

Amended Explanation Page

Page		Adjustment
March		
2	Assets	Tax provision adjustment
3	Liabilites, Capital and Surplus	Tax provision, RADV, CMS(ESRD) adjustments
4	Statement of Revenue and Expenses	Tax provision, RADV, CMS(ESRD) adjustments
5	Statement of Revenue and Expenses (con't)	Tax provision, RADV, CMS(ESRD) adjustments
6	Cash Flow	Tax provision, RADV, CMS(ESRD) adjustments
7	Analysis of Operations	RADV, CMS(ESRD) adjustments
8	U&I Exh Pr 1-Premiums	RADV, CMS(ESRD) adjustments
12	U&I Exh Pt 2C Sn C	RADV, CMS(ESRD) adjustments
14	Underwriting Invest Exh Pt 3-Expenses	RADV adjustment
16	Exhibit of Nonadmitted Assets	Tax provision adjustment
23	Exhibit 7 - Pt1-Summary Trans With Prov	Reclass payments
25	Notes To Financial Statements 1, 9, 10, 14 and electronic notes 1 & 9	Tax provision, RADV, CMS(ESRD) adjustments
27	General Interrogatory Part 2	RADV, CMS(ESRD) adjustments
28	Five Year Historical Data	Tax provision, RADV, CMS(ESRD) adjustments
29	State Page	RADV, CMS(ESRD) adjustments
35	Schedule S-Part 6	Tax provision, RADV, CMS(ESRD) adjustments
36	Schedule T -Premiums and Other Considerations	RADV, CMS(ESRD) adjustments
April		
Supp2	Supp. Inv Risk Interr. Pt A	Tax provision, RADV, CMS(ESRD) adjustments
Supp4	Supp. Inv Risk Interr. Pt C	Tax provision, RADV, CMS(ESRD) adjustments
Supp9	A H Policy Experience Exhibit (Individual 9-18)	RADV, CMS(ESRD) adjustments
Supp10	A H Policy Experience Exhibit (Group)	RADV, CMS(ESRD) adjustments
Supp11	A H Policy Experience Exhibit Part 1 Summary	RADV, CMS(ESRD) adjustments
Supp11	A H Policy Experience Exhibit Part 4 Summary	RADV, CMS(ESRD) adjustments
Supp80	Supp Health Care Exhibit-Part 1	Tax provision, RADV, CMS(ESRD) adjustments
Supp81	Supp Health Care Exhibit-Part 2	RADV, CMS(ESRD) adjustments
RBC		
XR012	Underwriting Risk-Experience Fluctuation	RADV, CMS(ESRD) adjustments
XR017	Underwriting Risk-Managed Care	Reclass payments
XR021	Business Risk	RADV adjustment
XR022	Calculation of Total RBC After Covariance-A	Tax provision, RADV, CMS(ESRD) adjustments
XR023	Calculation of Total RBC After Covariance-B	Tax provision, RADV, CMS(ESRD) adjustments
XR024	Calculation of Total Adjusted Capital	Tax provision, RADV, CMS(ESRD) adjustments
XR025	Comparison of Total Adjusted Capital to RBC	Tax provision, RADV, CMS(ESRD) adjustments
XR025	Trend Test	Tax provision, RADV, CMS(ESRD) adjustments
ScenAdj	Scenario Adj. of XR022-23 Calc. of RBC After Cov	Tax provision, RADV, CMS(ESRD) adjustments
ScenAdj	Scenario Adj. of XR024 Calc. of Total Adj. Cap.	Tax provision, RADV, CMS(ESRD) adjustments
Adjustment	Tax provision adjustment	
	RADV adjustment	
	CMS (ESRD) adjustment	

ANNUAL STATEMENT

For the Year Ending December 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

Paramount Health Care

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	95189	Employer's ID Number	341549926
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[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	04/22/1987		Commenced Business	01/01/1988		
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)		(419)887-2500 (Area Code) (Telephone Number)			
Mail Address	1901 Indian Wood Circle (Street and Number or P.O. Box)		Maumee, OH 43537 (City or Town, State and Zip Code)			
Primary Location of Books and Records			1901 Indian Wood Circle (Street and Number)			
	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
Harold Lee Dunn Mr.	Chairman
John Charles Randolph Mr.	President
Kathleen Sheline Hanley Ms.	Treasurer
Jeffrey Craig Kuhn Mr.	Secretary

OTHERS

John David Meier M.D.
Mark Henry Moser Mr.

Jeffrey William Martin Mr.

DIRECTORS OR TRUSTEES

Garry Walter Roberts Mr.
James Fredrick Weber Mr.
Harold Lee Dunn Mr.
Thomas Philip Cox M.D.
Steven R. Zirkel Mr.

Richard Dean Heltzel Mr.
John Charles Randolph Mr.
Calvin Joseph Lawshe Mr.
Russell Leo Dempsey Mr.
Timothy Ingraham Martindale Mr.

State ofOhio

County ofLucasss

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)	(Signature)	(Signature)
John Charles Randolph	Jeffrey William Martin	Jeffrey Craig Kuhn
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	VP, Operations & Finance	Secretary
(Title)	(Title)	(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
41

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Richard Lawrence Munk M.D.	Deborah Anne Dickenson Peters Ms.
Timothy Bublick Mr. #	Cathy Lynn Cantor M.D. #
Mark Leslie Ferris Mr. #	David Scott Hickman Mr. #
Dale Joseph Seymour Mr. #	