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XR022 Calculation of Total RBC After Covariance-A	Tax provision and IBNR adjustment
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XR024 Calculation of Total Adjusted Capital	Tax provision and IBNR adjustment
XR025 Comparison of Total Adjusted Capital to RBC	Tax provision and IBNR adjustment
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Adjustment IBNR adjustment

Tax provision adjustment



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ANNUAL STATEMENT

For the Year Ending December 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

PARAMOUNT INSURANCE COMPANY

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	11518	Employer's ID Number	010580404
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 checked="" 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 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	04/19/2002		Commenced Business	09/26/2002		
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 (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 (419)887-2500 (Area Code) (Telephone Number)	
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Mary Kathereen Siefke, Mrs. (Name) mary.siefke@promedica.org (E-Mail Address)				(419)887-2909 (Area Code)(Telephone Number)(Extension) (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

Jeffrey William Martin Mr.
John David Meier M.D.

Mark Henry Moser Mr.

DIRECTORS OR TRUSTEES

Garry Walter Roberts Mr.
Richard Dean Heltzel Mr.
John Charles Randolph Mr.
Russell Leo Dempsey Mr.
Timothy Ingraham Martindale Mr.

James Fredrick Weber Mr.
Thomas Philip Cox M.D.
Harold Lee Dunn Mr.
Steven R. Zirkel Mr.
Calvin Joseph Lawshe 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 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

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(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Richard Lawrence Munk M.D.
Cathy Lynn Cantor M.D. #
David Scott Hickman Mr. #
Dale Joseph Seymour Mr. #

Deborah Anne Dickenson Peters Ms.
Timothy Bublick Mr. #
Mark Leslie Ferris Mr. #

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	629,364	107,988	16,037	9,966	12,340	775,695
0499999 Subtotals	629,364	107,988	16,037	9,966	12,340	775,695
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	2,613,435
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	3,389,130
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service	12,925,860	63.486	XXX	XXX	3,119,227	9,806,633
6. Contractual fee payments	7,434,223	36.514	XXX	XXX	2,445,963	4,988,260
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	20,360,083	100.000	XXX	XXX	5,565,190	14,794,893
13. TOTAL (Line 4 plus Line 12)	20,360,083	100.000	XXX	XXX	5,565,190	14,794,893

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....
99999999 Totals	XXX	XXX	XXX

N O N E



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code 1212

NAIC Company Code 11518

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	860			860						
2. First Quarter	1,074			1,074						
3. Second Quarter	1,153			1,153						
4. Third Quarter	995			995						
5. Current Year	1,029			1,029						
6. Current Year Member Months	12,495			12,495						
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	310			310						
8. Non-Physician	704			704						
9. TOTAL	1,014			1,014						
10. Hospital Patient Days Incurred	325			325						
11. Number of Inpatient Admissions	79			79						
12. Health Premiums Written (b)	3,529,829			3,529,829						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,529,829			3,529,829						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,472,895			2,472,895						
18. Amount Incurred for Provision of Health Care Services	2,747,574			2,747,574						

(a) For health business: number of persons insured under PPO managed care products1,029 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 1212

NAIC Company Code 11518

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	8,620	2	5,813	1,231	.....	.....	.....	.....	.....	1,574
2. First Quarter	7,757	3	4,985	1,209	.....	.....	.....	.....	.....	1,560
3. Second Quarter	7,838	2	5,059	1,237	.....	.....	.....	.....	.....	1,540
4. Third Quarter	7,780	2	4,996	1,256	.....	.....	.....	.....	.....	1,526
5. Current Year	7,830	2	5,038	1,287	.....	.....	.....	.....	.....	1,503
6. Current Year Member Months	93,599	28	60,253	14,878	.....	.....	.....	.....	.....	18,440
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,096	.....	1,302	1,794	.....	.....	.....	.....	.....	.....
8. Non-Physician	6,194	1	3,901	2,292	.....	.....	.....	.....	.....	.....
9. TOTAL	9,290	1	5,203	4,086	.....	.....	.....	.....	.....	.....
10. Hospital Patient Days Incurred	4,845	.....	1,258	3,587	.....	.....	.....	.....	.....	.....
11. Number of Inpatient Admissions	655	.....	354	301	.....	.....	.....	.....	.....	.....
12. Health Premiums Written (b)	20,331,346	24,983	16,740,850	2,567,947	.....	.....	.....	.....	.....	997,566
13. Life Premiums Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Property/Casualty Premiums Written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Health Premiums Earned	20,331,346	24,983	16,740,850	2,567,947	.....	.....	.....	.....	.....	997,566
16. Property/Casualty Premiums Earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. Amount Paid for Provision of Health Care Services	17,887,188	12,365	15,488,938	2,120,522	.....	.....	.....	.....	.....	265,363
18. Amount Incurred for Provision of Health Care Services	16,777,565	12,365	14,337,810	2,144,774	.....	.....	.....	.....	.....	282,616

(a) For health business: number of persons insured under PPO managed care products7,684 and number of persons insured under indemnity only products146.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code 1212 NAIC Company Code 11518

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	9,480	2	6,673	1,231	.....	.....	.....	.....	.....	1,574
2. First Quarter	8,831	3	6,059	1,209	.....	.....	.....	.....	.....	1,560
3. Second Quarter	8,991	2	6,212	1,237	.....	.....	.....	.....	.....	1,540
4. Third Quarter	8,775	2	5,991	1,256	.....	.....	.....	.....	.....	1,526
5. Current Year	8,859	2	6,067	1,287	.....	.....	.....	.....	.....	1,503
6. Current Year Member Months	106,094	28	72,748	14,878	.....	.....	.....	.....	.....	18,440
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,406	.....	1,612	1,794	.....	.....	.....	.....	.....	.....
8. Non-Physician	6,898	1	4,605	2,292	.....	.....	.....	.....	.....	.....
9. TOTAL	10,304	1	6,217	4,086	.....	.....	.....	.....	.....	.....
10. Hospital Patient Days Incurred	5,170	.....	1,583	3,587	.....	.....	.....	.....	.....	.....
11. Number of Inpatient Admissions	734	.....	433	301	.....	.....	.....	.....	.....	.....
12. Health Premiums Written (b)	23,861,175	24,983	20,270,679	2,567,947	.....	.....	.....	.....	.....	997,566
13. Life Premiums Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Property/Casualty Premiums Written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Health Premiums Earned	23,861,175	24,983	20,270,679	2,567,947	.....	.....	.....	.....	.....	997,566
16. Property/Casualty Premiums Earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. Amount Paid for Provision of Health Care Services	20,360,083	12,365	17,961,833	2,120,522	.....	.....	.....	.....	.....	265,363
18. Amount Incurred for Provision of Health Care Services	19,525,139	12,365	17,085,384	2,144,774	.....	.....	.....	.....	.....	282,616

(a) For health business: number of persons insured under PPO managed care products8,713 and number of persons insured under indemnity only products146.

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

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	18,172,446		18,172,446
2. Accident and health premiums due and unpaid (Line 15)	63,085		63,085
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,330,482		1,330,482
6. TOTAL Assets (Line 28)	19,566,013		19,566,013
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	3,389,130		3,389,130
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	593,634		593,634
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	1,931,961		1,931,961
13. TOTAL Liabilities (Line 24)	5,914,725		5,914,725
14. TOTAL Capital and Surplus (Line 33)	13,651,288	X X X	13,651,288
15. TOTAL Liabilities, Capital and Surplus (Line 34)	19,566,013		19,566,013
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			