

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



## 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 .....	45,681	58	33,036					12,587		
2. First Quarter .....	44,592	55	32,112					12,425		
3. Second Quarter .....	44,265	50	31,853					12,362		
4. Third Quarter .....	43,931	47	31,582					12,302		
5. Current Year .....	43,658	47	31,401					12,210		
6. Current Year Member Months .....	531,236	612	382,422					148,202		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	20,945	12	10,280					10,653		
8. Non-Physician .....	51,987	40	28,657					23,290		
9. TOTAL .....	72,932	52	38,937					33,943		
10. Hospital Patient Days Incurred .....	76,630	14	19,233					57,383		
11. Number of Inpatient Admissions .....	7,456	3	2,833					4,620		
12. Health Premiums Written (b) .....	272,119,246	325,168	128,279,757					143,514,321		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	272,119,246	325,168	128,279,757					143,514,321		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	260,194,630	379,522	108,946,473					150,868,635		
18. Amount Incurred for Provision of Health Care Services .....	262,348,195	378,214	110,080,578					151,889,403		

(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 \$.....129,732,228



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 1212

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95189

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 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....129,732,228

29 Grand Total