0620480	MI	08/16/07	HCR IV Healthcare, LLC
Arden Courts of Sterling Heights MI, LLC	DE	07/24/07	26-0622772	MI	08/16/07	HCR IV Healthcare, LLC
Heartland of Three Rivers MI, LLC	DE	07/24/07	26-0612325	MI	08/16/07	HCR IV Healthcare, LLC
Heartland-University of Livonia MI, LLC	DE	07/24/07	26-0611184	MI	08/16/07	HCR IV Healthcare, LLC
Manor Care of Fargo ND, LLC	DE	07/24/07	26-0612718	ND	09/21/07	HCR IV Healthcare, LLC
Arden Courts of Akron OH, LLC	DE	07/24/07	26-0623857	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care of Akron OH, LLC	DE	07/24/07	26-0610034	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care of Barberton OH, LLC	DE	07/24/07	26-0609528	OH	08/28/07	HCR IV Healthcare, LLC
Heartland-Beavercreek of Dayton OH, LLC	DE	07/24/07	26-0609445	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Bucyrus OH, LLC	DE	07/24/07	26-0614610	OH	08/28/07	HCR IV Healthcare, LLC
Arden Courts-Anderson of Cincinnati OH, LLC	DE	07/24/07	26-0623677	OH	08/28/07	HCR IV Healthcare, LLC
Arden Courts-Bainbridge of Chagrin Falls OH, LLC	DE	07/24/07	26-0623202	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care-Belden Village of Canton OH, LLC	DE	07/24/07	26-0613074	OH	08/28/07	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.	Date Qual.	Member
Heartland of Bellefontaine OH, LLC	DE	07/24/07	26-0609497	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Centerville OH, LLC	DE	07/24/07	26-0609683	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Chillicothe OH, LLC	DE	07/24/07	26-0609311	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care-Euclid Beach of Cleveland OH, LLC	DE	07/24/07	26-0609550	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Greenville OH, LLC	DE	07/24/07	26-0614250	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Hillsboro OH, LLC	DE	07/24/07	26-0609351	OH	08/28/07	HCR IV Healthcare, LLC
Heartland-Holly Glen of Toledo OH, LLC	DE	07/24/07	26-0614404	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Jackson OH, LLC	DE	07/24/07	26-0614303	OH	08/28/07	HCR IV Healthcare, LLC
Arden Courts of Kenwood OH, LLC	DE	07/24/07	26-0623245	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Kettering OH, LLC	DE	07/24/07	26-0609231	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Madeira OH, LLC	DE	07/24/07	26-0609604	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Marion OH, LLC	DE	07/24/07	26-0613105	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Marietta OH, LLC	DE	07/24/07	26-0609259	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care of Mayfield Heights OH, LLC	DE	07/24/07	26-0609565	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Mentor OH, LLC	DE	07/24/07	26-0610122	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Miamisburg OH, LLC	DE	07/24/07		OH	09/07/07	HCR IV Healthcare, LLC
Manor Care of North Olmsted OH, LLC	DE	07/24/07	26-0610082	OH	08/28/07	HCR IV Healthcare, LLC
Heartland-Oak Pavilion of Cincinnati OH, LLC	DE	07/24/07	26-0614533	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Oregon OH, LLC	DE	07/24/07	26-0609590	OH	08/28/07	HCR IV Healthcare, LLC
Arden Courts of Parma OH, LLC	DE	07/24/07	26-0623801	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care of Parma OH, LLC	DE	07/24/07	26-0609661	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Piqua OH, LLC	DE	07/24/07	26-0609466	OH	09/07/07	HCR IV Healthcare, LLC
Heartland of Perrysburg OH, LLC	DE	07/24/07	26-0609189	OH	08/28/07	HCR IV Healthcare, LLC
Perrysburg Commons Senior Housing-Perrysburg OH, LLC	DE	07/24/07	26-0623264	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Portsmouth OH, LLC	DE	07/24/07	26-0609290	OH	08/28/07	HCR IV Healthcare, LLC
Heartland-Riverview of South Point OH, LLC	DE	07/24/07	26-0609484	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Springfield OH, LLC	DE	07/24/07	26-0609416	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Waterville OH, LLC	DE	07/24/07	26-0609511	OH	08/28/07	HCR IV Healthcare, LLC
Heartland of Wauseon OH, LLC	DE	07/24/07	26-0614568	OH	08/28/07	HCR IV Healthcare, LLC
Heartland Village of Westerville OH (NC), LLC	DE	07/24/07	26-0609323	OH	08/28/07	HCR IV Healthcare, LLC
Heartland Village of Westerville OH (RC), LLC	DE	07/24/07	26-0609337	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care of Westerville OH, LLC	DE	07/24/07	26-0609626	OH	08/28/07	HCR IV Healthcare, LLC
Arden Courts of Westlake OH, LLC	DE	07/24/07	26-0623289	OH	08/28/07	HCR IV Healthcare, LLC
Manor Care of Willoughby OH, LLC	DE	07/24/07	26-0610097	OH	08/28/07	HCR IV Healthcare, LLC
Heartland-Woodridge of Fairfield OH, LLC	DE	07/24/07	26-0623327	OH	08/28/07	HCR IV Healthcare, LLC
Arden Courts of Austin TX, LLC	DE	07/24/07	26-0624145	TX	08/30/07	HCR IV Healthcare, LLC
Arden Courts of Richardson TX, LLC	DE	07/24/07	26-0624214	TX	08/30/07	HCR IV Healthcare, LLC
Arden Courts of San Antonio TX, LLC	DE	07/24/07	26-0624189	TX	08/30/07	HCR IV Healthcare, LLC
Manor Care of Alexandria VA, LLC	DE	07/24/07	26-0624590	VA	09/11/07	HCR IV Healthcare, LLC
Arden Courts of Annandale VA, LLC	DE	07/24/07	26-0624314	VA	09/11/07	HCR IV Healthcare, LLC
Manor Care of Arlington VA, LLC	DE	07/24/07	26-0624619	VA	09/11/07	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.	Date Qual.	Member
Arden Courts-Fair Oaks of Fairfax VA, LLC	DE	07/24/07	26-0624353	VA	09/11/07	HCR IV Healthcare, LLC
Manor Care-Fair Oaks of Fairfax VA, LLC	DE	07/24/07	26-0624605	VA	09/11/07	HCR IV Healthcare, LLC
Manor Care-Imperial of Richmond VA, LLC	DE	07/24/07	26-0624643	VA	09/11/07	HCR IV Healthcare, LLC
Medical Care Center-Lynchburg VA, LLC	DE	07/24/07	26-0624567	VA	09/11/07	HCR IV Healthcare, LLC
Manor Care-Stratford Hall of Richmond VA, LLC	DE	07/24/07	26-0624664	VA	09/11/07	HCR IV Healthcare, LLC
Manor Care of Gig Harbor WA, LLC	DE	07/24/07	26-0624719	WA	09/06/07	HCR IV Healthcare, LLC
Manor Care of Lynwood WA, Association	DE	07/24/07	26-0624675	WA	09/06/07	HCR IV Healthcare, LLC
Manor Care of Spokane WA, Association	DE	07/24/07	26-0624687	WA	09/06/07	HCR IV Healthcare, LLC
Manor Care of Tacoma WA, Association	DE	07/24/07	26-0624696	WA	09/06/07	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? (Y/N)	*
		00000	34-1517672				ProMedica Foundation	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517672				Mission Pointe Golf Course, LLC	MI	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	52-2031975				HCR ManorCare Foundation Inc.	OH	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-0497199				Heartland Hospice Memorial Fund, Inc.	OH	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	20-2272848				The Hug Fund	OH	NIA	ProMedica Foundation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	47-4006496				ProMedica Health Network, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				ProMedica Innovations, LLC	OH	NIA	ProMedica Health Network, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	82-1587026				ProMedica Natural Wellness, LLC	OH	NIA	ProMedica Innovations, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-0898745				Fostoria Hospital Association	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1880767				ProMedica Continuum Services	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4492440				ProMedica Continuing Care Services Corporation	OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0324790				ProMedica Courier Services, Inc.	OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-0843485				The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	NIA	ProMedica Continuum Services	Ownership	54.0	ProMedica Health System, Inc.	N	
		00000	27-0843485				The Surgical Institute of Monroe Ambulatory Surgery Center, LLC	MI	OTH	Various Physicians	Ownership	46.0	Various Physicians	N	0000001
		00000	34-1880767				ProMedica Pharmacy Group, LLC	OH	NIA	ProMedica Continuum Services	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439				ProMedica Physician Group, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-1325141				The Pharmacy Counter, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3322278				ProMedica Central Corporation of Michigan	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1881137				ProMedica Central Physicians	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3482148				ProMedica North Physicians Corporation	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	61-1448753				Midwest Cardiovascular Consultants, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-3888045				ProMedica Northwest Ohio Cardiology Consultants	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-2920342				ProMedica Monroe Cardiology	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	45-3230331				ProMedica Physician Management Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439				ProMedica Surgical Services, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16

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? (Y/N)	*
		00000	46-1111822				ProMedica Monroe Physicians	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	45-4976786				ProMedica Multi Specialty Physicians, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	46-1120436				ProMedica Genito-Urinary Surgeons	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439				ProMedica Hospitalists, LLC	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1899439				ProMedica Hospitalists, PLLC	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	27-3763993				Memorial Professional Services	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	20-5763680				Memorial Anesthesia, Ltd.	OH	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	83-1731861				ProMedica Primary Care Providers	MI	NIA	ProMedica Physician Group, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1931936				ProMedica Indemnity Corporation	VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1570675				ProMedica Insurance Corporation	OH	UDP	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1623220				Paramount Preferred Options, Inc.	OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	31-1463193				Health Management Solutions, Inc.	OH	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	47-3952430				Paramount Preferred Solutions, Inc.	OH	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	23-2267042				CEC Associates, Inc.	PA	NIA	Paramount Preferred Options, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
1212	ProMedica Insurance Corp	95189	34-1549926				Paramount Care, Inc.	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1773766				Paramount Benefits Agency, Inc.	OH	NIA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
1212	ProMedica Insurance Corp	95566	38-3200310				Paramount Care of Michigan, Inc.	MI	RE	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
1212	ProMedica Insurance Corp	11518	01-0580404				Paramount Insurance Company	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
1212	ProMedica Insurance Corp	12353	20-3376102				Paramount Advantage	OH	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
1212	ProMedica Insurance Corp	96687	35-1682400				Health Resources Inc.	IN	IA	ProMedica Insurance Corporation	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	36-4956006				Paramount Care of Indiana, Inc	IN	IA	ProMedica Insurance Corporation	Ownership	101.0	ProMedica Health System, Inc.	N	
		00000	34-1883132				Bay Park Community Hospital	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-6108110				Community Health Center of Branch County	MI	NIA	ProMedica Health System, Inc.	Ownership	101.0	ProMedica Health System, Inc.	N	
		00000	34-4446484				Defiance Hospital, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	45-4781053				Kaitlyn's Cottage, Inc.	OH	NIA	Defiance Hospital, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16.1

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? (Y/N)	*
		00000	38-2796005				Emma L. Bixby Medical Center	MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3146907				Herrick Memorial Development Corporation	MI	NIA	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3639616				Herrick Memorial Office Plaza Condominium Association	MI	NIA	Herrick Memorial Development Corporation	Ownership	71.8	ProMedica Health System, Inc.	N	
		00000	38-3639616				Herrick Memorial Office Plaza Condominium Association	MI	OTH	Various Physicians	Ownership	28.2	Various Physicians	N	0000001
		00000	82-1072366				Lenawee Clinical Partners	MI	NIA	Emma L. Bixby Medical Center	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	82-1072366				Lenawee Clinical Partners	MI	OTH	Various Physicians	Ownership	50.0	Various Physicians	N	0000001
		00000	38-3164818				Wolf Creek Associates, LLC	MI	NIA	Emma L. Bixby Medical Center	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3049015				Herrick Memorial Hospital, Inc.	MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4428256				The Toledo Hospital	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4428256				PHS Investments, LLC	OH	NIA	The Toledo Hospital	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	31-1569454				Reynolds Road Surgery Center, LLC	OH	NIA	The Toledo Hospital	Ownership	63.0	ProMedica Health System, Inc.	N	
		00000	31-1569454				Reynolds Road Surgery Center, LLC	OH	OTH	Various Physicians	Ownership	37.0	Various Physicians	N	0000001
		00000	26-0679898				Northwest Ohio Dedicated Breast MRI, LLC	OH	NIA	The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	26-0679898				Northwest Ohio Dedicated Breast MRI, LLC	OH	OTH	TRA Investment Club, LLC	Ownership	50.0	TRA Investment Club, LLC	N	0000001
		00000	27-0608044				Arrowhead Behavioral Health, LLC	DE	NIA	The Toledo Hospital	Ownership	30.0	ProMedica Health System, Inc.	N	
		00000	27-0608044				Arrowhead Behavioral Health, LLC	OH	OTH	Toledo Holding Company, LLC	Ownership	70.0	Toledo Holding Company, LLC	N	0000001
		00000	20-0088459				West Central Surgical Center, LLC	OH	NIA	The Toledo Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	20-0088459				West Central Surgical Center, LLC	OH	OTH	Various Physicians	Ownership	50.0	Various Physicians	N	0000001
		00000	34-4428256				ProMedica Hickman Cancer Center Pharmacy, LLC	OH	NIA	The Toledo Hospital	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	83-1022842				ProMedica Pathology Laboratories, LLC	DE	NIA	The Toledo Hospital	Ownership	51.0	ProMedica Health System, Inc.	N	
		00000	83-1022842				ProMedica Pathology Laboratories, LLC	DE	OTH	Others	Ownership	49.0	Others	N	0000001
		00000	34-1880473				PHS Ventures, LLC	VT	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-4430849				Memorial Hospital	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1770910				Fremont Hospital Physician Organization	OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	34-1770910				Fremont Hospital Physician Organization	OH	OTH	Fremont Physicians Associations	Ownership	50.0	Various Physicians	N	0000001
		00000	34-1770910				Sandusky County Medical Specialist, LLC	OH	NIA	Fremont Hospital Physician Organization	Ownership	100.0	Fremont Hospital Physician Organization	N	0000001
		00000	20-4066818				East-West Holdings, Ltd.	OH	NIA	Memorial Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	20-4066818				East-West Holdings, Ltd.	OH	OTH	Bellevue Hospital	Ownership	50.0	Bellevue Hospital	N	0000001

Q16.2

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? (Y/N)	*
		00000	38-1984289				Mercy Memorial Hospital	MI	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-2704426				Monroe Health Ventures, Inc.	MI	NIA	Monroe Regional Hospital	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	46-4315135				Mercy Memorial Surgical Co-Management Company, LLC	MI	NIA	Monroe Regional Hospital	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	46-4315135				Mercy Memorial Surgical Co-Management Company, LLC	MI	OTH	Various Physicians	Ownership	50.0	Various Physicians	N	0000001
		00000	34-1517671				300 Madison Building, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	81-5178173				ProMedica Active Mobility, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	47-3163945				ProMedica Downtown Campus Landlord, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				ProMedica International, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	47-5168737				ProMedica Manager Member, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	47-5288490				ProMedica Master Tentant, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				1611 Monroe Investors, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				Marina District Development, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				IST Theatre, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				Ball Park Properties, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	46-4918876				Kapios LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	84-4675266				Fort Industry JV Partner	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				Fort Industry Manager, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	30.0	ProMedica Health System, Inc.	N	
		00000	34-1517671				Fort Industry Manager, LLC	OH	OTH	Others	Ownership	70.0	Others	N	0000001
		00000	82-5373223				HCR ManorCare, Inc.	OH	NIA	ProMedica Health System, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-1264270				Well PM Properties, LLC	DE	NIA	HCR ManorCare, Inc.	Ownership	20.0	ProMedica Health System, Inc.	N	
		00000	26-1264270				Well PM Properties, LLC	DE	OTH	Others	Ownership	80.0	Others	N	0000001
		00000	26-0624435				HCR Healthcare, LLC	DE	NIA	HCR ManorCare, Inc.	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1636874				Ancillary Services Management, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-2032536				HCR Canterbury Village, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1787978				HCR Home Health Care and Hospice, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		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.	N	

Q16.3

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? (Y/N)	*
		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.	N	
		00000	34-1787967				Home Health Care Services, LLC	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1788398				Heartland Hospice Services, LLC	OH	NIA	HCR Home Health Care and Hospice, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	20-5752995				Erie West Hospice and Palliative Care	OH	NIA	Heartland Hospice Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-1250342				HCR II HealthCare, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624411				HCR III HealthCare, LLC	DE	NIA	HCR II HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625113				Arden Courts of Avon CT, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625092				Arden Courts of Farmington CT, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623346				Manor Care-Pike Creek of Wilmington DE, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625127				Arden Courts of Wilmington DE, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623367				Manor Care of Wilmington DE, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623949				Heartland of Boca Raton FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624217				Manor Care of Boca Raton FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623523				Heartland of Boynton Beach FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624241				Manor Care of Boynton Beach FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624118				Manor Care-Carrollwood of Tampa FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625237				Arden Courts of Delray Beach FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624068				Manor Care of Delray Beach FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624190				Manor Care of Dunedin FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625314				Arden Courts of Ft. Myers FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623726				Heartland of Fort Myers FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624272				Manor Care of Ft. Myers FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623559				Heartland-South Jacksonville of Jacksonville FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623590				Heartland of Jacksonville FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623392				Heartland of Kendall FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16.4

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? (Y/N)	*
Q16.5		00000	26-0623931				Kensington Manor-Sarasota FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625141				Arden Courts of Largo FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623998				Heartland of Lauderhill FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625279				Arden Courts-Lely Palms of Naples FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		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.	N	
		00000	26-0623652				Heartland-Miami Lakes of Hialeah FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624049				Manor Care of Naples FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623613				Heartland of Orange Park FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625222				Arden Courts of Palm Harbor FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624018				Manor Care of Palm Harbor FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624255				Manor Care of Plantation FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		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.	N	
		00000	26-0625246				Arden Courts of Sarasota FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623968				Heartland of Sarasota FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624159				Manor Care Nursing Center of Sarasota FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625266				Arden Courts of Seminole FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623500				Heartland of Tamarac FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625330				Arden Courts of Tampa FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624092				Manor Care of Venice FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625258				Arden Courts of W. Palm Beach FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624142				Manor Care of W. Palm Beach FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625340				Arden Courts of Winter Springs FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623476				Heartland of Zephyrhills FL, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
	00000	26-0624293				Manor Care Rehabilitation Center of Decatur GA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0624336				Manor Care of Marietta GA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		

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? (Y/N)	*
		00000	26-0624378				Manor Care of Cedar Rapids IA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624394				Manor Care of Davenport IA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624416				Manor Care of Dubuque IA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624363				Manor Care of Waterloo IA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624438				Manor Care of West Des Moines IA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620015				Heartland of Adelphi MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620122				Manor Care of Bethesda MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620158				Manor Care of Chevy Chase MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0619980				Heartland of Hyattsville MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622568				Arden Courts of Kensington MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620266				Manor Care-Largo MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622121				Arden Courts of Pikesville MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620079				Springhouse of Pikesville MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622198				Arden Courts of Potomac MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620187				Manor Care of Potomac MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620310				Manor Care-Rossville MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620341				Manor Care-Roland Park MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620431				Manor Care-Ruxton MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622164				Arden Courts of Silver Spring MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620058				Manor Care of Silver Spring MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622661				Arden Courts of Towson MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620456				Manor Care of Towson, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620376				Manor Care of Wheaton MD, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623009				Arden Courts of Cherry Hill NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0612791				Manor Care of Mountainside NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16.6

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? (Y/N)	*
		00000	26-0612955				Manor Care of Voorhees NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622912				Arden Courts of Wayne NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0612993				Manor Care-West Deptford of Paulsboro NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622938				Arden Courts of W. Orange NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623155				Arden Courts of Whippany NJ, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623965				Arden Courts of Allentown PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610673				Manor Care of Allentown PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622002				Manor Care of Bethel Park PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614878				Manor Care of Bethlehem PA (2021), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0621845				Manor Care of Bethlehem PA (2029), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623070				Manor Care of Camp Hill PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610623				Manor Care of Carlisle PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614915				Manor Care of Chambersburg PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614534				Manor Care of Dallastown PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623108				Donahoe Manor-Bedford PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0621877				Manor Care of Easton PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622713				Manor Care-Greentree of Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610244				Hampton House-Wilkes Barre, PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610582				Manor Care of Huntingdon Valley PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624075				Arden Courts of Jefferson Hills PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614957				Manor Care of Jersey Shore PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624032				Arden Courts of King of Prussia PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610645				Manor Care of King of Prussia PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615323				Manor Care of Kingston PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610561				Manor Care-Kingston Court of York PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16.7

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? (Y/N)	*
Q168		00000	26-0621637				Manor Care of Lancaster PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614451				Manor Care-Lansdale of Montgomeryville PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615380				Manor Care of Laureldale PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615358				Manor Care of Lebanon PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0621960				Manor Care-Linden Village of Lebanon PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614341				Manor Care of McMurray PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623898				Arden Courts of Monroeville PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614497				Manor Care of Monroeville PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623920				Arden Courts-North Hills of Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610604				Manor Care-North Hills of Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623007				Old Orchard Health Care Center-Easton PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610260				Heartland of Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615421				Manor Care of Pottstown PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615453				Manor Care of Pottsville PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610325				Shadyside Nursing and Rehabilitation Center-Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0621908				Manor Care of Sinking Spring PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610347				Sky Vue Terrace-Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615499				Manor Care of Sunbury PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624065				Arden Courts-Susquehanna of Harrisburg PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610542				Wallingford Nursing and Rehabilitation Center-Wallingford PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615529				Manor Care of West Reading PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623869				Arden Courts-Warminster of Hatboro PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622805				Whitehall Borough-Pittsburgh PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0621747				Manor Care of Williamsport PA (North), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
	00000	26-0621778				Manor Care of Williamsport PA (South), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		

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? (Y/N)	*
		00000	26-0623944				Arden Courts of Yardley PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614171				Manor Care of Yardley PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0621815				Manor Care of Yeadon PA, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622887				Manor Care of York PA (North), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622947				Manor Care of York PA (South), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623167				Heartland-Charleston of Hanahan SC, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623408				Columbia Rehabilitation and Nursing Center-Columbia SC, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623316				Oakmont East-Greenville SC, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623335				Oakmont West-Greenville SC, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623208				Oakmont of Union SC, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		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.	N	
		00000	26-0624802				Manor Care of Fond Du Lac WI, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624767				Manor Care of Green Bay WI (East), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624786				Manor Care of Green Bay WI (West), LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624873				Heartland-Pewaukee of Waukesha WI, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624818				Heartland of Platteville WI, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624859				Heartland-Washington Manor of Kenosha WI, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-1283803				HCR IV HealthCare, LLC	DE	NIA	HCR III HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622564				Manor Care of Citrus Heights CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622988				Manor Care of Fountain Valley CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623107				Manor Care of Hemet CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623221				Manor Care of Palm Desert CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623034				Manor Care of Sunnyvale CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622591				Manor Care-Tice Valley CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623196				Manor Care of Walnut Creek CA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16.9

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? (Y/N)	*
Q16.10		00000	26-0623262				Manor Care of Denver CO, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623287				Manor Care of Boulder CO, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0604153				Heartland of Canton IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615806				Heartland of Champaign IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615541				Heartland of Decatur IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0618782				Manor Care of Elk Grove Village IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624455				Heartland of Galesburg IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625428				Arden Courts of Geneva IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625418				Arden Courts of Glen Ellyn IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614845				Heartland of Henry IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615984				Manor Care of Hinsdale IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614920				Manor Care of Homewood IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615859				Manor Care of Libertyville IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624476				Heartland of Macomb IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624491				Heartland of Moline IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615638				Manor Care of Naperville IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615386				Heartland of Normal IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0618960				Manor Care of Northbrook IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615929				Manor Care of Oak Lawn (East) IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0616038				Manor Care of Oak Lawn (West) IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
	00000	26-0615889				Manor Care of Palos Heights IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0618879				Manor Care of Palos Heights (West) IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0614884				Heartland of Paxton IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0615478				Heartland of Peoria IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0619009				Heartland-Riverview of East Peoria IL (SNF), LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		

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? (Y/N)	*
Q16.11		00000	26-0619150				Manor Care of Rolling Meadows IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622045				Arden Courts of South Holland IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0615010				Manor Care of South Holland IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0619027				Manor Care of Westmont IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625390				Arden Courts of Palos Heights IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625405				Arden Courts of Elk Grove Village IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0625378				Arden Courts of Northbrook IL, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0619623				Manor Care of Indy (South) IN, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0619716				Manor Care-Summer Trace of Carmel IN, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0619810				Manor Care of Topeka KS, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0619870				Manor Care of Wichita KS, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0611286				Heartland of Allen Park MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0612384				Heartland of Ann Arbor MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0612206				Heartland of Battle Creek MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622828				Arden Courts of Bingham Farms MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0611711				Heartland-Briarwood MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0620527				Heartland of Canton MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0611231				Heartland of Dearborn Heights MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0622894				Fostrian Courts Assisted Living-Flushing MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0611818				Heartland-Fostrian of Flushing MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
	00000	26-0611334				Heartland-Georgian East of Grosse Pointe MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0611865				Heartland-Hampton of Bay City MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0611592				Manor Care of Kingsford MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0622866				Arden Courts of Livonia MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0620480				Heartland-Oakland MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		

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? (Y/N)	*
Q16.12		00000	26-0622772				Arden Courts of Sterling Heights MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0612325				Heartland of Three Rivers MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0611184				Heartland-University of Livonia MI, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0612718				Manor Care of Fargo ND, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623857				Arden Courts of Akron OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610034				Manor Care of Akron OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609528				Manor Care of Barberton OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609445				Heartland-Beavercreek of Dayton OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614610				Heartland of Bucyrus OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623677				Arden Courts-Anderson of Cincinnati OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623202				Arden Courts-Bainbridge of Chagrin Falls OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0613074				Manor Care-Belden Village of Canton OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609497				Heartland of Bellefontaine OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609683				Heartland of Centerville OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609311				Heartland of Chillicothe OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609550				Manor Care-Euclid Beach of Cleveland OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614250				Heartland of Greenville OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609351				Heartland of Hillsboro OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614404				Heartland-Holly Glen of Toledo OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614303				Heartland of Jackson OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
	00000	26-0623245				Arden Courts of Kenwood OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0609231				Heartland of Kettering OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0609604				Heartland of Madeira OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0613105				Heartland of Marion OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		
	00000	26-0609259				Heartland of Marietta OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N		

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? (Y/N)	*
		00000	26-0609565				Manor Care of Mayfield Heights OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610122				Heartland of Mentor OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0794075				Heartland of Miamisburg OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610082				Manor Care of North Olmsted OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614533				Heartland-Oak Pavilion of Cincinnati OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609590				Heartland of Oregon OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623801				Arden Courts of Parma OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609661				Manor Care of Parma OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609466				Heartland of Piqua OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609189				Heartland of Perrysburg OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623264				Perrysburg Commons Senior Housing-Perrysburg OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609290				Heartland of Portsmouth OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609484				Heartland-Riverview of South Point OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609416				Heartland of Springfield OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609511				Heartland of Waterville OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0614568				Heartland of Wauseon OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609323				Heartland Village of Westerville OH (NC), LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609337				Heartland Village of Westerville OH (RC), LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0609626				Manor Care of Westerville OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623289				Arden Courts of Westlake OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0610097				Manor Care of Willoughby OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0623327				Heartland-Woodridge of Fairfield OH, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624145				Arden Courts of Austin TX, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624214				Arden Courts of Richardson TX, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624189				Arden Courts of San Antonio TX, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	

Q16.13

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.14

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? (Y/N)	*
		00000	26-0624590				Manor Care of Alexandria VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624314				Arden Courts of Annandale VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624619				Manor Care of Arlington VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624353				Arden Courts-Fair Oaks of Fairfax VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624605				Manor Care-Fair Oaks of Fairfax VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624643				Manor Care-Imperial of Richmond VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624567				Medical Care Center-Lynchburg VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624664				Manor Care-Stratford Hall of Richmond VA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624719				Manor Care of Gig Harbor WA, LLC	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624675				Manor Care of Lynwood WA, Association	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624687				Manor Care of Spokane WA, Association	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624696				Manor Care of Tacoma WA, Association	DE	NIA	HCR IV HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1838217				HCR Manor Care Services, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	32-0091717				Heartland Care, LLC	OH	NIA	HCR Manor Care Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1477840				Ohio Employee Health Partnership, LTD	OH	NIA	Heartland Care, LLC	Ownership	2.3	ProMedica Health System, Inc.	N	
		00000	34-1477840				Ohio Employee Health Partnership, LTD	OH	OTH	Others	Ownership	97.7	Others	N	0000001
		00000	26-1305723				Health Care and Retirement Corporation of America, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1903270				Heartland Employment Services, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1280619				Heartland Rehabilitation Services, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	65-0666550				HCR ManorCare Medical Services of Florida, LLC	FL	NIA	Heartland Rehabilitation Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1787895				Heartland Home Care, LLC	OH	NIA	Heartland Rehabilitation Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	30-0535129				Heartland Rehabilitation Services of Michigan, LLC	DE	NIA	Heartland Rehabilitation Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1760503				Heartland Services, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1766299				Heartland Healthcare Services, LLC	OH	NIA	Heartland Services, LLC	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	34-1766299				Heartland Healthcare Services, LLC	OH	OTH	Others	Ownership	50.0	Others	N	0000001
		00000	25-1457630				Industrial Wastes, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	

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? (Y/N)	*
		00000	52-1462072				Manor Care Aviation, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	52-1916053				Manor Care of Delaware County, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	52-1931012				Mercy/Manor Partnership	PA	NIA	Manor Care of Delaware County, LLC	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	52-1931012				Mercy/Manor Partnership	PA	OTH	Others	Ownership	50.0	Others	N	0000001
		00000	52-2055097				Manor Care Supply, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	52-2055078				ManorCare Health Services of Oklahoma, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	42-1627672				Norman Specialty Hospital, LLC	DE	NIA	ManorCare Health Services of Oklahoma, LLC	Ownership	60.5	ProMedica Health System, Inc.	N	
		00000	42-1627672				Norman Specialty Hospital, LLC	DE	OTH	Others	Ownership	39.5	Others	N	0000001
		00000	90-0904333				ManorCare Health Services of Toledo OH, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	61-1771805				ProMedica of Sylvania OH, LLC	DE	NIA	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-3985660				ProMedica of Adrian MI, LLC	DE	NIA	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-2934134				Monroe Community Health Services	MI	NIA	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	38-2879330				Lenawee Long Term Care Corporation	MI	NIA	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	46-1343453				HCRMC-ProMedica, LLC	OH	NIA	ManorCare Health Services of Toledo OH, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-1305666				ManorCare Health Services, LLC	DE	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	30-1202528				Heartland of Toledo OH, LLC	OH	NIA	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	41-1458213				In Home Health, LLC	MN	NIA	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	34-1831624				Visiting Nurse Hospice & Health Care	OH	NIA	In Home Health, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624391				Manor Care of Lacey WA, Association	DE	NIA	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	26-0624375				Manor Care of Salmon Creek WA, Association	DE	NIA	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	37-1019107				Winter Park Nursing Center, LLC	DE	NIA	ManorCare Health Services, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	36-2899194				Manor Care of Winter Park, FL, LLC	DE	NIA	Winter Park Nursing Center, LLC	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	36-2899194				Manor Care of Winter Park, FL, LLC	DE	NIA	ManorCare Health Services, LLC	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	22-1604502				Portfolio One, LLC	OH	NIA	HCR HealthCare, LLC	Ownership	100.0	ProMedica Health System, Inc.	N	
		00000	22-3874333				Forum Purchasing LLC	DE	NIA	HCR HealthCare, LLC	Ownership	27.3	ProMedica Health System, Inc.	N	
		00000	22-3874333				Forum Purchasing LLC	DE	OTH	Others	Ownership	72.7	Others	N	0000001

Q16.15

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.16

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? (Y/N)	*
		00000	34-1883284				Lima Memorial Joint Operating Company	OH	NIA	PHS Ventures, LLC	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	34-1883284				Lima Memorial Joint Operating Company	OH	OTH	Lima Memorial Hospital	Ownership	50.0	Lima Memorial Hospital	N	0000001
		00000	26-4105613				ProMedica Orthopedic Co-Management Company, LLC	OH	NIA	The Toledo Hospital, Bay Park Community Hospital	Ownership	40.0	ProMedica Health System, Inc.	N	
		00000	26-4105613				ProMedica Orthopedic Co-Management Company, LLC	OH	OTH	Various Physicians	Ownership	60.0	Various Physicians	N	0000001
		00000	45-4810767				Interactive Physical Therapy	OH	NIA	ProMedica Health System, Inc.	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	45-4810767				Interactive Physical Therapy	OH	OTH	Various Individuals	Ownership	50.0	Various Individuals	N	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.	N	
		00000	46-1989695				ProMedica Surgical Services Co-Management Company, LLC	OH	OTH	Various Physicians	Ownership	50.0	Various Physicians	N	0000001
		00000	02-0753921				Monroe Community Ambulance	MI	NIA	ProMedica Continuing Care Services Corporation	Ownership	25.0	ProMedica Health System, Inc.	N	
		00000	02-0753921				Monroe Community Ambulance	MI	NIA	Monroe Regional Hospital	Ownership	25.0	ProMedica Health System, Inc.	N	
		00000	02-0753921				Monroe Community Ambulance	MI	OTH	Others	Ownership	50.0	Huron Valley Ambulance	N	0000001
		00000	84-3852791				Front Health Holdco, LLC	OH	NIA	ProMedica Health System, Inc.	Ownership	50.0	ProMedica Health System, Inc.	N	
		00000	84-3852791				Front Health Holdco, LLC	OH	OTH	Others	Ownership	50.0	Others	N	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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95566202036500002

2020

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		
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 depreciation		
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)		

NONE**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	0	5,020,793
2. Cost of bonds and stocks acquired		2,763,128
3. Accrual of discount		7,913
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		55,661
6. Deduct consideration for bonds and stocks disposed of		7,836,696
7. Deduct amortization of premium		11,633
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		834
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)								
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds								
PREFERRED STOCK								
8. NAIC 1		NONE						
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock								

(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

QS102

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
9199999. Totals	NONE				

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		92,437
3. Accrual of discount		285
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		(79)
6. Deduct consideration received on disposals		92,643
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)		
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	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	277,779	238,321
2.	Cost of cash equivalents acquired	1,273	195,928
3.	Accrual of discount		337
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		(74)
6.	Deduct consideration received on disposals		156,733
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)	279,052	277,779
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	279,052	277,779

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					3,560,756	4,566,395	4,909,391	X X X
Huntington Bank	Adrian, OH	SD				1,000,000	1,000,000	1,000,000	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X			4,560,756	5,566,395	5,909,391	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X			4,560,756	5,566,395	5,909,391	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X			4,560,756	5,566,395	5,909,391	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
. 09248U718	BLACKROCK LIQ T FUND INSTL SHARES		06/02/2020	2.000	X X X	279,052		234
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO					279,052		234
8899999	Total Cash Equivalents					279,052		234

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8