

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	1212	NAIC Company Code	95189	Employer's ID Number	341549926
	(Current Period)	(Prior Period)				
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		Maumee, OH 43537			
	(Street and Number)		(City or Town, State and Zip Code)			
Main Administrative Office			1901 Indian Wood Circle			
			(Street and Number)			
	Maumee, OH 43537		(419)887-2500			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	1901 Indian Wood Circle		Maumee, OH 43537			
	(Street and Number or P.O. Box)		(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			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Mary Kathereen Siefke, Mrs.		(419)887-2909			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	mary.siefke@promedica.org		(419)887-2020			
	(E-Mail Address)		(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. #	

## 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 95189

	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							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	48,835	61	35,812					12,962		
2. First Quarter .....	47,250	63	34,331					12,856		
3. Second Quarter .....	46,548	56	33,746					12,746		
4. Third Quarter .....	46,172	57	33,413					12,702		
5. Current Year .....	45,681	58	33,036					12,587		
6. Current Year Member Months .....	560,987	721	407,262					153,004		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	22,396	14	11,304					11,078		
8. Non-Physician .....	56,657	48	32,034					24,575		
9. TOTAL .....	79,053	62	43,338					35,653		
10. Hospital Patient Days Incurred .....	73,104	18	20,375					52,711		
11. Number of Inpatient Admissions .....	7,731	4	3,237					4,490		
12. Health Premiums Written (b) .....	279,575,542	442,814	132,771,913					146,360,815		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	279,575,542	442,814	132,771,913					146,360,815		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	250,233,997	174,341	111,323,567					138,736,089		
18. Amount Incurred for Provision of Health Care Services .....	253,650,734	175,487	112,040,432					141,434,815		

(a) For health business: number of persons insured under PPO managed care products .....0 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 \$.....130,741,742



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 95189

	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							
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(a) For health business: number of persons insured under PPO managed care products .....0 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 \$.....130,741,742

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) .....	111,000,099		111,000,099
2. Accident and health premiums due and unpaid (Line 15) .....	1,766,573		1,766,573
3. Amounts recoverable from reinsurers (Line 16.1) .....	348,220		348,220
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	7,709,694		7,709,694
6. TOTAL Assets (Line 28) .....	120,824,586		120,824,586
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	28,073,500		28,073,500
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	1,920,127		1,920,127
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) .....	25,755,104		25,755,104
13. TOTAL Liabilities (Line 24) .....	55,748,731		55,748,731
14. TOTAL Capital and Surplus (Line 33) .....	65,075,855	X X X	65,075,855
15. TOTAL Liabilities, Capital and Surplus (Line 34) .....	120,824,586		120,824,586
<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 .....			