



11518201620100100

2016

Document Code: 201

11516201620100700

ANNUAL STATEMENT

For the Year Ending **DECEMBER 31, 2016**

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		OH		
Country of Domicile		United States of America					
Licensed as business type:	Life, Accident & Health <input checked="" 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 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	04/19/2002		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 (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 (Area Code) (Telephone Number)				
Internet Website Address	www.paramounthealthcare.com		(419)887-2500				
Statutory Statement Contact	Jonathan Burns, Mr. (Name) jonathan.burns@promedica.org (E-Mail Address)		(419)887-2909 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)				

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

Judi Anne Gribble Ms. #
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 Mature Davis 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)
Stacey Lee Bock
(Printed Name)
2.
Vice President, Finance
(Title)

(Signature)
Jeffrey Craig Kuhn
(Printed Name)
3.
Secretary
(Title)

Subscribed and sworn to before me this
____ day of _____, 2017

- a. Is this an original filing?
- b. If no,
 - 1. State the amendment number
 - 2. Date filed
 - 3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Amy Lynn Hall Ms.
Richard Arthur Wasserman Mr.
Traci Nicole Watkins M.D. #

Lynn Eric Olman Mr.
Andrea Marie Gibbons Ms. #

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	32,428,575		32,428,575	5,719,105
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	11,806,458		11,806,458	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....18,436,623, Schedule E Part 1), cash equivalents (\$.....979,620, Schedule E Part 2) and short-term investments (\$.....7,663,626, Schedule DA)	27,079,869		27,079,869	50,792,292
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities	112,416		112,416	
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	71,427,318		71,427,318	56,511,397
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	204,883		204,883	14,090
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	652,937	108,356	544,581	572,787
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)	631,451		631,451	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	845,324		845,324	883,819
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	925,841	16,143	909,698	110,049
18.1 Current federal and foreign income tax recoverable and interest thereon	1,280,850		1,280,850	
18.2 Net deferred tax asset	312,374		312,374	507,566
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	9,397,173		9,397,173	9,559,214
24. Health care (\$.....1,919,184) and other amounts receivable	1,919,184		1,919,184	683,325
25. Aggregate write-ins for other than invested assets	250,625	250,625		
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	87,847,960	375,124	87,472,836	68,842,247
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	87,847,960	375,124	87,472,836	68,842,247
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid	196,512	196,512		
2502. Other AR	54,113	54,113		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	250,625	250,625		

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	15,679,740		15,679,740	13,506,113
2. Accrued medical incentive pool and bonus amounts	757,142		757,142	868,939
3. Unpaid claims adjustment expenses	507,000		507,000	379,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	2,720,423		2,720,423	3,675,200
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,938,094		1,938,094	2,327,179
9. General expenses due or accrued	3,580,013		3,580,013	3,355,221
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				1,444,196
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	8,945,133		8,945,133	8,320,676
16. Derivatives				
17. Payable for securities	7,293,485		7,293,485	
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	15,333,270		15,333,270	9,877,175
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	56,754,300		56,754,300	43,753,699
25. Aggregate write-ins for special surplus funds	XXX	XXX		2,035,679
26. Common capital stock	XXX	XXX		1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		26,000,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX		3,718,536
32. Less treasury stock, at cost:				(3,947,131)
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		30,718,536
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX		87,472,836
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. ACA Carrier Fee	XXX	XXX		2,035,679
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		2,035,679
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	470,497	441,935
1. Member Months	XXX	470,497	441,935
2. Net premium income (including \$.....0 non-health premium income)	XXX	158,033,211	146,897,017
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	158,033,211	146,897,017
Hospital and Medical:			
9. Hospital/medical benefits		96,039,278	90,001,733
10. Other professional services		488,446	602,660
11. Outside referrals			
12. Emergency room and out-of-area		14,766,243	12,246,726
13. Prescription drugs		18,959,154	19,914,042
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		757,142	868,939
16. Subtotal (Lines 9 to 15)		131,010,263	123,634,100
Less:			
17. Net reinsurance recoveries		1,334,944	2,877,234
18. TOTAL Hospital and Medical (Lines 16 minus 17)		129,675,319	120,756,866
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....2,152,855 cost containment expenses		2,619,031	2,673,584
21. General administrative expenses		16,663,941	15,353,226
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23. TOTAL Underwriting Deductions (Lines 18 through 22)		148,958,291	138,783,676
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	9,074,920	8,113,341
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		200,579	107,568
26. Net realized capital gains (losses) less capital gains tax of \$.....(31,600)		(58,686)	3,211
27. Net investment gains (losses) (Lines 25 plus 26)		141,893	110,779
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses			1,499
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	9,216,813	8,225,619
31. Federal and foreign income taxes incurred	XXX	3,887,929	3,638,719
32. Net income (loss) (Lines 30 minus 31)	XXX	5,328,884	4,586,900
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Other income			1,499
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			1,499

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	25,088,548	20,577,995
34. Net income or (loss) from Line 32	5,328,884	4,586,900
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	9,068	(2,400)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(198,430)	95,539
39. Change in nonadmitted assets	490,466	(169,486)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	5,629,988	4,510,553
49. Capital and surplus end of reporting year (Line 33 plus 48)	30,718,536	25,088,548
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE **PARAMOUNT INSURANCE COMPANY**
CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	156,006,632	151,433,021
2.	Net investment income	89,377	124,170
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	156,096,009	151,557,191
5.	Benefit and loss related payments	128,127,528	121,061,306
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	14,269,473	8,835,638
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	6,581,375	3,127,315
10.	TOTAL (Lines 5 through 9)	148,978,376	133,024,259
11.	Net cash from operations (Line 4 minus Line 10)	7,117,633	18,532,932
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	25,826,231	4,351,994
12.2	Stocks	36,971	
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds	7,181,069	0
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	33,044,271	4,351,994
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	52,705,881	4,404,656
13.2	Stocks	11,812,379	
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	21,679	2,400
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	64,539,939	4,407,056
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(31,495,668)	(55,062)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	665,612	403,532
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	665,612	403,532
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(23,712,423)	18,881,402
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	50,792,292	31,910,889
19.2	End of year (Line 18 plus Line 19.1)	27,079,869	50,792,292

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
							Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	158,033,211	154,212,577	3,018,712			235,368			566,554	
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)									XXX	
4. Risk revenue									XXX	
5. Aggregate write-ins for other health care related revenues									XXX	
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	158,033,211	154,212,577	3,018,712			235,368			566,554	
8. Hospital/medical benefits	96,039,278	93,704,456	2,033,366			52,209			249,247	XXX
9. Other professional services	488,446	462,308	25,185			953			XXX	
10. Outside referrals									XXX	
11. Emergency room and out-of-area	14,766,243	14,461,146	262,134			42,963			XXX	
12. Prescription drugs	18,959,154	18,855,664				76,405			27,085	XXX
13. Aggregate write-ins for other hospital and medical									XXX	
14. Incentive pool, withhold adjustments and bonus amounts	757,142	729,560	27,582						XXX	
15. Subtotal (Lines 8 to 14)	131,010,263	128,213,134	2,348,267			172,530			276,332	XXX
16. Net reinsurance recoveries	1,334,944	1,334,944							XXX	
17. TOTAL Hospital and Medical (Lines 15 minus 16)	129,675,319	126,878,190	2,348,267			172,530			276,332	XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....2,152,855 cost containment expenses	2,619,031	2,461,338	107,270			5,475			44,948	
20. General administrative expenses	16,663,941	19,009,369	682,518			34,832			(3,062,778)	XXX
21. Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts										
23. TOTAL Underwriting Deductions (Lines 17 to 22)	148,958,291	148,348,897	3,138,055			212,837			(2,741,498)	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	9,074,920	5,863,680	(119,343)			22,531			3,308,052	
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)	155,392,158		1,179,581	154,212,577
2. Medicare Supplement	3,018,712			3,018,712
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan	235,368			235,368
6. Title XVIII - Medicare				
7. Title XIX - Medicaid				
8. Other health	2,067,237		1,500,683	566,554
9. Health subtotal (Lines 1 through 8)	160,713,475		2,680,264	158,033,211
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	160,713,475		2,680,264	158,033,211

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	128,632,028	125,643,252	2,554,249			150,139			284,388	
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	1,373,439	1,373,439								
1.4 Net	127,258,589	124,269,813	2,554,249			150,139			284,388	
2. Paid medical incentive pools and bonuses	868,939	836,618	32,321							
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	15,679,740	14,936,491	441,397			22,391			279,461	
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	15,679,740	14,936,491	441,397			22,391			279,461	
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	757,142	729,560	27,582							
6. Net healthcare receivables (a)	552,534	508,407	45,193						(1,066)	
7. Amounts recoverable from reinsurers December 31, current year	845,324	845,324								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	13,506,113	12,587,762	629,768						288,583	
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	13,506,113	12,587,762	629,768						288,583	
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	868,939	836,618	32,321							
11. Amounts recoverable from reinsurers December 31, prior year	883,819	883,819								
12. Incurred benefits:										
12.1 Direct	130,253,121	127,483,574	2,320,685			172,530			276,332	
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	1,334,944	1,334,944								
12.4 Net	128,918,177	126,148,630	2,320,685			172,530			276,332	
13. Incurred medical incentive pools and bonuses	757,142	729,560	27,582							

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	4,776,391	4,700,449	75,942							
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	4,776,391	4,700,449	75,942							
2. Incurred but Unreported:										
2.1 Direct	10,903,349	10,236,042	365,455			22,391			279,461	
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	10,903,349	10,236,042	365,455			22,391			279,461	
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	15,679,740	14,936,491	441,397			22,391			279,461	
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	15,679,740	14,936,491	441,397			22,391			279,461	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	9,313,371	114,994,936		14,936,491	9,313,371	12,587,762
2. Medicare Supplement	658,850	1,895,399		441,397	658,850	629,768
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan		150,139		22,391		
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	112,383	172,005		279,461	112,383	288,583
9. Health subtotal (Lines 1 to 8)	10,084,604	117,212,479		15,679,740	10,084,604	13,506,113
10. Healthcare receivables (a)		1,919,184				1,366,650
11. Other non-health						
12. Medical incentive pool and bonus amounts	868,939			757,142	868,939	868,939
13. TOTALS (Lines 9 - 10 + 11 + 12)	10,953,543	115,293,295		16,436,882	10,953,543	13,008,402

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	2,335	2,182	2,114	1,964	1,931
2. 2012	21,401	24,548	24,458	24,484	24,477
3. 2013	XXX	53,820	64,795	64,561	64,520
4. 2014	XXX	XXX	107,695	119,979	121,065
5. 2015	XXX	XXX	XXX	110,519	120,467
6. 2016	XXX	XXX	XXX	XXX	117,212

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	2,353	2,182	2,114	1,964	1,931
2. 2012	25,024	24,564	24,458	24,484	24,477
3. 2013	XXX	66,592	64,795	64,561	64,520
4. 2014	XXX	XXX	124,214	119,985	121,065
5. 2015	XXX	XXX	XXX	124,888	120,467
6. 2016	XXX	XXX	XXX	XXX	133,649

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2012	26,909	24,477	599	2.445	25,076	93.186			25,076	93.186
2. 2013	79,183	64,520	917	1.422	65,437	82.640			65,437	82.640
3. 2014	151,624	121,065	2,089	1.726	123,154	81.223			123,154	81.223
4. 2015	146,897	120,467	2,801	2.326	123,268	83.915			123,268	83.915
5. 2016	158,034	117,212	2,147	1.831	119,359	75.527	16,437	507	136,303	86.249

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	1,986	1,838	1,777	1,627	1,594
2. 2012	19,412	22,202	22,114	22,140	22,132
3. 2013	XXX	51,647	62,153	61,918	61,879
4. 2014	XXX	XXX	105,852	117,633	118,721
5. 2015	XXX	XXX	XXX	108,720	117,862
6. 2016	XXX	XXX	XXX	XXX	114,995

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	2,004	1,838	1,777	1,627	1,594
2. 2012	22,486	22,214	22,114	22,140	22,132
3. 2013	XXX	63,515	62,153	61,918	61,879
4. 2014	XXX	XXX	121,785	117,639	118,721
5. 2015	XXX	XXX	XXX	122,138	117,862
6. 2016	XXX	XXX	XXX	XXX	130,662

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2012	23,635	22,132	542	2.448	22,674	95.933			22,674	95.933
2. 2013	75,890	61,879	861	1.391	62,740	82.672			62,740	82.672
3. 2014	147,680	118,721	1,982	1.669	120,703	81.733			120,703	81.733
4. 2015	143,353	117,862	2,679	2.273	120,541	84.087			120,541	84.087
5. 2016	154,213	114,995	2,022	1.759	117,017	75.880	15,667	483	133,167	86.353

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Medicare Supplement
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	329	324	317	317	317
2. 2012	1,945	2,281	2,279	2,279	2,280
3. 2013	XXX	1,945	2,296	2,297	2,295
4. 2014	XXX	XXX	1,823	2,199	2,197
5. 2015	XXX	XXX	XXX	1,550	2,244
6. 2016	XXX	XXX	XXX	XXX	1,895

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	329	324	317	317	317
2. 2012	2,360	2,285	2,279	2,279	2,280
3. 2013	XXX	2,543	2,296	2,297	2,295
4. 2014	XXX	XXX	2,109	2,199	2,197
5. 2015	XXX	XXX	XXX	2,212	2,244
6. 2016	XXX	XXX	XXX	XXX	2,363

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2012	2,889	2,280	56	2.437	2,336	80.843			2,336	80.843
2. 2013	2,895	2,295	43	1.874	2,338	80.760			2,338	80.760
3. 2014	3,161	2,197	73	3.316	2,270	71.808			2,270	71.808
4. 2015	3,064	2,244	81	3.626	2,325	75.893			2,325	75.893
5. 2016	3,019	1,895	88	4.646	1,983	65.685	468	14	2,465	81.651

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Federal Employees Health Benefits Plan Premiums

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....
3. 2013	XXX	.....	.....	.....	.....
4. 2014	XXX	XXX	.....	.....	.....
5. 2015	XXX	XXX	XXX	.....	.....
6. 2016	XXX	XXX	XXX	XXX	150

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior .....	.....	.....	.....	.....	.....
2. 2012 .....	.....	.....	.....	.....	.....
3. 2013	XXX	.....	.....	.....	.....
4. 2014	XXX	XXX	.....	.....	.....
5. 2015	XXX	XXX	XXX	.....	.....
6. 2016	XXX	XXX	XXX	XXX	172

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2012
2. 2013
3. 2014	0	.....	0	.....	.....	.....	.....	0
4. 2015	0	.....	0	.....	.....	.....	.....	0
5. 2016	235	150	4	2.400	154	65.362	22	1	177	75.149

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	20	20	20	20	20
2. 2012	44	65	65	65	65
3. 2013	XXX	228	346	346	346
4. 2014	XXX	XXX	20	147	147
5. 2015	XXX	XXX	XXX	249	361
6. 2016	XXX	XXX	XXX	XXX	172

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	20	20	20	20	20
2. 2012	178	65	65	65	65
3. 2013	XXX	534	346	346	346
4. 2014	XXX	XXX	320	147	147
5. 2015	XXX	XXX	XXX	538	361
6. 2016	XXX	XXX	XXX	XXX	452

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent	
1. 2012	385	65	1	1.931	66	17.209	.....	.....	66	17.209
2. 2013	398	346	13	3.874	359	90.302	.....	.....	359	90.302
3. 2014	783	147	35	23.698	182	23.223	.....	.....	182	23.223
4. 2015	480	361	41	11.405	402	83.786	.....	.....	402	83.786
5. 2016	567	172	33	18.988	205	36.095	280	9	494	87.065

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Additional policy reserves (a) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Reserve for future contingent benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)	211	.....	.....	.....	.....	.....	.....	.....	211
5. Aggregate write-ins for other policy reserves	2,720,212	2,720,212	.....	.....	.....	.....	.....	.....	.....
6. TOTALS (Gross)	2,720,423	2,720,212	.....	.....	.....	.....	.....	.....	211
7. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. TOTALS (Net) (Page 3, Line 4)	2,720,423	2,720,212	.....	.....	.....	.....	.....	.....	211
9. Present value of amounts not yet due on claims .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Reserve for future contingent benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Aggregate write-ins for other claim reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. TOTALS (Gross) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. TOTALS (Net) (Page 3, Line 7) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS									
0501. Cost Sharing Reduction	411,865	411,865	.....	.....	.....	.....	.....	.....	.....
0502. Risk Adjustment	2,278,495	2,278,495	.....	.....	.....	.....	.....	.....	.....
0503. Risk corridor	29,852	29,852	.....	.....	.....	.....	.....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	2,720,212	2,720,212	.....	.....	.....	.....	.....	.....	.....
1101. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1102. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1103. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	23,139	16,577	167,497		207,213
2. Salaries, wages and other benefits	2,913,665	677,526	6,332,920		9,924,111
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			7,709,538		7,709,538
4. Legal fees and expenses			50,354		50,354
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	162,740		3,066,613		3,229,353
7. Traveling expenses	55,134	471	65,648		121,253
8. Marketing and advertising			1,054,800		1,054,800
9. Postage, express and telephone	2,291		157,289		159,580
10. Printing and office supplies	58,549	1,343	189,724		249,616
11. Occupancy, depreciation and amortization			23,380		23,380
12. Equipment	586		68,970		69,556
13. Cost or depreciation of EDP equipment and software			401,744		401,744
14. Outsourced services including EDP, claims, and other services	16,545	2,599	638,030		657,174
15. Boards, bureaus and association fees	924		27,505		28,429
16. Insurance, except on real estate					
17. Collection and bank service charges			489,501		489,501
18. Group service and administration fees			244		244
19. Reimbursements by uninsured plans	(1,080,718)	(232,340)	(8,301,455)		(9,614,513)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes			50,410		50,410
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			171,601		171,601
23.2 State premium taxes			1,457,125		1,457,125
23.3 Regulatory authority licenses and fees			2,770,773		2,770,773
23.4 Payroll taxes			71,008		71,008
23.5 Other (excluding federal income and real estate taxes)			722		722
24. Investment expenses not included elsewhere				6,126	6,126
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	2,152,855	466,176	16,663,941	6,126	(a) 19,289,098
27. Less expenses unpaid December 31, current year	354,900	152,100	3,580,013		4,087,013
28. Add expenses unpaid December 31, prior year	257,720	121,280	3,355,221		3,734,221
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,055,675	435,356	16,439,149	6,126	18,936,306

DETAILS OF WRITE-INS

2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$.....13,855,291 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	10,492	39,401
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	3,569	163,557
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)		612	1,679
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	1,427	2,068
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. TOTAL Gross investment income	16,100	206,705	
11. Investment expenses	(g)	6,126	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. TOTAL Deductions (Lines 11 through 15)		6,126	
17. Net Investment income (Line 10 minus Line 16)			200,579

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes \$.....4,629 accrual of discount less \$.....84,013 amortization of premium and less \$.....263,654 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(91,931)		(91,931)	9,069	
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	1,342		1,342		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	314		314		
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments	(11)		(11)		
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	(90,286)		(90,286)	9,069	

DETAILS OF WRITE-INS

0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Invested income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	108,356	28,884	(79,472)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans	16,143	20,404	4,261
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset		3,238	3,238
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates		18,362	18,362
24. Health care and other amounts receivable		683,325	683,325
25. Aggregate write-ins for other than invested assets	250,625	111,377	(139,248)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	375,124	865,590	490,466
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	375,124	865,590	490,466
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaids	196,512	20,514	(175,998)
2502. Other AR	54,113	90,863	36,750
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	250,625	111,377	(139,248)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	25,972	27,036	26,881	26,684	25,995	317,924
2. Provider Service Organizations						
3. Preferred Provider Organizations	6,356	7,257	7,240	7,238	7,326	87,264
4. Point of Service	399	377	368	356	393	4,507
5. Indemnity Only	126	76	85	81	92	1,012
6. Aggregate write-ins for other lines of business	3,593	3,584	4,170	6,097	6,311	59,790
7. TOTAL	36,446	38,330	38,744	40,456	40,117	470,497
DETAILS OF WRITE-INS						
0601. Stop loss	3,512	3,511	4,099	6,027	6,244	58,937
0602. PDP	81	73	71	70	67	853
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	3,593	3,584	4,170	6,097	6,311	59,790

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Insurance Company (the “Company”) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	2016	2015
	Ohio		
NET INCOME			
Paramount Insurance Company state basis		5,328,884	4,586,900
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		5,328,884	4,586,900
SURPLUS			
Paramount Insurance Company state basis		30,718,536	25,088,548
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		30,718,536	25,088,548

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. The Company has no common stock investments.
4. The Company has no preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures.

Notes to Financial Statements

9. The Company does not invest in derivatives.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
11. The Company began operations on November 2, 2002. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on limited past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments and prescriptions filled.

2. Accounting Changes and Corrections of Errors

-NOT APPLICABLE

3. Business Combinations and Goodwill

-NOT APPLICABLE

4. Discontinued Operations

-NOT APPLICABLE

5. Investments

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D. The company does not have any loan-backed securities.
- E. The company does not have any re-purchase agreements.
- F. The company does not have any real estate investments.
- G. The company does not have any low-income housing tax credits.
- H. Restricted Assets

Notes to Financial Statements

	1	2	3	4	5	6
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	Total Current year admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which the liability is not shown						
b. collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	674,890	674,724	166	674,890	0.8%	0.8%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	674,890	674,724	166	674,890	0.8%	0.8%

- I. The company does not have any working capital financing investments.
- J. The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.
- K. The company does not have any structured notes.
- L. The company does not have any 5* securities.

6. Joint ventures, Partnerships and Limited Liability Companies

-NOT APPLICABLE

7. Investment Income

The Company does not have any nonadmitted accrued investment income.

Notes to Financial Statements

8. Derivative Instruments

-NOT APPLICABLE

9. Income Taxes

The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company considers many factors, including: (1) the nature of the deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of reversal; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be used; (6) unique tax rules that would impact the utilization of the deferred tax assets; and (7) any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused. Although the realization is not assured, the Company believes it is more likely than not that the deferred tax assets, net of valuation allowances, will be realized. The Company has not recorded a valuation allowance as of December 31, 2016 and 2015.

A. The components of DTAs and DTLs as of December 31 are as follows:

	December 31, 2016			December 31, 2015			Change								
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total						
(a) Gross deferred tax assets	\$ 312,683	\$ 64	\$ 312,747	\$ 507,566	\$ 3,238	\$ 510,804	\$ (194,883)	\$ (3,174)	\$ (198,057)						
(b) Statutory valuation allowance	_____	_____	_____	_____	_____	_____	_____	_____	_____						
(c) Adjusted gross deferred tax assets	<u>312,683</u>	<u>64</u>	<u>312,747</u>	<u>507,566</u>	<u>3,238</u>	<u>510,804</u>	<u>(194,883)</u>	<u>(3,174)</u>	<u>(198,057)</u>						
(d) Deferred tax assets nonadmitted	_____	_____	_____	_____	<u>3,238</u>	<u>3,238</u>	_____	<u>(3,238)</u>	<u>(3,238)</u>						
(e) Subtotal net admitted deferred tax asset	<u>312,683</u>	<u>64</u>	<u>312,747</u>	<u>507,566</u>	_____	<u>507,566</u>	<u>(194,883)</u>	<u>64</u>	<u>(194,819)</u>						
(f) Deferred tax liabilities	_____	<u>373</u>	_____	_____	_____	_____	_____	<u>373</u>	_____						
(g) Net admitted deferred tax asset	<u>\$ 312,310</u>	<u>\$ 64</u>	<u>\$ 312,374</u>	<u>\$ 507,566</u>	<u>\$ -</u>	<u>\$ 507,566</u>	<u>\$ (195,256)</u>	<u>\$ 64</u>	<u>\$ (195,192)</u>						
12/31/2016															
Ordinary			Capital	12/31/2015			Change								
Admission Calculation Components SSSAP No. 101															
(a) Federal Income Taxes Paid in Prior Years															
Recoverable Through Loss Carrybacks															
\$ <u>312,683</u> \$ <u>64</u> \$ <u>312,747</u> \$ <u>507,566</u> \$ <u>-</u> \$ <u>507,566</u> \$ <u>(194,883)</u> \$ <u>64</u> \$ <u>(194,819)</u>															
(b) Adjusted Gross Deferred Tax Assets															
Expected To Be Realized (Excluding The															
Amount of Deferred Tax Assets from 2(a)															
above) After Application of the Threshold															
Limitation. (The Lesser of 2(b)1 and 2(b)2															
Below)															
1. Adjusted Gross Deferred Tax Assets															
Expected to be Realized Following															
the Balance Sheet Date.															
_____ - _____ - _____ - _____ - _____ - _____ - _____ - 0 0 0															
2. Adjusted Gross Deferred Tax Assets															
Allowed per Limitation Threshold.															
_____ - _____ - _____ - 4,560,924 _____ - 3,687,147															
(c) Adjusted Gross Deferred Tax Assets															
(Excluding The Amount of Deferred Tax															
Assets from 2(a) and 2(b) above) Offset by															
Gross Deferred Tax Liabilities.															
(d) Deferred Tax Assets Admitted as the Result of															
application of SSAP No. 101.															
Total															
\$ <u>312,310</u> <u>64</u> <u>312,374</u> \$ <u>507,566</u> \$ <u>-</u> <u>507,566</u> \$ <u>(195,256)</u> <u>64</u> <u>(195,192)</u>															

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE **PARAMOUNT INSURANCE COMPANY**
Notes to Financial Statements

	<u>2016</u>		<u>2015</u>			
	<u>Ordinary</u>	<u>Capital</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Ordinary</u>	<u>Capital</u>
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount			471%		430%	
(b) Amount of Adjusted Capital and Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 above	30,406,162		24,580,982			
Impact of tax planning strategies						
Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, by Tax Character as a Percentage						
(1) Adjusted gross DTAs from 9A1c	312,683	64	507,566	3,238	(194,883)	(3,174)
(2) % total adjusted gross DTAs	0	0	0	0	0	0
(3) Net admitted adjusted gross DTAs from 9A1c	312,683	64	507,566		(194,883)	64
(4) % of total net admitted adjusted gross DTAs	0	0	0	0	0	0
 The Company's tax-planning strategies does not include the use of reinsurance.						
B. There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2016 and 2015.						
C. -Current income taxes incurred consisted of the following major components:						
	<u>12/31/2016</u>		<u>12/31/2015</u>		<u>Change</u>	
1. Current Income Tax						
(a) Federal	\$ 3,866,916		\$ 3,653,254		\$ 213,662	
(b) Federal income tax on capital gains	(31,600)		1,729		(33,329)	
(c) Other	21,013		(14,535)		35,548	
(d) Federal income taxes incurred	\$ 3,856,329		\$ 3,640,448		\$ 215,881	
 2. Deferred tax assets:						
(a) Ordinary						
(1) Discounting on claims payable	\$ 45,723		\$ 42,840		\$ 2,883	
(2) Unearned premiums	135,667		162,903		(27,236)	
(3) Other accruals	-		-		-	
(4) Nonadmitted accounts receivable	131,293		301,823		(170,530)	
Subtotal	312,683		507,566		(194,883)	
(b) Statutory valuation allowance adjustment	-		-		-	
(c) Nonadmitted	-		-		-	
(d) Admitted ordinary deferred tax assets	312,683		507,566		(194,883)	
(e) Capital						
(1) Other	64		3,238		(3,174)	
Subtotal	64		3,238		(3,174)	
(g) Nonadmitted	-		3,238		(3,238)	
(h) Admitted capital deferred tax assets	64		-		64	
(i) Admitted deferred tax assets	312,747		507,566		(194,819)	
 3. Deferred tax liabilities:						
(a) Ordinary						
(1) Other	373		-		373	
Subtotal	373		-		373	
(b) Capital						
(1) Other	-		-		-	
Subtotal	-		-		-	
(c) Deferred tax liabilities	\$ 373		\$ -		\$ 373	
 4. Net deferred tax assets/liabilities	\$ 312,374		\$ 507,566		\$ (195,192)	

Notes to Financial Statements

D.-Analysis of Actual Income Tax Expense

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2016	%	2015	%
Provision computed at statutory rate	\$ 3,214,825	35 %	\$ 2,879,572	35 %
Non-deductible ACA fee	\$ 666,273	7 %	\$ 746,858	9 %
Change in non-admitted assets	\$ 170,530	1 %	\$ (58,187)	(1)%
Other	<u>(43)</u>		<u>(22,493)</u>	
 Total	 <u>\$ 4,051,585</u>	 44 %	 <u>\$ 3,545,750</u>	 43 %
 Federal income taxes incurred	 <u>\$ 3,866,916</u>	 42 %	 <u>\$ 3,653,254</u>	 44 %
Change in net deferred income taxes	195,256	2	(94,699)	(1)
Other	<u>(10,587)</u>		<u>(12,805)</u>	
 Total statutory income taxes	 <u>\$ 4,051,585</u>	 44 %	 <u>\$ 3,545,750</u>	 43 %

E.-At December 31, 2016 and 2015, the Company had no operating loss carryforwards to utilize in future years. The Company did not have any deposits admitted under Internal Revenue Code 6603.

The following is income tax incurred for 2014, 2015 and 2016 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2014	-	2,155	\$ 2,155
2015	3,674,266	1,729	\$ 3,675,995
2016	3,835,316	-	\$ 3,835,316

F.-The Company is a party to a tax sharing agreement with the parent company, PIC, and the affiliated entities as follows: Paramount Preferred Options (PPO), Paramount Care of Michigan, Inc. (PCM), Paramount Care, Inc. (PCI), Paramount Benefits Agency (PBA), Paramount Insurance Company (PICO), Health Management Solutions, Inc. (HMS) and Paramount Preferred Services (PPS). In 2015, PA applied for not-for-profit 501(c)(3) status. The change in tax status results in PA no longer being subject to federal income tax. The effective date of this status change was October, 1 2015. Tax returns are completed on a consolidated basis. However, allocation is based upon separate return calculations with current credit for net losses. The method of allocation between the companies is subject to a written agreement approved by the Board of Directors. Intercompany tax balances are settled through the holding company, PIC.

G.-Accounting for tax contingencies

For the years ended December 31, 2016 and 2015, the Company did not have tax contingencies under the principles of SSAP No. 5, *Liabilities, Contingencies and Impairment of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date.

The Company is primarily subject to U.S. federal and various U.S. state and local tax authorities. Tax years subsequent to 2012 remain open to examination by the Internal Revenue Service, and 2011 remains open to other state and local tax authorities. As of December 31, 2016, the Company is currently under examination by the Internal Revenue Service for the 2013 through 2015 tax years. The examination field work has been completed identifying no adjustments to the Company and the Company is currently awaiting notification of the final audit closing.

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company is ultimately controlled by ProMedica Health System, Inc. (“ProMedica”), a nonprofit holding company exempt from federal taxation under Section 501(c)(3) and 509(a)(3) of the Internal Revenue Code. The Company’s affiliates include PCM, PPO, PCI, PBA and PA. The Company also has many area

Notes to Financial Statements

hospitals as affiliates such as Toledo Hospital, Toledo Children's Hospital, Flower Hospital, Bay Park Hospital, Emma L. Bixby Hospital, Defiance Hospital, Fostoria Hospital and Herrick Memorial Hospital. ProMedica Physician Group, a group of physicians owned by ProMedica, is also an affiliate of the Company.

The Company shares employees, services and assets pursuant to a Management Services Sharing Agreement with PCI. The shared services include member services, sales, accounting, information systems, medical direction and management, claims processing, provider relations and community relations. The cost of shared services is allocated between the Company and PCI based upon the percentage of subscribers at the end of each calendar month. For the years ended December 31, 2016 and 2015 the Company was allocated general administrative expenses of \$11,373,436 and \$10,593,838, respectively.

ProMedica allocates corporate overhead to all ProMedica entities pursuant to a Cost Allocation Agreement. The Company was allocated \$2,481,855 and \$2,354,817 of overhead expense in 2016 and 2015, respectively. The amount is to compensate ProMedica for the services provided to the Company for corporate staff primarily in management, legal services, information services and investment management.

Balances outstanding with affiliated entities at December 31, 2016 and 2015

	2016	2015	
	Due from	Due to	Due from
ProMedica Health System	1,167,159		1,558,211
Paramount Care, Inc.		(1,701,789)	(3,113,052)
Paramount Care of Michigan	3,238	0	(2,460)
Paramount Advantage		(5,774,136)	(5,205,164)
Defiance Hospital	430,307		222,573
Fostoria Hospital	198,846		716,121
Memorial Hospital	187,522		327,597
Monroe Regional Hospital	730,465		
Bay Park	335,687		280,944
ProMedica North Region	692,964		456,284
ProMedica Insurance Corp		(1,465,208)	
Toledo Hospital	2,433,516		2,339,853
Flower Hospital	784,493		799,735
St. Luke's Hospital		0	783,822
ProMedical Continuing Care Services	822,167		556,920
ProMedica Physicians Group	1,610,809		1,517,154
Other		(4,000)	
	9,397,173	(8,945,133)	9,559,214
			(8,320,676)

Claims paid to affiliated entities during fiscal year 2016 and 2015

Notes to Financial Statements

	2016	2015
	Paid	Paid
Bay Park Community Hospital	\$ 3,155,539	\$ 3,196,537
ProMedica North Region	356,004	421,788
Defiance Hospital	680,209	634,978
Flower Hospital	8,457,677	8,238,524
Fostoria Hospital	353,190	208,441
Lima Memorial Hospital	605,115	423,204
Memorial Hospital	666,548	409,518
Mercy Memorial Hospital	618,716	434,465
ProMedica Physicians Group	8,155,611	8,115,229
ProMedica Continuing Care Services	472,176	356,526
St. Lukes Hospital	2,568,811	5,556,145
The Toledo Hospital	19,969,614	20,480,950
	<hr/> \$ 46,059,210	<hr/> \$ 48,476,305

The Company is a party to a tax sharing agreement with the parent company, PIC, and the affiliated entities as follows: Paramount Preferred Options (PPO), Paramount Care of Michigan, Inc. (PCM), Paramount Care, Inc. (PCI), Paramount Benefits Agency (PBA), Paramount Insurance Company (PICO), Health Management Solutions, Inc. (HMS) and Paramount Preferred Services (PPS). In 2015, PA applied for not-for-profit 501(c)(3) status. The change in tax status results in PA no longer being subject to federal income tax. The effective date of this status change was October, 1 2015. Tax returns are completed on a consolidated basis. However, allocation is based upon separate return calculations with current credit for net losses. The method of allocation between the companies is subject to a written agreement approved by the Board of Directors. Intercompany tax balances are settled through the holding company, PIC.

Tax payable/receivable amounts to affiliated entities as of 2016 and 2015:

	2016	2015
Paramount Health Care	\$ (913,946)	\$ 685,108
Paramount Care of Michigan	(196,629)	(192,918)
Paramount Benefits Agency	3,261	664
Paramount Preferred Options	(16,200)	(32,834)
Paramount Advantage	-	851,838
Paramount Insurance Company	1,280,850	(1,444,196)
Health Management Solutions	359,005	108,750
Paramount Preferred Solutions	(69,037)	87,030
ProMedica Insurance Corporation	(447,304)	(63,442)

11. Debt

-NOT APPLICABLE

12. Retirement Plans, Deferred Compensation, Postemployment Benefits

-NOT APPLICABLE

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- A. The Company has 1,000 shares authorized and 500 shares issued and outstanding.
- B. The Company has no preferred stock.

Notes to Financial Statements

- C. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, to an amount less than 10% of admitted capital (including all dividends within the prior 12 month period). Additionally, the Company must obtain prior approval for dividends not paid from earned surplus.
- D. Within the limitations of [C] above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- E. There were no restrictions placed on the Company's surplus.
- F. The Company did not receive any contributions from its parent company, ProMedica Insurance Corp in 2016 and 2015.
- G. There is no stock being held by the Company.
- H. The Company has no special surplus funds.
- I. The portion of unassigned funds (surplus) that has been represented or reduced by cumulative unrealized gains and losses is \$9,068
- J. The Company has no surplus debentures or other outstanding obligations.
- K. The Company was not involved in a quasi-reorganization during the year.

14. Contingencies

As of the date of this filing, Management is not aware of any contingent commitments, assessments or other contingencies that would materially impact the company.

15. Leases

-NOT APPLICABLE

16. Off-Balance Sheet Risk

-NOT APPLICABLE

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

-NOT APPLICABLE

18. Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans was as follows during 2016:

	ASO	Uninsured Portion	
	Uninsured Plans	of Partially Insured Plans	Total ASO Due from
Net reimbursement for administrative Expenses (including admin fees) in excess fo actual expenses	\$ 3,348,766		\$ 3,348,766
Total net other income or expenses including interest paid to or received from plans	(1,172,070)		(1,172,070)
Total gain or (loss) from operations	2,176,696		2,176,696
Claim payments	\$ 167,895,294		\$ 167,895,294

Notes to Financial Statements

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

-NOT APPLICABLE

20. Fair Value Measurement

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Cash equivalents	979,395	979,620	979,395			
Short Term Investments	7,663,589	7,663,626	7,663,589			
Bonds	31,701,814	32,428,575			31,701,814	
Common stock	11,806,458	11,806,458	11,806,458			

21. Other Items

The Company has no extraordinary items, troubled debt restructuring or other unusual disclosures to make.

22. Subsequent Events

The IRS suspended the collection of the ACA assessment fee for the 2017 calendar year. Thus the company is not required to pay this fee in 2017.

		Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act?		Yes	Yes
B. ACA fee assessment payable for upcoming year	-	2,035,679	
C. ACA fee assessment paid	1,903,636	2,133,878	
D. Premium written subject to ACA 9010 assessment	106,541,118	144,514,158	
E. Total Adjusted Capital before surplus adjustment	25,088,548		
F. Total Adjusted Capital after surplus adjustment	23,052,869		
G. Authorized Control Level	5,720,993		
Would reporting the ACA assessment as of 12/31/16 have triggered an RBC action level?	No		

23. Reinsurance

A. Ceded Reinsurance Report

Section 1

1. None of the reinsurers listed in Schedule S as non-affiliated, are owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee or director of the company.
2. None of the policies issued by the company have been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business.

Notes to Financial Statements

Section 2

1. The company does not have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit.
2. The company does not have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies.

Section 3

1. The aggregate reduction in surplus for termination of all reinsurance agreements, by either party, as of the date of this statement is zero.
2. No new agreements have been executed or existing agreements amended since January 1, 2016 to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

B. The Company does not have any uncollectible reinsurance recorded on its books.

C. The company had no commutation of reinsurance.

24. Retrospectively Rated Contracts

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

		Small	Large	Other	
		Group	Group	Categories	
		Individual	Employer	Employer	with Rebates
Prior Reporting Year					
(1) Medical loss ratio rebates incurred		473,040			473,040
(2) Medical loss rebates paid		360,487			360,487
(3) Medical loss rebates unpaid		112,553			112,553
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-date					
(7) Medical loss ratio rebates incurred		31,251			31,251
(8) Medical loss rebates paid		143,804			143,804
(9) Medical loss rebates unpaid		-			-
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

E. Risk Sharing Provisions of the Affordable Care Act

1. PICO writes insured non-individual, individual and uninsured accident and health insurance premium that is subject to the Affordable Care Act.

The company had zero balances for the risk corridors program due a lack of sufficient data to estimate the recoverable amounts.

2. Impact of Risk-sharing provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Notes to Financial Statements

3. Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

a. Permanent ACA Risk Adjustment Program		Amount
Assets		
1. Premiums receivable due to ACA Risk Adjustment		\$0
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$7,331
3. Premium adjustments payable due to ACA Risk Adjustment		\$1,660,169
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		(\$1,041,088)
5. Reported in expenses as ACA Risk adjustment user fees		\$7,331
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$845,324
2. Amounts recoverable for claims unpaid due to ACA Reinsurance(Contra Liability)		\$0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$0
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance -not Reported as ceded Premium		\$0
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$0
Operations (Revenue & Expense)		
7. Ceded reinsurance premiums due to ACA Reinsurance		\$90,328
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$1,133,665
9. ACA Reinsurance contributions-not reported as ceded premium		\$22,582
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		\$0
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$29,852
Operations (Revenue & Expense)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		(\$29,852)
4. Effect of ACA Risk Corridors on change in reserves for rate		\$0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE **PARAMOUNT INSURANCE COMPANY**
Notes to Financial Statements

				Differences		Adjustments		Unsettled Balances as of the Reporting Date		
				Prior Year Accrued Less Payments Col 1-3	Prior Year Accrued Less Payments Col 2-4	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years Col 3+7	
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year			Received or Paid as of the Current Year on Business written before December 31 of the Prior Year	Received or Paid as of the Current Year on Business written before December 31 of the Prior Year					
	1	2	3	4	5	6	7	8	9	10
	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay
a. Permanent ACA Risk Adjustment										
Program										
1. Premium Adjustment receivables	-	-	-	-	-	-	-	-	-	-
2. Premium adjustments (payable)	-	(1,330,467)	125,190	(848,971)	(125,190)	(481,496)	125,190	481,496	A	-
3. Subtotal ACA Permanent Risk	-	(1,330,467)	125,190	(848,971)	(125,190)	(481,496)	125,190	481,496	-	-
Adjustment Program										
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims	844,600	-	1,132,940		(288,340)	-	427,302	-	C	138,962
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-
4. Liabilities for contributions pay due to ACA reinsurance-not reported as ceded premium	-	-	-	-	-	-	-	-	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-
7. Subtotal ACA Transitional Reinsurance Program	844,600	-	1,132,940	-	(288,340)	-	427,302	-	138,962	-
c. Temporary ACA Risk Corridors										
Program										
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	(29,852)	J	-
3. Subtotal ACA Risk Corridors	-	-	-	-	-	-	-	(29,852)	-	(29,852)
Program										
d. Total for ACA Risk Sharing Pro	844,600	(1,330,467)	1,258,130	(848,971)	(413,530)	(481,496)	552,492	451,644	138,962	(29,852)
A. Amounts adjusted per final report received from HHS in June										
C. Amounts adjusted per final report received from HHS in June										
J. Amount per MLR risk corridor report for 2015										

Notes to Financial Statements

				Differences		Adjustments		Unsettled Balances as of the Reporting Date		
				Prior Year Accrued Less Payments Col 1-3	Prior Year Accrued Less Payments Col 2-4	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years Col 1-3+7	
	1	2	3	4	5	6	7	8	9	10
	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay
a. 2014										
1. Accrued Retrospective premium	-	-	-	-	-	-	-	-	-	-
2. Reserve for rate credits or policy experience refunds	-				-	-			-	-
a. 2015										
1. Accrued Retrospective premium		-						(29,852) C		(29,852)
2. Reserve for rate credits or policy experience refunds		-								
a. 2016		-						(29,852) -		(29,852)
d. Total Risk Corridors	-	-	-	-	-	-	-	(29,852)	-	(29,852)
C. Amount per MLR risk corridor report for 2015										

	Estimated Amount to be Filed or Final Amount Filed with CMS	Non- accrued Amounts for Impair- ment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non- admissions) (1-2-3)	Non- admitted Amount	Net Admitted Asset (4-5)
2014						
2015	(29,852)			(29,852)		(29,852)
2016	-					
Total	(29,852)					(29,852)

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$13,885,113. As of December 31, 2016, \$10,418,864 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Commercial and Medicare supplement lines of insurance. Therefore, there has been a \$3,466,249 favorable prior-year development since December 31, 2015 to December 31, 2016. The decrease is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

27. Structured Settlements

-NOT APPLICABLE

Notes to Financial Statements

28. Health Care Receivables

Quarter	Estimated Pharmacy Rebates	Pharmacy Rebates as Billed	Actual Rebates	Actual Rebates	Actual Rebates
			Received within 90 days of billing	Received within 91-180 days of billing	Received More than 180 days after billing
12/31/2016	1,503,385	1,503,385	-	-	-
9/30/2016	972,974	1,503,385	-	1,503,385	-
6/30/2016	1,600,753	1,484,668	-	1,484,668	-
3/31/2016	2,124,016	1,681,711	-	1,448,007	233,704
12/31/2015	1,366,650	1,416,573	-	1,412,163	4,410
9/30/2015	692,973	1,374,969	-	6,108	1,368,861
6/30/2015	1,097,203	1,753,073	-	1,366,650	386,423
3/31/2015	630,196	1,815,345	-	669,766	864,869
12/31/2014	1,030,842	1,715,440	-	-	1,715,440
9/30/2014	-	-	-	-	-
6/30/2014	647,368	1,664,324	-	-	1,664,324
3/31/2014	1,186,706	1,398,545	-	-	1,398,545

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserve :	\$0
Date of most recent evaluation of this liability:	1/18/2017
Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated Salvage and Subrogation

The Company did not have any estimated anticipated salvage and subrogation to reduce the liability.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
Ohio.....

1.3 State Regulating?

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015.....

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010.....

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/07/2011.....

3.4 By what department or departments?
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[] No[] N/A[X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[] No[X]
4.12 renewals? Yes[] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[] No[X]
4.22 renewals? Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]

6.2 If yes, give full information:

1 Nationality	2 Type of Entity
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]

7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... Yes[] No[X] ..	..... Yes[ ] No[X] ..	..... Yes[ ] No[X] ..	..... Yes[ ] No[X] ..

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, Suite 900, 600 Renaissance Center, Detroit, MI 48243-1895

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[X] No[]

10.4 If response to 10.3 is yes, provide information related to this exemption:
Requirements waived as the Company has not met premium threshold.

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]

10.6 If the response to 10.5 is no or n/a please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

GENERAL INTERROGATORIES (Continued)

Timothy Gustafson FSA, MAAA, Deloitte & Touche LLP, 180 N. Stenson Ave., Chicago, IL 60601

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X] \$ 0
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [] No [] N/A [X]
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [] N/A [X]
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A [X]
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain: Yes [] No [X]
 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [] No [X]
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes [] No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
	15.2001			

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [] No [X]
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers \$ 0
 20.12 To stockholders not officers \$ 0
 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers \$ 0
 20.22 To stockholders not officers \$ 0
 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others \$ 0
 21.22 Borrowed from others \$ 0
 21.23 Leased from others \$ 0
 21.24 Other \$ 0
 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment \$ 3,552,590
 22.22 Amount paid as expenses \$ 4,199
 22.23 Other amounts paid \$ 0
 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
 24.02 If no, give full and complete information, relating thereto
 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]
 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes[] No[] N/A[X]
 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 24.103 Total payable for securities lending reported on the liability page. \$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[X] No[]
 25.2 If yes, state the amount thereof at December 31 of the current year:
 25.21 Subject to repurchase agreements \$ 0
 25.22 Subject to reverse repurchase agreements \$ 0
 25.23 Subject to dollar repurchase agreements \$ 0
 25.24 Subject to reverse dollar repurchase agreements \$ 0
 25.25 Placed under option agreements \$ 0
 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
 25.27 FHLB Capital Stock \$ 674,890
 25.28 On deposit with states \$ 0
 25.29 On deposit with other regulatory bodies \$ 0
 25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
 25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
 25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 If no, attach a description with this statement.
 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]
 27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0
 28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
The Bank of New York Mellon	Three Mellon Center, Suite 153-3925, Pittsburgh, PA

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes[] No[X]
 28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Income Research & Management	U
Capstone Asset Management Company	U
Frontier Capital Management Company, LLC	U
Harbor (Int'l Core)	U
Harbor (Int'l Core)	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[] No[X]
 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[] No[X]
 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES (Continued)

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104863	Income Research & Management	NA	SEC	DS
113360	Capstone Asset Management Company	NA	SEC	DS
106274	Frontier Capital Management Company, LLC	NA	SEC	DS
128223	Harbor (Int'l Core)	NA	SEC	
110296	Harbor (Int'l Growth)	549300OJXEEENXLO4FW52	SEC	

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[X] No[]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
..... 411511306	Harbor International-Inst .....	..... 1,203,503
..... 411511801	Harbor International Growth .....	..... 1,200,984
29.2999 Total .....		..... 2,404,487

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Harbor International-Inst	Las Vegas Sands .....	..... 67,637	..... 09/30/2016 ..
Harbor International-Inst	Alibaba Group .....	..... 39,716	..... 09/30/2016 ..
Harbor International-Inst	Shire PLC .....	..... 37,188	..... 09/30/2016 ..
Harbor International-Inst	Roche Holding AG .....	..... 36,586	..... 09/30/2016 ..
Harbor International-Inst	Schlumberger Lt .....	..... 34,420	..... 09/30/2016 ..
Harbor International Growth	Cochlear Ltd .....	..... 37,231	..... 09/30/2016 ..
Harbor International Growth	Naspers Ltd .....	..... 30,025	..... 09/30/2016 ..
Harbor International Growth	Taiwan Semiconductor .....	..... 29,184	..... 09/30/2016 ..
Harbor International Growth	Kao Corp .....	..... 25,821	..... 09/30/2016 ..
Harbor International Growth	Shimano Inc .....	..... 25,581	..... 09/30/2016 ..

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2 Statement (Admitted) Value	3 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	..... 41,071,821	..... 40,344,799	..... (727,022)
30.2 Preferred stocks			
30.3 Totals .....	..... 41,071,821	..... 40,344,799	..... (727,022)

30.4 Describe the sources or methods utilized in determining the fair values:

New York Stock Exchange, American Stock Exchange, NASDAQ, NAIC

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

34.1 Amount of payments for legal expenses, if any? \$ 50,354

GENERAL INTERROGATORIES (Continued)

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0

35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[X] No[]
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 3,018,712
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 2,348,267
1.6 Individual policies - Most current three years:	
1.61 TOTAL Premium earned	\$..... 517,883
1.62 TOTAL Incurred claims	\$..... 462,975
1.63 Number of covered lives	..... 244
All years prior to most current three years:	
1.64 TOTAL Premium earned	\$..... 2,500,829
1.65 TOTAL Incurred claims	\$..... 1,885,292
1.66 Number of covered lives	..... 910
1.7 Group policies - Most current three years:	
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	..... 0
All years prior to most current three years:	
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	158,033,211	146,897,017
2.2 Premium Denominator	158,033,211	146,897,017
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	19,157,305	18,050,252
2.5 Reserve Denominator	19,157,305	18,050,252
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No[]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[] No[X] N/A[]

5.1 Does the reporting entity have stop-loss reinsurance?

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 615,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The plan has hold harmless provision with network hospitals. Paramount Insurance Company's reinsurance contract provides for payment of certain benefits for 30 days following an event of insolvency.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 2,290
8.2 Number of providers at end of reporting year	..... 2,403

9.1 Does the reporting entity have business subject to premium rate guarantees?

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 16,561,090
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 0
10.22 Amount actually paid for year bonuses	\$..... 0
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes[] No[X]
11.13 An Individual Practice Association (IPA), or,	Yes[] No[X]
11.14 A Mixed Model (combination of above)?	Yes[] No[]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
ALL COUNTIES IN OHIO

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

\$..... 0

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

Yes[] No[X]

\$..... 0

13.3 Do you act as an administrator for health savings accounts?

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

\$ 0

15.2 Total incurred claims

\$ 0

15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	87,472,836	68,842,247	44,648,901	35,031,946	18,600,998
2. TOTAL Liabilities (Page 3, Line 24)	56,754,300	43,753,699	24,070,906	20,423,657	5,819,130
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	30,718,536	25,088,548	20,577,995	14,608,289	12,781,868
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	158,033,211	146,897,017	151,623,858	79,182,204	26,909,243
6. TOTAL Medical and Hospital Expenses (Line 18)	129,675,319	120,756,866	122,116,681	65,151,175	24,065,450
7. Claims adjustment expenses (Line 20)	2,619,031	2,673,584	1,911,032	1,247,786	585,034
8. TOTAL Administrative Expenses (Line 21)	16,663,941	15,353,226	17,800,863	9,709,913	3,646,171
9. Net underwriting gain (loss) (Line 24)	9,074,920	8,113,341	9,795,282	3,073,330	(1,387,412)
10. Net investment gain (loss) (Line 27)	141,893	110,779	125,525	18,346	898
11. TOTAL Other Income (Lines 28 plus 29)		1,499	19,262	17,361	
12. Net income or (loss) (Line 32)	5,328,884	4,586,900	6,268,543	1,892,718	(896,304)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	7,117,633	18,532,932	6,154,429	16,341,432	(1,720,058)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	30,718,536	25,088,548	20,577,995	14,608,289	12,781,868
15. Authorized control level risk-based capital	6,451,062	5,720,993	5,811,947	3,433,908	1,689,019
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	40,117	36,446	39,111	39,670	9,472
17. TOTAL Members Months (Column 6, Line 7)	470,497	441,935	478,378	274,858	113,219
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	82.1	82.2	80.5	82.3	89.4
20. Cost containment expenses	1.4	1.5	1.0	1.2	1.6
21. Other claims adjustment expenses	0.3	0.3	0.3	0.4	0.6
22. TOTAL Underwriting Deductions (Line 23)	94.3	94.5	93.5	96.1	105.2
23. TOTAL Underwriting Gain (Loss) (Line 24)	5.7	5.5	6.5	3.9	(5.2)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	10,953,543	12,717,828	10,816,165	3,025,517	2,352,303
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	13,008,402	15,482,923	11,877,458	3,579,714	3,250,066
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No [] N/A [X]

If no, please explain::

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status	Direct Business Only							9 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	6,890,499							6,890,499
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L	153,587,608			235,368				153,822,976
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	160,478,107			235,368				160,713,475
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	(a) .. 2	160,478,107			235,368				160,713,475

DETAILS OF WRITE-INS

58001	XXX								
58002	XXX								
58003	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page ...	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

Explanation of basis of allocation by state, premiums by state, etc.: All individual policies are allocated based on residency which are in Ohio. Group policies are allocated based on the employment location. All groups are employed in Ohio and Michigan.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
ORGANIZATION CHART

Paramount Insurance Company is ultimately controlled by ProMedica Health System, Inc., (“ProMedica”), a nonprofit holding company exempt from federal taxation under Section 501(c)(3) and 509(a)(3) of the Internal Revenue Code. The following coding system is used to show the interrelationships among the various members of the insurance holding company system:

- A circle means that ProMedica is the sole member/parent of the entity.
- ◆ Each entity marked with a diamond is a subsidiary of the entity listed directly above and denoted with a circle.
- Each entity marked with a square is a subsidiary of the entity listed directly above and marked with a diamond.
- Each entity marked with an arrow is a member of the insurance holding company system.

The following list depicts the identities and interrelationships of affiliated persons within the insurance holding company system:

- ProMedica Foundation, an Ohio nonprofit corporation, of which Bay Park Community Hospital Foundation, Toledo Hospital Foundation, Toledo Children’s Hospital Foundation, Flower Foundation, Defiance Foundation, Fostoria Community Hospital Foundation, ProMedica Physicians & Continuum Services Foundation f/k/a ProMedica Continuing Care Services Corporation Foundation, Bixby Hospital Foundation, Herrick Hospital Foundation, and Memorial Hospital Foundation are divisions.
 - ◆ Mission Pointe Golf Course, LLC, a Michigan limited liability company, with ProMedica Foundation d/b/a Herrick Hospital Foundation as its sole member.
- ProMedica Health Network, Inc., an Ohio for profit corporation, with ProMedica Health System, Inc. as the sole shareholder.
- Fostoria Hospital Association, an Ohio nonprofit corporation.
 - ◆ NWO Health Partners, LLC, an Ohio limited liability company in which Fostoria Hospital Association holds 50% ownership interest with Northwest Ohio Orthopedic and Sports Medicine, Inc., holding the remaining 50% interest.
- ProMedica Physicians and Continuum Services f/k/a ProMedica Physician Corporation f/k/a ProMedica Physicians Enterprises, an Ohio nonprofit corporation.
 - ◆ ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
 - ◆ Toledo District Nurse Association, an Ohio nonprofit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

40.1

- ◆ Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation.
- ◆ ProMedica Retail Group, Inc., f/k/a The Flower Market, Inc., an Ohio for-profit corporation.
- ◆ ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
- ◆ Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.
- ◆ HCRMC- ProMedica JV, LLC, dba Heartland at ProMedica Flower Hospital, a Delaware limited liability company in which ProMedica Physicians & Continuum Services holds 10% ownership interest and ManorCare Health Services of Toledo OH, LLC holding the remaining 90% interest.
- ◆ Lifestream, LLC, an Ohio limited liability company which ProMedica Physicians & Continuum Services holds 50% ownership interest and Harbor holding the remaining 50% interest.
- ◆ The Surgical Institute of Monroe Ambulatory Surgery Center, LLC, a Michigan limited liability company which ProMedica Physicians & Continuum Services holds 55% ownership interest and various physicians holding the remaining 46% interest.
- ProMedica Physician Group, Inc., an Ohio non-profit corporation.
 - ◆ The Pharmacy Counter, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - ◆ ProMedica Central Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - ◆ Midwest Cardiovascular Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica Northwest Ohio Cardiology Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - ◆ ProMedica Monroe Cardiology, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- ◆ ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ ProMedica Monroe Physicians, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ ProMedica Multi Specialty Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ ProMedica Genito-Urinary Surgeons, LLC, an Ohio limited liability company with ProMedica Physicians Group, Inc., as its sole member.
- ◆ ProMedica Hospitalists, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ ProMedica Hospitalists, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ Memorial Professional Services, Ltd., and Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- ◆ Memorial Anesthesia, Ltd., an Ohio limited liability company with ProMedica Physicians Group, Inc., as its sole member.

40.2

ProMedica Indemnity Corporation, a Vermont corporation.

- ProMedica Insurance Corporation f/k/a ProMedica Health Ventures Corporation f/k/a Vanguard Health Ventures, Inc., an Ohio nonprofit corporation.
 - ◆ Paramount Preferred Options, Inc., an Ohio for-profit corporation, which is wholly-owned by ProMedica Insurance Corporation.
 - Health Management Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options
 - Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options
 - ◆ NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation with ProMedica Insurance Corporation as its sole member.
 - ◆ Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
 - ◆ NAIC 95566-Paramount Care of Michigan, Inc., a Michigan nonprofit corporation with ProMedica Insurance Corporation as its sole shareholder.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- ◆ NAIC 11518-Paramount Insurance Company f/k/a ProMedica Life Insurance Company, a for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
- ◆ NAIC 12353-Paramount Advantage, an Ohio nonprofit corporation with ProMedica Insurance Corporation as its sole member.
- Bay Park Community Hospital, an Ohio nonprofit corporation.
- Defiance Hospital, Inc., an Ohio nonprofit corporation.
 - ◆ Kaitlyn's Cottage, Inc., an Ohio nonprofit corporation with Defiance Hospital, Inc., as its sole member.
- Emma L. Bixby Medical Center, a Michigan nonprofit corporation ProMedica Health System, Inc. as its sole member.
 - ◆ Lenawee Long Term Care Corporation, a Michigan nonprofit corporation with Emma L. Bixby Medical Center as its sole member.
 - ◆ Herrick Memorial Development Corporation, a Michigan for-profit corporation and a wholly owned subsidiary of Emma L. Bixby Medical Center.
 - Herrick Memorial Office Plaza Condominium Association, a Michigan nonprofit corporation in which Herrick Memorial Development Corporation holds 71.8% ownership interest with various physicians having the remaining 28.2% interest.
 - ◆ Lenawee Physician Hospital Organization LLC, a Michigan limited liability company in which Emma L. Bixby Medical Center holds 50% ownership interest with Raisin River Physicians, PLC, holding the remaining 50% interest.
- Herrick Memorial Hospital, Inc., a Michigan nonprofit corporation with ProMedica Health System, Inc. as its sole member.
- The Toledo Hospital, an Ohio nonprofit corporation, of which Toledo Children's Hospital f/k/a ProMedica Children's Medical Center of Northwest Ohio and ProMedica Wildwood Orthopaedic and Spine Hospital are divisions.
 - ◆ Reynolds Road Surgery Center, LLC, an Ohio limited liability company in which The Toledo Hospital holds 62.66% ownership interest, with various physicians holding a remaining 37.34% interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

- ◆ Northwest Ohio Dedicated Breast MRI, LLC, an Ohio limited liability company in which The Toledo Hospital holds 50% ownership interest with TRA Investment Club, LLC, holding the remaining 50% interest.
- ◆ Arrowhead Behavioral Health, LLC, a Delaware limited liability company in which The Toledo Hospital holds 30% ownership interest and Toledo Holding Company, LLC, holding a remaining 70% interest.
- ◆ West Central Surgical Center, LLC, an Ohio limited liability company of which The Toledo Hospital holds 50% ownership interest and various physicians holding the remaining 50% interest.
- Flower Hospital, an Ohio nonprofit corporation.
- PHS Ventures, LLC f/k/a/ PHS Ventures, Inc., f/k/a BVPH Ventures, Inc., a Vermont LLC with ProMedica Health System, Inc., as its sole member.
- Memorial Hospital, an Ohio nonprofit corporation.
 - ◆ Fremont Hospital/Physician Organization d/b/a Cooperative Care, an Ohio for-profit corporation of which Memorial Hospital holds 50% ownership interest and various other physicians hold the remaining 50% interest.
 - Sandusky County Medical Specialists, LLC, and Ohio limited liability company of which Fremont Hospital/Physician Organizations holds 100% ownership interest.
 - ◆ East-West Holding, Ltd., and Ohio limited liability company of which Memorial Hospital holds 50% ownership interest with The Bellevue Hospital, an Ohio nonprofit corporation holding the remaining 50% interest.
- Mercy Memorial Hospital Corporation, a Michigan nonprofit corporation d/b/a ProMedica Monroe Regional Hospital.
 - ◆ Monroe Community Health Services, a Michigan nonprofit corporation.
 - ◆ Monroe Health Ventures, Inc., a Michigan for-profit corporation.
 - ◆ Mercy Memorial Surgical Co-Management Company, LLC, a Michigan limited liability company of which Monroe Regional Hospital holds a 50% ownership interest and various other physicians hold the remaining 50% interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Other Affiliated Entities

- Lima Memorial Joint Operating Company, an Ohio nonprofit corporation, in which Lima Memorial Hospital, an Ohio nonprofit corporation and PHS Ventures, LLC, each hold 50% ownership interest.
- ProMedica Orthopedic Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 40% ownership interest with various physicians holding the remaining 60% interest.
- ProMedica Cardiovascular Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 38.4% ownership interest with various physicians holding the remaining 61.6% interest.
- Interactive Physical Therapy, an Ohio limited liability company in which ProMedica Health System, Inc., holds 50% ownership interest and various individuals holding the remaining 50% interest.
- ProMedica Surgical Services Co-Management Company, LLC, an Ohio limited liability company in which The Toledo Hospital, Bay Park Community Hospital, and Flower Hospital share 50% ownership interest with various physicians holding the remaining 50% interest.
- Monroe Community Ambulance, a Michigan nonprofit corporation in which ProMedica Continuing Care Services Corporation holds 25% ownership interest, Monroe Regional Hospital holds 25% interest, and various other corporations hold the remaining 50% interest.
- Kapios, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 50% ownership interest and Kaonsoft, Inc. holds the remaining interest
- APM Plus, LLC a Delaware limited liability company in which ProMedica Health System, Inc. holds 40% ownership interest and Strategic Health System holds the remaining interest.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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