

Amended Explanation Page

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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
XR025 Trend Test	Tax provision and IBNR adjustment
ScenAdj Scenario Adj. of XR022-23 Calc. of RBC After Cov	Tax provision and IBNR adjustment
ScenAdj Scenario Adj. of XR024 Calc. of Total Adj. Cap.	Tax provision and IBNR adjustment
Adjustment	IBNR adjustment
	Tax provision adjustment



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[X] 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[ ]	
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 (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

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)	(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? Yes[ ] No[X]  
b. If no, 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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 .....						.....

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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 products .....1,029 and number of persons insured under indemnity only products .....0.  
(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 products .....7,684 and number of persons insured under indemnity only products .....146.  
(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 products .....8,713 and number of persons insured under indemnity only products .....146.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total



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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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 .....			