

Amended Explanation Page

Page
March

29 State Page

Revision

Move Health premiums earned from line 14 to line 15



ANNUAL STATEMENT

For the Year Ending December 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

Paramount Health Care

| | | | | | | |
|---------------------------------------|--|--|--|------------|--|-----------|
| NAIC Group Code | 1212 <small>(Current Period)</small> | 1212 <small>(Prior Period)</small> | 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[] 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 <small>(Street and Number)</small> | | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | | |
| Main Administrative Office | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | 1901 Indian Wood Circle <small>(Street and Number)</small> | | (419)887-2500 <small>(Area Code) (Telephone Number)</small> | |
| Mail Address | 1901 Indian Wood Circle <small>(Street and Number or P.O. Box)</small> | | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | | |
| Primary Location of Books and Records | Maumee, OH, US 43537 <small>(City or Town, State, Country and Zip Code)</small> | | 1901 Indian Wood Circle <small>(Street and Number)</small> | | (419)887-2500 <small>(Area Code) (Telephone Number)</small> | |
| Internet Website Address | www.paramounthealthcare.com | | | | | |
| Statutory Statement Contact | Mary Kathereen Siefke, Mrs. <small>(Name)</small> | | (419)887-2909 <small>(Area Code)(Telephone Number)(Extension)</small> | | | |
| | mary.siefke@promedica.org <small>(E-Mail Address)</small> | | (419)887-2020 <small>(Fax Number)</small> | | | |

OFFICERS

| Name | Title |
|-----------------------------|------------|
| David Scott Hickman Mr. | Chairman # |
| John Charles Randolph Mr. | President |
| Kathleen Sheline Hanley Ms. | Treasurer |
| Jeffrey Craig Kuhn Mr. | Secretary |

OTHERS

| | |
|--|--|
| Jeffrey William Martin Mr., Vice President, Operations | John David Meier M.D., Vice President, Health Services |
| Mark Henry Moser Mr., Vice President, Marketing | Stacey Lee Bock Mrs., Vice President, Finance # |

DIRECTORS OR TRUSTEES

| | |
|-------------------------------|---------------------------------|
| Garry Walter Roberts Mr. | Richard Dean Heltzel Mr. |
| Dee Ann Bialecki-Haase M.D. # | John Charles Randolph Mr. |
| Cynthia Ann Geronimo Ms. # | Calvin Joseph Lawshe Mr. |
| Stephen Peter Malia Mr. # | Russell Leo Dempsey Mr. |
| Steven R. Zirkel 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.

| | | |
|--|--|---|
| _____ <small>(Signature)</small> John Charles Randolph _____ <small>(Printed Name)</small> 1. President _____ <small>(Title)</small> | _____ <small>(Signature)</small> Stacey Lee Bock _____ <small>(Printed Name)</small> 2. Vice President, Finance _____ <small>(Title)</small> | _____ <small>(Signature)</small> Jeffrey Craig Kuhn _____ <small>(Printed Name)</small> 3. Secretary _____ <small>(Title)</small> |
|--|--|---|

Subscribed and sworn to before me this _____ day of _____, 2013

- 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

 3

(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.
Daniel Sullivan Murtagh M.D. #