

Amended Explanation Page

Page		Adjustment
March		
3	Liabilites, Capital and Surplus	Tax provision and Ohio Health Alliance reserve adjustment
4	Statement of Revenue and Expenses	Tax provision and Ohio Health Alliance reserve adjustment
5	Statement of Revenue and Expenses (con't)	Tax provision and Ohio Health Alliance reserve adjustment
6	Cash Flow	Tax provision and Ohio Health Alliance reserve adjustment
7	Analysis of Operations	Ohio Health Alliance reserve adjustment
8	U&I Exh Pr 1-Premiums	Ohio Health Alliance reserve adjustment
12	U&I Exh Pt 2C Sn C	Ohio Health Alliance reserve adjustment
23	Exhibit 7 - Pt1-Summary Trans With Prov	Reclass payments
25	Notes To Financial Statements 1, 9, 10, 22 electronic notes 1 & 9	Tax provision and Ohio Health Alliance reserve adjustment
27	General Interrogatory Part 2	Ohio Health Alliance reserve adjustment
28	Five Year Historical Data	Tax provision and Ohio Health Alliance reserve adjustment
29	State Page	Ohio Health Alliance reserve adjustment
35	Schedule S-Part 6	Tax provision and Ohio Health Alliance reserve adjustment
36	Schedule T -Premiums and Other Considerations	Ohio Health Alliance reserve adjustment
41	Supplemental Interrogatories	
April		
Supp9	A H Policy Experience Exhibit (Individual 9-18)	Ohio Health Alliance reserve adjustment
Supp10	A H Policy Experience Exhibit (Group)	Ohio Health Alliance reserve adjustment
Supp11	A H Policy Experience Exhibit Part 1 Summary	Ohio Health Alliance reserve adjustment
Supp11	A H Policy Experience Exhibit Part 4 Summary	Ohio Health Alliance reserve adjustment
RBC		
XR012	Underwriting Risk-Experience Fluctuation	Ohio Health Alliance reserve adjustment
XR017	Underwriting Risk-Managed Care	Reclass payments
XR021	Business Risk	Ohio Health Alliance reserve adjustment
XR022	Calculation of Total RBC After Covariance-A	Tax provision and Ohio Health Alliance reserve adjustment
XR023	Calculation of Total RBC After Covariance-B	Tax provision and Ohio Health Alliance reserve adjustment
XR024	Calculation of Total Adjusted Capital	Tax provision and Ohio Health Alliance reserve adjustment
XR025	Comparison of Total Adjusted Capital to RBC	Tax provision and Ohio Health Alliance reserve adjustment
XR025	Trend Test	Tax provision and Ohio Health Alliance reserve adjustment
ScenAdj	Scenario Adj. of XR022-23 Calc. of RBC After Cov	Tax provision and Ohio Health Alliance reserve adjustment
ScenAdj	Scenario Adj. of XR024 Calc. of Total Adj. Cap.	Tax provision and Ohio Health Alliance reserve adjustment
Adjustment	Tax provision adjustment	
	Ohio Health Alliance reserve adjusment	

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[] 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	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)		(419)887-2500 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 928 (Street and Number or P.O. Box)		Toledo, OH 43697-0928 (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
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 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
33

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

David Scott Hickman Mr. #	Dale Joseph Seymour Mr. #
Timothy Bublick Mr. #	Mark Leslie Ferris Mr. #
Thomas Phillip Cox M.D. #	Cathy Lynn Cantor M.D. #
Richard Lawrence Munk M.D. #	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		<div>NONE</div>			
9999999 Totals	X X X	X X X	X X X



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 12353

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	90,799								90,799	
2. First Quarter	92,463								92,463	
3. Second Quarter	92,319								92,319	
4. Third Quarter	95,675								95,675	
5. Current Year	94,188								94,188	
6. Current Year Member Months	1,114,225								1,114,225	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	27,211								27,211	
8. Non-Physician	53,302								53,302	
9. TOTAL	80,513								80,513	
10. Hospital Patient Days Incurred	42,119								42,119	
11. Number of Inpatient Admissions	12,878								12,878	
12. Health Premiums Written (b)	242,285,974								242,285,974	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	242,285,974								242,285,974	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	190,988,550								190,988,550	
18. Amount Incurred for Provision of Health Care Services	196,106,933								196,106,933	

(a) For health business: number of persons insured under PPO managed care products0 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 GRAND TOTAL DURING THE YEAR
NAIC Group Code 1212 NAIC Company Code 12353

	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	90,799								90,799	
2. First Quarter	92,463								92,463	
3. Second Quarter	92,319								92,319	
4. Third Quarter	95,675								95,675	
5. Current Year	94,188								94,188	
6. Current Year Member Months	1,114,225								1,114,225	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	27,211								27,211	
8. Non-Physician	53,302								53,302	
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	242,285,974								242,285,974	
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(a) For health business: number of persons insured under PPO managed care products0 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

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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	72,561,663		72,561,663
2. Accident and health premiums due and unpaid (Line 15)	6,073,523		6,073,523
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	5,472,804		5,472,804
6. TOTAL Assets (Line 28)	84,107,990		84,107,990
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	26,042,481		26,042,481
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
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)	9,647,682		9,647,682
13. TOTAL Liabilities (Line 24)	35,690,163		35,690,163
14. TOTAL Capital and Surplus (Line 33)	48,417,827	X X X	48,417,827
15. TOTAL Liabilities, Capital and Surplus (Line 34)	84,107,990		84,107,990
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			

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Waived

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No

- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanations:

Bar Codes:

Communication of Internal Control Related Matters Noted in an Audit

12353201122200005 2011 Document Code: 222

Medicare Supplement Insurance Experience Exhibit

12353201136000005 2011 Document Code: 360

Health Life Supplement

12353201120500005 2011 Document Code: 205

Health Property / Casualty Supplement

12353201120700005 2011 Document Code: 207

Schedule SIS

12353201142000005 2011 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

12353201137100005 2011 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

12353201137000005 2011 Document Code: 370

Medicare Part D Coverage Supplement

12353201136500005 2011 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

12353201122400005 2011 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

12353201122500005 2011 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



12353201122600005

2011

Document Code: 226

LTC Supplemental Interrogatorries



12353201130600005

2011

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



12353201121100005

2011

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



12353201121300005

2011

Document Code: 213

Supplemental Health Care Exhibit



12353201121600005

2011

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



12353201121700005

2011

Document Code: 217

Management's Report of Internal Control over Financial Reporting



12353201122300005

2011

Document Code: 223