

Amended Explanation Page

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March

Supp12 Medicare Supplement Ins. Exp. Exh.-Ohio

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

PARAMOUNT INSURANCE COMPANY

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	11518	Employer's ID Number	010580404
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[X] 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[]	
Incorporated/Organized	04/19/2002		Commenced Business	09/26/2002		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1901 Indian Wood Circle (Street and Number)			
	Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)				(419)887-2500 (Area Code) (Telephone Number)	
Mail Address	1901 Indian Wood Circle (Street and Number or P.O. Box)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1901 Indian Wood Circle (Street and Number)			
	Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)				(419)887-2500 (Area Code) (Telephone Number)	
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Jonathan Burns, Mr. (Name)		(419)887-2909 (Area Code)(Telephone Number)(Extension)			
	jonathan.burns@promedica.org (E-Mail Address)				(419)887-2020 (Fax Number)	

OFFICERS

Name	Title
Robert William LaClair Mr.	Chairman
John Charles Randolph Mr.	President
Alan Michael Sattler Mr.	Treasurer
Jeffrey Craig Kuhn Mr.	Secretary

OTHERS

Jeffrey William Martin Mr., Vice President, Operations
Stacey Lee Bock Mrs., Vice President, Finance

John David Meier M.D., Vice President, Health Services

DIRECTORS OR TRUSTEES

Garry Walter Roberts Mr.
Cynthia Ann Geronimo Ms.
Cathy Lynn Cantor M.D.
Mark Leslie Ferris Mr.
Jeffrey William Boersma Mr.

Dee Ann Bialecki-Haase MD.
John Charles Randolph Mr.
Timothy Bublick Mr.
Julie Anne Bartnik Ms.
Vincent M. Davis 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	Stacey Lee Bock	Jeffrey Craig Kuhn
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Vice President, Finance	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
day of, 2016

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
2

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Amy Lynn Hall Ms. #	Lynn Eric Olman Mr. #
Richard A. Wasserman Mr. #	Lee William Hammerling Mr #

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2015
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 1212
Address (City, State and Zip Code): Maumee, OH 43537
Person Completing This Exhibit:

NAIC Company Code: 11518

Supp12 Ohio

Title:				Telephone Number:						Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
1	2	3	4	5	6	7	8	9	10	11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
Total Experience on Individual Policies																	
Yes	Medigap A 01	A	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy A	8,641	7,577	87.7	4				
Yes	Medigap A 2010	A	No	2,3,4	05/21/2010				Paramount Medigap Policy A					1,698	216	12.7	1
Yes	Medigap C 01	C	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy C	1,025,380	841,842	82.1	340				
Yes	Medigap C 2010	C	No	2,3,4	05/21/2010				Paramount Medigap Policy C	82,249	60,334	73.4	33	30,911	16,090	52.1	10
Yes	Medigap F 01	F	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy F	708,481	537,242	75.8	232				
Yes	Mediap F 2010	F	Yes	2,3,4	05/21/2010				Paramount Medigap Policy F	456,170	287,477	63.0	192	331,769	198,991	60.0	144
Yes	Medigap N 2010	N	Yes	2,3,4	05/21/2010				Paramount Medigap Policy N	22,149	29,000	130.9	10	18,638	22,376	120.1	9
Yes	Select C 01	C	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy C	300,309	276,445	92.1	107				
Yes	Select C 2010	C	Yes	2,3,4	05/21/2010				Paramount Select Policy C	18,261	10,852	59.4	8	24,403	18,795	77.0	11
Yes	Select K 01	K	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy K								
Yes	Select L 01	L	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy L								
Yes	Select N 2010	N	Yes	2,3,4	05/21/2010				Parmount Select Policy N	9,957	5,808	58.3	5	24,760	14,281	57.7	13
0199999 Total Experience on Individual Policies										2,631,597	2,056,577	78.1	931	432,179	270,749	62.6	188
Total Experience on Group Policies																	
N/A			No														
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: P.O. Box 928, Toledo OH 43697-0928
 - 2.2 Contact Person and Phone Number: Nicole Beadle Ms (419)887-2859
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address: P.O. Box 928, Toledo OH 43697-0928
 - 3.2 Contact Person and Phone Number: Nicole Beadle Ms. (419)887-2859
- 4. Explain any policies identified above as policy type "O":