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- Supp2 Supp. Inv. Risk Interr. Pt A
- Supp9 A H Policy Experience Exhibit (Individual 9-19)
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- Supp11 A H Policy Experience Exhibit-Part 1 Summary
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- Supp80 Supplemental Health Care Exhibit-Part 1-Ohio
- Supp81 Supplemental Health Care Exhibit-Part 1 (Con't)-Ohio
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- Supp80 Supplemental Health Care Exhibit-Part 1-Grand Total
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- Supp82 Supplemental Health Care Exhibit-Part 2-Grand Total

RBC

- XR012 Underwriting Risk- Experience Fluctuation
- XR012A Underwriting Risk- Experience Fluctuation (For Info. Purposes Only)
- XR021 Business Risk
- XR021 Administrative Expense Factor
- XR022 Operational Risk (For Informational Purposes Only)
- XR023 Federal ACA Risk Adj, and Risk Corridor Sensitivity Test
- XR024 Calculation of Total RBC After Covariance-A
- XR025 Calculation of Total RBC After Covariance-B
- XR026 Calculation of Total Adjusted Capital
- XR027 Comparison of Total Adjusted Capital to RBC
- XR027 Trend Test
- ScenAdj Scenario Adj. of XR023-24 Calc. of RBC After Cov
- ScenAdj Scenario Adj. of XR025 Calc. of Total Adj. Cap.

Adjustment Adjustment for increase in premiums and tax affect of adjustment.



95189201620100105

2016

Document Code: 201

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE
Paramount Health Care

NAIC Group Code	1212 (Current Period)	1212 (Prior Period)	NAIC Company Code	95189	Employer's ID Number	341549926
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[<input type="checkbox"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]	Property/Casualty[<input type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[X] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[X]			
Incorporated/Organized	04/22/1987		Commenced Business	01/01/1988		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Jonathan Burns, Mr. (Name) jonathan.burns@promedica.org (E-Mail Address)		(419)887-2500 (Area Code) (Telephone Number) (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

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

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

DIRECTORS OR TRUSTEES

Judi Anne Gribble Ms. #
John Charles Randolph Mr.
Timothy Bublick Mr.
Mark Leslie Ferris Mr.
Jeffrey William Boersma Mr.

Dee Ann Bialecki-Haase M.D.
Cynthia Ann Geronimo Ms.
Cathy Lynn Cantor M.D.
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 January, 2017

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

Yes[] No[X]
1
41

(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. #

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	50,510	50,510	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities	67,648	13,420	.....	.....	.....	81,068
0499999 Premiums due and unpaid from Medicaid entities	3,000,000	.....	.....	.....	.....	3,000,000
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	3,067,648	13,420	.....	50,510	50,510	3,081,068



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 1212

NAIC Company Code 95189

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	13,285							13,285		
2. First Quarter	14,259							14,259		
3. Second Quarter	14,267							14,267		
4. Third Quarter	14,253							14,253		
5. Current Year	14,169							14,169		
6. Current Year Member Months	170,982							170,982		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	33,371							33,371		
8. Non-Physician	2,514							2,514		
9. TOTAL	35,885							35,885		
10. Hospital Patient Days Incurred	49,352							49,352		
11. Number of Inpatient Admissions	4,345							4,345		
12. Health Premiums Written (b)	176,750,898							176,750,898		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	176,750,898							176,750,898		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	150,548,351							150,548,351		
18. Amount Incurred for Provision of Health Care Services	151,142,994							151,142,994		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....176,750,898



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95189

NAIC Group Code 1212

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	13,285							13,285		
2. First Quarter	14,259							14,259		
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(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....176,750,898

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	91,258,974		91,258,974
2. Accident and health premiums due and unpaid (Line 15)	3,081,068		3,081,068
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	10,965,652		10,965,652
6. TOTAL Assets (Line 28)	105,305,694		105,305,694
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,471,838		16,471,838
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	251,413		251,413
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	14,395,830		14,395,830
15. TOTAL Liabilities (Line 24)	31,119,081		31,119,081
16. TOTAL Capital and Surplus (Line 33)	74,186,613	X X X	74,186,613
17. TOTAL Liabilities, Capital and Surplus (Line 34)	105,305,694		105,305,694
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes
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The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No
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Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



9518920163600005 2016 Document Code: 360

Health Life Supplement



9518920162050005 2016 Document Code: 205

Health Property / Casualty Supplement



9518920162070005 2016 Document Code: 207

Schedule SIS



9518920164200005 2016 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



9518920163710005 2016 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



9518920163700005 2016 Document Code: 370

Medicare Part D Coverage Supplement



9518920163650005 2016 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



9518920162240005 2016 Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



9518920162250005

2016

Document Code: 225

LTC Supplemental Interrogatories



9518920163060005

2016

Document Code: 306

Health Property/Casualty Supplement - Insurance Expense Exhibit



9518920162130005

2016

Document Code: 213

Approval for Relief related to Require. for Audit Committees



9518920162260005

2016

Document Code: 226

Health Life Supplement - LHA Guaranty Association Reconciliation



9518920162110005

2016

Document Code: 211

Management's Report of Internal Control over Financial Reporting



9518920162230005

2016

Document Code: 223