

Amended Explanation Page**Page
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	Adjustment
2 Assets	Tax provision adjustment
3 Liabilities, 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



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2011

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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 <input 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 checked="" 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	04/22/1987		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 (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

John David Meier M.D. Jeffrey William Martin Mr.
Mark Henry Moser 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 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 William Martin
(Printed Name)
2.
VP, Operations & Finance
(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.
Timothy Bublick Mr. #
Mark Leslie Ferris Mr. #
Dale Joseph Seymour Mr. #

Deborah Anne Dickenson Peters Ms.
Cathy Lynn Cantor M.D. #
David Scott Hickman Mr. #

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	110,976,427	44.349	XXX	XXX	41,511,540	69,464,887
6. Contractual fee payments	139,046,697	55.567	XXX	XXX	67,714,356	71,332,341
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments	210,873	0.084	XXX	XXX	210,873	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	250,233,997	100.000	XXX	XXX	109,436,769	140,797,228
13. TOTAL (Line 4 plus Line 12)	250,233,997	100.000	XXX	XXX	109,436,769	140,797,228

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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

NONE



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	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	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		
TOTAL Member Ambulatory Encounters for Year:										
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 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 \$....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 Company Code 95189

NAIC Group Code 1212

	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
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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 \$....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)
ASSETS (Page 2, Col. 3)			
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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
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			