

**Amended Explanation Page****Page  
March**

- 3 Liabilities, Capital and Surplus
- 4 Statement of Revenue and Expenses
- 5 Statement of Revenue and Expenses (con't)
- 6 Cash Flow
- 7 Analysis of Operations
- 8 U&I Exh Pr 1-Premiums
- 12 U&I Exh Pt 2C Sn C
- 23 Exhibit 7 - Pt1-Summary Trans With Prov
- 25 Notes To Financial Statements 1, 9, 10, 22 electronic notes 1 & 9
- 27 General Interrogatory Part 2
- 28 Five Year Historical Data
- 29 State Page
- 35 Schedule S-Part 6
- 36 Schedule T -Premiums and Other Considerations
- 41 Supplemental Interrogatories

**Adjustment**

- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Reclass payments
- Tax provision and Ohio Health Alliance reserve adjustment
- Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Ohio Health Alliance reserve adjustment

**April**

- Supp9 A H Policy Experience Exhibit (Individual 9-18)
- Supp10 A H Policy Experience Exhibit (Group)
- Supp11 A H Policy Experience Exhibit Part 1 Summary
- Supp11 A H Policy Experience Exhibit Part 4 Summary

- Ohio Health Alliance reserve adjustment

**RBC**

- XR012 Underwriting Risk-Experience Fluctuation
- XR017 Underwriting Risk-Managed Care
- XR021 Business Risk
- XR022 Calculation of Total RBC After Covariance-A
- XR023 Calculation of Total RBC After Covariance-B
- XR024 Calculation of Total Adjusted Capital
- XR025 Comparison of Total Adjusted Capital to RBC
- XR025 Trend Test
- ScenAdj Scenario Adj. of XR022-23 Calc. of RBC After Cov
- ScenAdj Scenario Adj. of XR024 Calc. of Total Adj. Cap.

- Ohio Health Alliance reserve adjustment
- Reclass payments
- Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment
- Tax provision and Ohio Health Alliance reserve adjustment

**Adjustment** Tax provision adjustment

Ohio Health Alliance reserve adjustment



12353201120100105

2011

Document Code: 201

12335201120100105

# **ANNUAL STATEMENT**

**For the Year Ending December 31, 2011**

**OF THE CONDITION AND AFFAIRS OF THE**

## **Paramount Advantage**

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	12353	Employer's ID Number	20-3376102
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				
Incorporated/Organized	08/10/2005		Commenced Business	12/01/2005		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH 43537 (City or Town, State and Zip Code)			
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH 43537 (City or Town, State and Zip Code)			
Mail Address	P.O. Box 928 (Street and Number or P.O. Box)		(419)887-2500 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1901 Indian Wood Circle (Street and Number)		Toledo, OH 43697-0928 (City or Town, State and Zip Code)			
	Maumee, OH 43537 (City or Town, State and Zip Code)		(419)887-2500 (Area Code) (Telephone Number)			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Mary Kathereen Siefke, Mrs. (Name)		(419)887-2909 (Area Code)(Telephone Number)(Extension)			
	mary.siefke@promedica.org (E-Mail Address)		(419)887-2020 (Fax Number)			

## OFFICERS

Name	Title
John Charles Randolph Mr.	President
Jeffrey Craig Kuhn Mr.	Secretary
Kathleen Sheline Hanley Mrs.	Treasurer
Harold Lee Dunn Mr.	Chairman

## OTHERS

Jeffrey William Martin Mr.  
Mark Henry Moser Mr. John David Meier M.D.

## **DIRECTORS OR TRUSTEES**

Russel Leo Dempsey Mr.  
John Charles Randolph Mr.  
Steven R. Zirkel Mr.  
Timothy Ingraham Martindale Mr.  
Deborah Anne Dickenson Peters Ms.  
James Frederick Weber Mr.  
Richard Dean Heltzel Mr.  
Harold Lee Dunn Mr.  
Calvin Joseph Lawshe Mr.  
Garry Walter Roberts Mr.

State of Ohio  
County of Lucas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)  
John Charles Randolph  
(Printed Name)  
1.  
President  
(Title)

(Signature)  
Jeffrey William Martin  
(Printed Name)  
2.  
VP, Operations & Finance  
(Title)

---

(Signature)  
Jeffrey Craig Kuhn  
(Printed Name)  
3.  
Secretary  
(Title)

---

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2012

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

Yes [ ] No [X]  
1

---

33

(Notary Public Signature)

**DIRECTORS OR TRUSTEES (continued)**

David Scott Hickman Mr. #  
Timothy Bublick Mr. #  
Thomas Phillip Cox M.D. #  
Richard Lawrence Munk M.D. #

Dale Joseph Seymour Mr. #  
Mark Leslie Ferris Mr. #  
Cathy Lynn Cantor M.D. #