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2017

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2017
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[X]	Property/Casualty[]	Hospital, Medical & Dental Service or Indemnity[]			
	Dental Service Corporation[]	Vision Service Corporation[]	Health Maintenance Organization[]			
	Other[]	Is HMO Federally Qualified? Yes[] No[X] N/A[]				
Incorporated/Organized	04/19/2002		Commenced Business	09/26/2002		
Statutory Home Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1901 Indian Wood Circle (Street and Number)		Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)			
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.paramounthealthcare.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	#
James Frederick White 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.
 Cynthia Ann Geronimo Ms.
 Julie Anne Bartnik Ms.
 Vincent Mature Davis Mr.
 Lynn Eric Olman Mr.

Dee Ann Bialecki-Haase MD.
 John Charles Randolph Mr.
 Jeffrey William Boersma Mr.
 Amy Lynn Hall Ms.
 Richard Arthur Wasserman 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 _____, 2018

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)

Andrea Marie Gibbons Ms.
John Paul Imm M.D. #
Douglas J Welch Mr. #

Traci Nicole Watkins M.D.
Lynn Azar Isaac Mr. #
Mark Duane Wagoner Mr. #

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)	22,808,541		22,808,541	32,428,575
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	12,918,222		12,918,222	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 (\$.....18,769,570, Schedule E Part 1), cash equivalents (\$.....155,244, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	18,924,814		18,924,814	27,079,869
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities	300		300	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)	54,651,877		54,651,877	71,427,318
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	155,555		155,555	204,883
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection		846,153	100,939	745,214
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)	218,897		218,897	631,451
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	148,379		148,379	845,324
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	807,732	4,037	803,695	909,698
18.1 Current federal and foreign income tax recoverable and interest thereon	5,799,677		5,799,677	1,280,850
18.2 Net deferred tax asset				312,374
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	10,922,554		10,922,554	9,397,173
24. Health care (\$.....1,717,730) and other amounts receivable	1,717,730		1,717,730	1,919,184
25. Aggregate write-ins for other than invested assets	14,304,483	207,483	14,097,000	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	89,573,037	312,459	89,260,578	87,472,836
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	89,573,037	312,459	89,260,578	87,472,836
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	207,483	207,483		
2502. Advance claim payments	14,097,000		14,097,000	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	14,304,483	207,483	14,097,000	

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	15,819,462		15,819,462	15,679,740
2. Accrued medical incentive pool and bonus amounts	757,144		757,144	757,142
3. Unpaid claims adjustment expenses	496,000		496,000	507,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	3,195,880		3,195,880	2,720,423
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,292,130		2,292,130	1,938,094
9. General expenses due or accrued	3,236,118		3,236,118	3,580,013
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability	3,203,866		3,203,866	
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	11,082,374		11,082,374	8,945,133
16. Derivatives				
17. Payable for securities	2,303		2,303	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	14,148,997		14,148,997	15,333,270
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	54,234,274		54,234,274	56,754,300
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,673,827	
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	26,000,000	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	5,352,477	3,718,536
32. Less treasury stock, at cost:				
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	35,026,304	30,718,536
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	89,260,578	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	2,673,827	
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	2,673,827	
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	456,827	470,497
1. Member Months	XXX	456,827	470,497
2. Net premium income (including \$.....0 non-health premium income)	XXX	160,940,254	158,033,211
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	160,940,254	158,033,211
Hospital and Medical:			
9. Hospital/medical benefits		106,193,255	96,039,278
10. Other professional services		412,498	488,446
11. Outside referrals			
12. Emergency room and out-of-area		7,819,689	14,766,243
13. Prescription drugs		21,925,412	18,959,154
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		757,144	757,142
16. Subtotal (Lines 9 to 15)		137,107,998	131,010,263
Less:			
17. Net reinsurance recoveries		1,530,597	1,334,944
18. TOTAL Hospital and Medical (Lines 16 minus 17)		135,577,401	129,675,319
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....2,532,809 cost containment expenses		3,123,164	2,619,031
21. General administrative expenses		15,940,432	16,663,941
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)		154,640,997	148,958,291
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,299,257	9,074,920
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,019,904	200,579
26. Net realized capital gains (losses) less capital gains tax of \$.....25,805		47,924	(58,686)
27. Net investment gains (losses) (Lines 25 plus 26)		1,067,828	141,893
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		569	
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	7,367,654	9,216,813
31. Federal and foreign income taxes incurred	XXX	(2,387,175)	3,887,929
32. Net income (loss) (Lines 30 minus 31)	XXX	9,754,829	5,328,884
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		569	
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)		569	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	30,718,536	25,088,548
34. Net income or (loss) from Line 32	9,754,829	5,328,884
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	2,006,514	9,068
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(3,516,240)	(198,430)
39. Change in nonadmitted assets	62,665	490,466
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	(4,000,000)	
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	4,307,768	5,629,988
49. Capital and surplus end of reporting year (Line 33 plus 48)	35,026,304	30,718,536
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 2017 OF THE **PARAMOUNT INSURANCE COMPANY**
CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	161,989,085	156,006,632
2.	Net investment income	1,301,819	89,377
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	163,290,904	156,096,009
5.	Benefit and loss related payments	134,539,278	128,127,528
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	20,484,086	14,269,473
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	2,157,457	6,581,375
10.	TOTAL (Lines 5 through 9)	157,180,821	148,978,376
11.	Net cash from operations (Line 4 minus Line 10)	6,110,083	7,117,633
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	26,808,314	25,826,231
12.2	Stocks	2,288,101	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
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	29,096,415	33,044,271
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	17,653,849	52,705,881
13.2	Stocks	1,059,089	11,812,379
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	7,206,617	21,679
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	25,919,554	64,539,939
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)	3,176,860	(31,495,668)
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	4,000,000	
16.6	Other cash provided (applied)	(13,441,998)	665,612
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(17,441,998)	665,612
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)	(8,155,055)	(23,712,423)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	27,079,869	50,792,292
19.2	End of year (Line 18 plus Line 19.1)	18,924,814	27,079,869

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 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	160,940,254	156,760,437	3,242,722			388,920			548,175	
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)	160,940,254	156,760,437	3,242,722			388,920			548,175	
8. Hospital/medical benefits	106,193,255	103,402,206	2,158,740			139,804			492,505	XXX
9. Other professional services	412,498	391,890	20,126			482				XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area	7,819,689	7,698,356	110,832			10,501				XXX
12. Prescription drugs	21,925,412	21,547,699				283,826			93,887	XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts	757,144	729,460	27,684							XXX
15. Subtotal (Lines 8 to 14)	137,107,998	133,769,611	2,317,382			434,613			586,392	XXX
16. Net reinsurance recoveries	1,530,597	1,530,597								XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	135,577,401	132,239,014	2,317,382			434,613			586,392	XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....2,532,809 cost containment expenses		3,123,164	2,915,675	132,900		9,814			64,775	
20. General administrative expenses	15,940,432	16,373,932	678,311			50,092			(1,161,903)	XXX
21. Increase in reserves for accident and health contracts										
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	154,640,997	151,528,621	3,128,593			494,519			(510,736)	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	6,299,257	5,231,816	114,129			(105,599)			1,058,911	
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		
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0603.		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		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		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)	157,926,957	.....	1,166,520	156,760,437
2. Medicare Supplement	3,242,722	.....	.....	3,242,722
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan	388,920	.....	.....	388,920
6. Title XVIII - Medicare .....	.....	.....	.....	.....
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health	2,038,744	.....	1,490,569	548,175
9. Health subtotal (Lines 1 through 8)	163,597,343	.....	2,657,089	160,940,254
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11)	163,597,343	.....	2,657,089	160,940,254

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	136,009,678	132,770,280	2,254,321			423,271			561,806	
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	2,375,921	2,375,921								
1.4 Net	133,633,757	130,394,359	2,254,321			423,271			561,806	
2. Paid medical incentive pools and bonuses	757,142	729,560	27,582							
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	15,819,462	15,049,602	431,580			33,733			304,547	
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	15,819,462	15,049,602	431,580			33,733			304,547	
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	757,144	729,460	27,684							
6. Net healthcare receivables (a)	(201,454)	(156,761)	(45,193)						500	
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	15,679,740	14,936,491	441,397			22,391			279,461	
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	15,679,740	14,936,491	441,397			22,391			279,461	
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	757,142	729,560	27,582							
11. Amounts recoverable from reinsurers December 31, prior year	845,324	845,324								
12. Incurred benefits:										
12.1 Direct	136,350,854	133,040,152	2,289,697			434,613			586,392	
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	1,530,597	1,530,597								
12.4 Net	134,820,257	131,509,555	2,289,697			434,613			586,392	
13. Incurred medical incentive pools and bonuses	757,144	729,460	27,684							

(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	4,537,873	4,433,054	104,819							
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	4,537,873	4,433,054	104,819							
2. Incurred but Unreported:										
2.1 Direct	11,281,589	10,616,548	326,761			33,733			304,547	
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	11,281,589	10,616,548	326,761			33,733			304,547	
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	15,819,462	15,049,602	431,580			33,733			304,547	
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	15,819,462	15,049,602	431,580			33,733			304,547	

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)	11,953,926	119,285,757	98,289	14,951,314	12,052,215	14,936,491
2. Medicare Supplement	287,091	1,967,230	(1,195)	432,775	285,896	441,397
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan	3,880	419,391		33,733	3,880	22,391
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	290,345	271,461		304,547	290,345	279,461
9. Health subtotal (Lines 1 to 8)	12,535,242	121,943,839	97,094	15,722,369	12,632,336	15,679,740
10. Healthcare receivables (a)		1,717,730				1,919,184
11. Other non-health						
12. Medical incentive pool and bonus amounts	757,142			757,144	757,142	757,142
13. TOTALS (Lines 9 - 10 + 11 + 12)	13,292,384	120,226,109	97,094	16,479,513	13,389,478	14,517,698

(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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	2,994	2,836	2,712	2,672	2,651
2. 2013	53,820	64,795	64,561	64,520	64,504
3. 2014	XXX	107,695	119,979	121,065	121,027
4. 2015	XXX	XXX	110,519	120,467	120,555
5. 2016	XXX	XXX	XXX	117,212	130,488
6. 2017	XXX	XXX	XXX	XXX	121,943

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	3,010	2,836	2,712	2,672	2,651
2. 2013	66,592	64,795	64,561	64,520	64,504
3. 2014	XXX	124,214	119,985	121,065	121,027
4. 2015	XXX	XXX	124,888	120,467	120,555
5. 2016	XXX	XXX	XXX	133,649	130,585
6. 2017	XXX	XXX	XXX	XXX	138,423

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. 2013	79,183	64,504	917	1.422	65,421	82.620			65,421	82.620
2. 2014	151,624	121,027	2,089	1.726	123,116	81.198			123,116	81.198
3. 2015	146,897	120,555	2,802	2.324	123,357	83.975			123,357	83.975
4. 2016	158,034	130,488	2,593	1.987	133,081	84.211	97		133,178	84.272
5. 2017	160,940	121,943	2,688	2.204	124,631	77.440	16,480	496	141,607	87.988

12 Total

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	2,642	2,493	2,369	2,328	2,307
2. 2013	51,647	62,153	61,918	61,879	61,863
3. 2014	XXX	105,852	117,633	118,721	118,685
4. 2015	XXX	XXX	108,720	117,862	117,948
5. 2016	XXX	XXX	XXX	114,995	127,662
6. 2017	XXX	XXX	XXX	XXX	119,286

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	2,654	2,493	2,369	2,328	2,307
2. 2013	63,515	62,153	61,918	61,879	61,863
3. 2014	XXX	121,785	117,639	118,721	118,685
4. 2015	XXX	XXX	122,138	117,862	117,948
5. 2016	XXX	XXX	XXX	130,662	127,760
6. 2017	XXX	XXX	XXX	XXX	134,967

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. 2013	75,890	61,863	861	1.391	62,724	82.651			62,724	82.651
2. 2014	147,680	118,685	1,981	1.669	120,666	81.708			120,666	81.708
3. 2015	143,353	117,948	2,679	2.272	120,627	84.147			120,627	84.147
4. 2016	154,213	127,662	2,427	1.901	130,089	84.357	98		130,187	84.420
5. 2017	156,760	119,286	2,522	2.114	121,808	77.703	15,681	472	137,961	88.008

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	331	322	322	323	323
2. 2013	1,945	2,296	2,297	2,295	2,295
3. 2014	XXX	1,823	2,199	2,197	2,195
4. 2015	XXX	XXX	1,550	2,244	2,246
5. 2016	XXX	XXX	XXX	1,895	2,210
6. 2017	XXX	XXX	XXX	XXX	1,967

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	335	322	322	323	323
2. 2013	2,543	2,296	2,297	2,295	2,295
3. 2014	XXX	2,109	2,199	2,197	2,195
4. 2015	XXX	XXX	2,212	2,244	2,246
5. 2016	XXX	XXX	XXX	2,363	2,209
6. 2017	XXX	XXX	XXX	XXX	2,427

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. 2013	2,895	2,295	43	1.874	2,338	80.760			2,338	80.760
2. 2014	3,161	2,195	73	3.317	2,268	71.743			2,268	71.743
3. 2015	3,064	2,246	81	3.624	2,327	75.960			2,327	75.960
4. 2016	3,019	2,210	109	4.918	2,319	76.803	(1)		2,318	76.770
5. 2017	3,243	1,967	112	5.712	2,079	64.118	460	14	2,553	78.734

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.....	.....	.....	.....	.....
2. 2013 .....	.....	.....	.....	.....	.....
3. 2014	XXX	.....	.....	.....	.....
4. 2015	XXX	XXX	.....	.....	.....
5. 2016	XXX	XXX	XXX	150	154
6. 2017	XXX	XXX	XXX	XXX	419

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior .....	.....	.....	.....	.....	.....
2. 2013 .....	.....	.....	.....	.....	.....
3. 2014	XXX	.....	.....	.....	.....
4. 2015	XXX	XXX	.....	.....	.....
5. 2016	XXX	XXX	XXX	172	154
6. 2017	XXX	XXX	XXX	XXX	453

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. 2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2014 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2015 .....	.....	.....	0	.....	0	.....	.....	.....	0	.....
4. 2016	235	154	5	3.012	159	67.505	.....	.....	159	67.505
5. 2017	389	419	9	2.139	428	110.016	34	1	463	119.013

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	21	21	21	21	21
2. 2013	228	346	346	346	346
3. 2014	XXX	20	147	147	147
4. 2015	XXX	XXX	249	361	361
5. 2016	XXX	XXX	XXX	172	462
6. 2017	XXX	XXX	XXX	XXX	271

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	21	21	21	21	21
2. 2013	534	346	346	346	346
3. 2014	XXX	320	147	147	147
4. 2015	XXX	XXX	538	361	361
5. 2016	XXX	XXX	XXX	452	462
6. 2017	XXX	XXX	XXX	XXX	576

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. 2013	398	346	13	3.874	359	90.302			359	90.302
2. 2014	783	147	35	23.698	182	23.223			182	23.223
3. 2015	480	361	41	11.405	402	83.786			402	83.786
4. 2016	567	462	53	11.385	515	90.758			515	90.758
5. 2017	548	271	45	16.627	316	57.675	305	9	630	114.974

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) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Aggregate write-ins for other policy reserves	3,195,880	3,195,880	.....	.....	.....	.....	.....	.....	.....
6. TOTALS (Gross)	3,195,880	3,195,880	.....	.....	.....	.....	.....	.....	.....
7. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. TOTALS (Net) (Page 3, Line 4)	3,195,880	3,195,880	.....	.....	.....	.....	.....	.....	.....
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	278,560	278,560	.....	.....	.....	.....	.....	.....	.....
0502. Risk Adjustment	2,917,320	2,917,320	.....	.....	.....	.....	.....	.....	.....
0503. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	3,195,880	3,195,880	.....	.....	.....	.....	.....	.....	.....
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)	22,489	16,111	162,790		201,390
2. Salaries, wages and other benefits	3,324,749	681,302	6,275,359		10,281,410
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			7,944,910		7,944,910
4. Legal fees and expenses			45,700		45,700
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	168,204		3,728,951		3,897,155
7. Traveling expenses	61,603	115	37,584		99,302
8. Marketing and advertising	126		984,840		984,966
9. Postage, express and telephone			128,100		128,100
10. Printing and office supplies	83,202	1,228	177,377		261,807
11. Occupancy, depreciation and amortization			19,619		19,619
12. Equipment	19		69,437		69,456
13. Cost or depreciation of EDP equipment and software			267,639		267,639
14. Outsourced services including EDP, claims, and other services	54,691	167,815	901,075		1,123,581
15. Boards, bureaus and association fees	2,779		20,868		23,647
16. Insurance, except on real estate					
17. Collection and bank service charges			431,774		431,774
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(1,185,053)	(276,216)	(7,458,222)		(8,919,491)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes			48,494		48,494
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			553,757		553,757
23.2 State premium taxes			1,445,858		1,445,858
23.3 Regulatory authority licenses and fees			102,903		102,903
23.4 Payroll taxes			51,087		51,087
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere				99,044	99,044
25. Aggregate write-ins for expenses			532		532
26. TOTAL Expenses Incurred (Lines 1 to 25)	2,532,809	590,355	15,940,432	99,044	(a) 19,162,640
27. Less expenses unpaid December 31, current year	411,680	84,320	3,236,118		3,732,118
28. Add expenses unpaid December 31, prior year	354,900	152,100	3,580,013		4,087,013
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)	2,476,029	658,135	16,284,327	99,044	19,517,535

DETAILS OF WRITE-INS

2501. Other			532		532
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)			532		532

(a) Includes management fees of \$.....14,511,931 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)	170,441	171,270
1.1 Bonds exempt from U.S. tax	(a) .....	.....	.....
1.2 Other bonds (unaffiliated)	(a)	709,729	648,674
1.3 Bonds of affiliates	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	282,200	290,233
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)	9,412	8,771
7. Derivative instruments	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL Gross investment income	1,171,782	.....	1,118,948
11. Investment expenses	(g)	99,044	.....
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) .....	.....	99,044	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	1,019,904
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 \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 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	(165,919)	.....	(165,919)	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated)	(86,753)	.....	(86,753)	.....	.....
1.3 Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated)	344,895	(17,702)	327,193	.....	.....
2.21 Common stocks of affiliates .....	.....	.....	.....	.....	.....
3. Mortgage loans .....	.....	.....	.....	.....	.....
4. Real estate .....	.....	.....	.....	.....	.....
5. Contract loans .....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments	(792)	.....	(792)	2,006,514	.....
7. Derivative instruments .....	.....	.....	.....	.....	.....
8. Other invested assets .....	.....	.....	.....	.....	.....
9. Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10. TOTAL Capital gains (losses)	91,431	(17,702)	73,729	2,006,514	.....

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) .....	.....	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE **PARAMOUNT INSURANCE COMPANY**
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	100,939	108,356	7,417
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	4,037	16,143	12,106
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
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			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets	207,483	250,625	43,142
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	312,459	375,124	62,665
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	312,459	375,124	62,665
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	207,483	196,512	(10,971)
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)	207,483	250,625	43,142

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	25,995	25,969	25,416	24,769	24,518	303,470
2. Provider Service Organizations						
3. Preferred Provider Organizations	7,326	7,246	7,280	7,309	7,410	87,464
4. Point of Service	393	343	329	324	318	4,017
5. Indemnity Only	92	56	54	48	51	653
6. Aggregate write-ins for other lines of business	6,311	6,168	2,677	3,855	3,957	61,223
7. TOTAL	40,117	39,782	35,756	36,305	36,254	456,827
DETAILS OF WRITE-INS						
0601. Stop loss	6,244	6,103	2,614	3,793	3,895	60,464
0602. PDP	67	65	63	62	62	759
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	6,311	6,168	2,677	3,855	3,957	61,223

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	2017	2016
	Ohio		
NET INCOME			
Paramount Insurance Company state basis		9,754,829	5,328,884
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		9,754,829	5,328,884
SURPLUS			
Paramount Insurance Company state basis		35,026,304	30,718,536
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		35,026,304	30,718,536

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 repurchase agreements or security lending transactions.
- F. The company does not have any repurchase agreements.
- G. The company does not have any reverse repurchase agreements.
- H. The company does not have repurchase agreements accounted for as a sale.
- I. The company does not have reverse repurchase agreements accounted for as a sale.
- J. The company does not have any real estate investments
- K. The company does not have any low-income housing tax credits.
- L. Restricted Assets

Notes to Financial Statements

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	Total Current year nonadmitted Restricted	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							
k. On deposit with other regulatory bodies	674,780	674,890	(110)	-	674,890	0.8%	0.8%
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	674,780	674,890	(110)		674,890	0.8%	0.8%

- M. The company does not have any working capital financing investments.
- N. The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.
- O. The company does not have any structured notes.
- P. The company does not have any 5* securities.
- Q. The company does not have any short sales.
- R. Prepayment Penalty and Acceleration Fees
 - 1. Number of Cusips 18
 - 2. Aggregate Amount of Investment Income \$51,327

Notes to Financial Statements

6. Joint ventures, Partnerships and Limited Liability Companies

-NOT APPLICABLE

7. Investment Income

The Company does not have any nonadmitted accrued investment income.

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, 2017 and 2016.

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

	December 31, 2017			December 31, 2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ 205,187	\$ 2,810	\$ 207,997	\$ 312,683	\$ 64	\$ 312,747	\$ (107,496)	\$ 2,746	\$ (104,750)
(b) Statutory valuation allowance	_____	_____	_____	_____	_____	_____	_____	_____	_____
(c) Adjusted gross deferred tax assets	205,187	2,810	207,997	312,683	64	312,747	(107,496)	2,746	(104,750)
(d) Deferred tax assets nonadmitted	_____	_____	_____	_____	_____	_____	_____	_____	_____
(e) Subtotal net admitted deferred tax assets	205,187	2,810	207,997	312,683	64	312,747	(107,496)	2,746	(104,750)
(f) Deferred tax liabilities	2,979,693	432,170	3,411,863	373	_____	373	2,979,320	432,170	3,411,490
(g) Net admitted deferred tax asset	<u>\$ (2,774,506)</u>	<u>\$ (429,360)</u>	<u>\$ (3,203,866)</u>	<u>\$ 312,310</u>	<u>\$ 64</u>	<u>\$ 312,374</u>	<u>\$ (3,086,816)</u>	<u>\$ (429,424)</u>	<u>\$ (3,516,240)</u>

	12/31/2017			12/31/2016			Change		Capital	Total
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital		
Admission Calculation Components SSSAP No. 101										
(a) Federal Income Taxes Paid in Prior Years										
Recoverable Through Loss Carrybacks	\$ 205,187	\$ -	\$ 205,187	\$ 312,683	\$ 64	\$ 312,747	\$ (107,496)	\$ (64)	\$ (107,560)	
(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.	_____	_____	_____	_____	_____	_____	_____	_____	_____	
2. Adjusted Gross Deferred Tax Assets										
Allowed per Limitation Threshold.				5,253,946			4,560,924			693,022
(c) Adjusted Gross Deferred Tax Assets										
(Excluding The Amount of Deferred Tax	(2,979,693)	(429,360)	(3,409,053)	(373)	_____	(373)	(2,979,693)	_____		(2,979,693)
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	\$ (2,774,506)	\$ (429,360)	\$ (3,203,866)	\$ 312,310	\$ 64	\$ 312,374	\$ (3,086,816)	\$ (429,424)	\$ (3,516,240)

Notes to Financial Statements

	2017	2016
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation		
Amount	530%	471%
(b) Amount of Adjusted Capital and Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 above	35,026,304	30,406,162

	2017		2016		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
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	205,187	2,810	312,683	64	(107,496)	2,746
(2) % total adjusted gross DTAs	-	-	-	-	-	-
(3) Net admitted adjusted gross DTAs from 9A1e	205,187	2,810	312,683	64	(107,496)	2,746
(4) % of total net admitted adjusted gross DTAs	-	-	-	-	-	-
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, 2017 and 2016.

C. -Current income taxes incurred consisted of the following major components:

Notes to Financial Statements

			<u>12/31/2017</u>	<u>12/31/2016</u>	<u>Change</u>
1.	Current Income Tax				
	(a) Federal		\$ (2,403,541)	\$ 3,866,916	\$ (6,270,457)
	(b) Federal income tax on capital gains		25,805	(31,600)	57,405
	(c) Other		<u>16,366</u>	<u>21,013</u>	<u>(4,647)</u>
	(d) Federal income taxes incurred		\$ (2,361,370)	\$ 3,856,329	\$ (6,217,699)
2.	Deferred tax assets:				
	(a) Ordinary				
	(1) Discounting on claims payable		\$ 43,301	\$ 45,723	\$ (2,422)
	(2) Unearned premiums		96,269	135,667	(39,398)
	(3) Accrued Vacation				-
	(4) Other accruals				-
	(5) Amortization				-
	(6) Depreciation				-
	(7) Allowance for doubtful accounts				-
	(8) Non admitted other aggregate write ins		65,617	131,293	(65,676)
	(9) Other		<u>-</u>	<u>-</u>	<u>-</u>
		Subtotal	205,187	312,683	(107,496)
	(b) Statutory valuation allowance adjustment		-	-	-
	(c) Nonadmitted		<u>-</u>	<u>-</u>	<u>-</u>
	(d) Admitted ordinary deferred tax assets		<u>205,187</u>	<u>312,683</u>	<u>(107,496)</u>
	(e) Capital				
	(1) Impairment of securities		-	-	-
	(2) Other		<u>2,810</u>	<u>64</u>	<u>2,746</u>
		Subtotal	<u>2,810</u>	<u>64</u>	<u>2,746</u>
	(f) Statutory valuation allowance adjustment		-	-	-
	(g) Nonadmitted		<u>-</u>	<u>-</u>	<u>-</u>
	(h) Admitted capital deferred tax assets		<u>2,810</u>	<u>64</u>	<u>2,746</u>
	(i) Admitted deferred tax assets		<u>207,997</u>	<u>312,747</u>	<u>(104,750)</u>
3.	Deferred tax liabilities:				
	(a) Ordinary				
	(1) Advance medical payments		2,962,281	373	2,961,908
	(2) Transition liability		<u>17,412</u>	<u>-</u>	<u>17,412</u>
		Subtotal	<u>2,979,693</u>	<u>373</u>	<u>2,979,320</u>
	(b) Capital				
	(1) Unrealized gain		-	-	-
	(2) Other		<u>432,170</u>	<u>-</u>	<u>432,170</u>
		Subtotal	<u>432,170</u>	<u>-</u>	<u>432,170</u>
	(c) Deferred tax liabilities		<u>\$ 3,411,863</u>	<u>\$ 373</u>	<u>\$ 3,411,490</u>
4.	Net deferred tax assets/liabilities		<u>\$ (3,203,866)</u>	<u>\$ 312,374</u>	<u>\$ (3,516,240)</u>

On December 22, 2017, the U.S. government enacted comprehensive tax legislation commonly referred to as the Tax Cuts and Jobs Act (the "Tax Act"). The Tax Act makes broad and complex changes to the U.S. tax code, including, but not limited to, (1) reducing the U.S. federal corporate tax rate from 35 percent to 21 percent; (2) eliminating the corporate alternative minimum tax (AMT) and changing how existing AMT credits can be realized; (3) bonus

Notes to Financial Statements

depreciation that will allow for full expensing of qualified property; (4) and changing rules regarding the discounting of property and casualty reserves for tax return purposes.

As a result of the Tax Act, the company re-measured its deferred tax inventory at the date of enactment. Illustrated below is the impact of the tax rate change on deferred taxes as a result of the Tax Act. Of the \$3,084,006 decrease in net deferred income taxes charged to surplus in the current year, \$1,847,797 was related to the re-measurement. Of the \$432,234 change in taxes associated with the change in unrealized gains and losses as a charge to surplus, \$288,113 was related to the re-measurement.

	Deferred Taxes at 35%	Deferred Taxes at 21%	Tax rate impact
Operating Deferred Tax Items	(4,619,493)	(2,771,696)	(1,847,797)
Unrealized Deferred Tax Items	(720,283)	(432,170)	(288,113)
Net Deferred Taxes	(5,339,776)	(3,203,866)	(2,135,910)

The SEC staff issued SAB 118, which provides guidance on accounting for the tax effects of the Tax Act. SAB 118 provides a measurement period that should not extend beyond one year from the Tax Act enactment date for companies to complete the accounting under ASC 740. In accordance with SAB 118, a company must reflect the income tax effects of those aspects of the Act for which the accounting under ASC 740 is complete. To the extent that a company's accounting for certain income tax effects of the Tax Act is incomplete but it is able to determine a reasonable estimate, it must record a provisional estimate in the financial statements. If a company cannot determine a provisional estimate to be included in the financial statements, it should continue to apply ASC 740 on the basis of the provisions of the tax laws that were in effect immediately before the enactment of the Tax Act.

The Statutory Accounting Principles (E) Working Group issued INT 18-01: Updated tax Estimates under the Tax Cuts and Jobs Act which provided that year-end 2017 financials should reflect the income tax effects of the Act in which the accounting estimates under SSAP No. 101 are complete. Further, the financials shall recognize impacts for accounting estimates under the Act that may be considered incomplete when a reasonable estimate determinable. Furthermore, consistent with SAB 118, for specific income tax effects of the Act for which a reasonable estimate cannot be determined, reporting entities shall not recognize provisional amounts in the 2017 statutory financial statements. Furthermore, the guidance provided for disclosure for amounts that are incomplete similar to the disclosures required in SAB 118.

Our accounting for the following elements of the Tax Act is incomplete, although we were able to make reasonable estimates of the effects.

Reduction of U.S. federal corporate tax rate: The Act reduces the corporate tax rate to 21 percent, effective January 1, 2018. Consequently, we have recorded an increase related to net DTLs before non-admittance of \$2,135,910. A corresponding increase to surplus for change in net deferred taxes of \$1,847,797 and a \$288,113 increase to surplus for change in tax associated with unrealized gains and losses was recorded for this amount. We expect to finalize this amount upon completion of the 2017 tax return during the fourth quarter of 2018.

Accident and health reserves: The Act changes the discount rate and payment patterns utilized to discount certain lines of business when computing the allowable tax reserve deduction. No guidance has been issued regarding the appropriate interest rate and appropriate payment patterns to use to revalue the reserves. The company has estimated an updated tax reserve using a 1% increase over the current interest rate resulting in an immaterial increase to the reserve. The Company expects the ultimate adjustment to be immaterial when determined during 2018.

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:

	2017	%	2016	%
Provision computed at statutory rate	\$ 2,587,711	35 %	\$ 3,214,825	35 %
Non-deductible ACA fee			\$ 666,273	7 %
Tax Rate Impact-Tax Reform	\$ (1,847,797)	(25)%		
Change in non-admitted assets	\$ 21,933	%	\$ 170,530	1 %
Other	<u>(39,211)</u>		<u>(43)</u>	
 Total	<u><u>\$ 722,636</u></u>	<u><u>10 %</u></u>	<u><u>\$ 4,051,585</u></u>	<u><u>44 %</u></u>
 Federal income taxes incurred	\$ (2,403,541)	(33)%	\$ 3,866,916	42 %
Change in net deferred income taxes	3,084,006	42	195,256	2
Other	<u>42,171</u>	<u>1</u>	<u>(10,587)</u>	
 Total statutory income taxes	<u><u>\$ 722,636</u></u>	<u><u>10 %</u></u>	<u><u>\$ 4,051,585</u></u>	<u><u>44 %</u></u>

E.-At December 31, 2017 and 2016, 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 2015, 2016 and 2017 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2017	-	-	-
2016	3,851,683	-	3,851,683
2015	-	1,729	1,729

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), Health Resources Inc. (HRI) and Paramount Preferred Services (PPS). 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, 2017 and 2016, 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 2013 remain open to examination by the Internal Revenue Service, and 2012 remains open to other state and local tax authorities. As of December 31, 2017, there are no U.S. federal or state returns under examination.

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

Notes to Financial Statements

affiliates include PCM, PPO, PCI, PBA, HRI and PA. The Company also has many area 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, 2017 and 2016 the Company was allocated general administrative expenses of \$12,135,707 and \$11,373,436, respectively.

ProMedica allocates corporate overhead to all ProMedica entities pursuant to a Cost Allocation Agreement. The Company was allocated \$2,376,224 and \$2,481,855 of overhead expense in 2017 and 2016, 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, 2017 and 2016

	Due from	Due to	Due from	Due to
ProMedica Health System	1,557,480		1,167,159	
Paramount Care, Inc.		(3,795,863)		(1,701,789)
Paramount Care of Michigan		(1,619,404)	3,238	0
Paramount Advantage		(5,667,107)		(5,774,136)
Defiance Hospital	246,776		430,307	
Fostoria Hospital	179,385		198,846	
Memorial Hospital	193,266		187,522	
Monroe Regional Hospital	468,354		730,465	
Bay Park	208,489		335,687	
ProMedica North Region	340,008		692,964	
ProMedica Insurance Corp	3,080,771			(1,465,208)
Toledo Hospital	2,215,210		2,433,516	
Flower Hospital	698,791		784,493	
ProMedical Continuing Care Services	402,574		822,167	
ProMedica Physicians Group	1,331,421		1,610,809	
Other	29			(4,000)
	10,922,554	(11,082,374)	9,397,173	(8,945,133)

Claims paid to affiliated entities during fiscal year 2017 and 2016

Notes to Financial Statements

	2017	2016
	Paid	Paid
Bay Park Community Hospital	\$ 2,823,534	\$ 3,155,539
ProMedica North Region	516,291	356,004
Defiance Hospital	746,105	680,209
Flower Hospital	8,822,487	8,457,677
Fostoria Hospital	213,254	353,190
Memorial Hospital	675,882	666,548
Mercy Memorial Hospital	846,638	618,716
ProMedica Physicians Group	8,301,468	8,155,611
ProMedica Continuing Care Services	405,027	472,176
St. Lukes Hospital	-	2,568,811
The Toledo Hospital	18,240,589	19,969,614
	\$ 41,591,275	\$ 45,454,095

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), Health Resources Inc, (HRI) and Paramount Preferred Services (PPS). 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 2017 and 2016:

	2017	2016
Paramount Care Inc	\$ 5,703,015	\$ (913,946)
Paramount Care of Michigan	695,723	(196,629)
Paramount Benefits Agency	5,107	3,261
Paramount Preferred Options	(24,443)	(16,200)
Paramount Insurance Company	5,799,677	1,280,850
Health Management Solutions	698,370	359,005
Paramount Preferred Solutions	182,542	(69,037)
ProMedica Insurance Corp	(13,059,991)	(447,304)

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.
- 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

Notes to Financial Statements

the prior 12 month period). Additionally, the Company must obtain prior approval for dividends not paid from earned surplus.

- D. The Company paid a \$4,000,000 dividend to its parent company, ProMedica Insurance Corp during 2017. No dividends were paid during 2016.
- E. 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.
- F. There were no restrictions placed on the Company's surplus.
- G. The Company did not receive any capital contributions in 2017 or 2016.
- H. There is no stock being held by the Company.
- I. The Company has no special surplus funds.
- J. The portion of unassigned funds (surplus) that has been represented or reduced by cumulative unrealized gains and losses is \$2,006,514
- K. The Company has no surplus debentures or other outstanding obligations.
- L. 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 2017:

	ASO	Uninsured Portion of Partially Insured Plans	
	Uninsured Plans	Insured Plans	Total ASO Due from
Net reimbursement for administrative Expenses (including admin fees) in excess fo actual expenses	\$ 1,492,511		\$ 1,492,511
Total net other income or expenses including interest paid to or received from plans	0		0
Total gain or (loss) from operations	1,492,511		1,492,511
Claim payments	\$ 167,841,056		\$ 167,841,056

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

Notes to Financial Statements

-NOT APPLICABLE

20. Fair Value Measurement

A1.

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Total
Assets at fair value				
Common Stock				
Industrial and Misc.	\$ 10,267,275			\$ 10,267,275
Mutual Funds	2,650,947			2,650,947
Total Common Stock	<u>\$ 12,918,222</u>	\$ -	\$ -	<u>\$ 12,918,222</u>
Total Assets at Fair Value	<u>\$ 12,918,222</u>	\$ -	\$ -	<u>\$ 12,918,222</u>

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Cash equivalents	155,244	155,244	155,244			
Bonds	22,648,376	22,808,541				22,648,376
Common stock	12,918,222	12,918,222	12,918,222			

21. Other Items

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

22. Subsequent Events

On January 1, 2018, the Company will be subject to annual fee under Section 9010 of the federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U. S health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$2,682,357. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 4%. Reporting the ACA assessment as of December 31, 2017, would have triggered an RBC action level.

Notes to Financial Statements

		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	2,682,357		
C. ACA fee assessment paid		1,903,636	
D. Premium written subject to ACA 9010 assessment	159,398,314	106,541,118	
E. Total Adjusted Capital before surplus adjustment	35,026,304		
F. Total Adjusted Capital after surplus adjustment	32,343,947		
G. Authorized Control Level	6,611,525		
Would reporting the ACA assessment as of 12/31/17 have triggered and 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.

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, 2017 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.

Notes to Financial Statements

		Small Group Individual	Large Group Employer	Other Categories Employer	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred			31,251		31,251
(2) Medical loss rebates paid			143,804		143,804
(3) Medical loss rebates unpaid			-		-
(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			-		-
(8) Medical loss rebates paid			-		-
(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
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.

Notes to Financial Statements

Description	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	218,800
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	8,416
3. Premium adjustments payable due to ACA Risk Adjustment	2,917,320
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(2,116,066)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	1,085
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	148,379
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	0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	185,565
9. ACA Reinsurance contributions – not reported as ceded premium	0
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	0
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	0
4. Effect of ACA Risk Corridors on change in reserves for rate credits	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE PARAMOUNT INSURANCE COMPANY
Notes to Financial Statements

	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		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col1-3)	Prior Year Accrued Less Payments (Col2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col1-3+7)	Cumulative Balance from Prior Years (Col2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	631,451		1,289,535		(658,084)		876,884		A	2,18,800	
2. Premium adjustments (payable)		(2,278,495)		(2,331,291)		52,796		52,796	B	-	
3. Subtotal ACA Permanent Risk											
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	845,324		882,510		(37,186)		185,565		C	448,379	
2. Amounts recoverable for claims unpaid (contra)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contribution payable due to ACA Reinsurance – not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium									I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions											
Explanation of Adjustments											
	A. Amount adjusted per final report received from HHS during the year										
	B. Amount adjusted per final report received from HHS during the year										
	C. Amount adjusted per final report received from HHS during the year										

Risk Corridors Program Year	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		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col1-3)	Prior Year Accrued Less Payments (Col2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col1-3+7)	Cumulative Balance from Prior Years (Col2-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium									A		
2. Reserve for rate credits or policy experience rating refunds									B		
b. 2015											
1. Accrued retrospective premium		(29,852)						29,852	C	-	
2. Reserve for rate credits or policy experience rating refunds									D		
c. 2016									E		
1. Accrued retrospective premium									F		
2. Reserve for rate credits or policy experience rating refunds											
d. Total for risk corridors											
Explanation of Adjustments											
	A.										
	B.										
	C. Amount adjusted per final report received from HHS for 2015 year										

Risk Corridors Program Year									Asset Balance (Gross of Non-admissions)			
	Estimated Amount to be Filed or Final Amount Filed with CMS		Non-Accrued Amounts for Impairment or Other Reasons		Amounts received from CMS		(1-2-3)		Non-admitted Amount		Net Admitted Asset (4-5)	
											2014	2015
2014	0		0		0		0		0		0	
2015	0		0		0		0		0		0	
2016	0		0		0		0		0		0	
Total (a+b+c)												

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$16,186,740. As of December 31, 2017, \$12,971,856 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$97,094 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the Commercial line of insurance. Therefore, there has been

Notes to Financial Statements

a \$3,117,790 favorable prior-year development since December 31, 2016 to December 31, 2017. 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

28. Health Care Receivables

Quarter	Estimated Rebates	Pharmacy Rebates as Billed	Actual Rebates		
			Received within 90 days of billing	Received within 91-180 days of billing	Received More than 180 days after billing
12/31/2017	1,717,730	1,717,730			-
9/30/2017	1,529,485	1,531,742		1,531,742	-
6/30/2017	1,505,765	1,505,060		1,590,301	(85,241)
3/31/2017	1,505,765	1,610,251		1,629,218	(18,967)
12/31/2016	1,503,385	1,667,561	-	1,565,629	101,932
9/30/2016	972,974	1,721,598	-	1,503,385	218,213
6/30/2016	1,600,753	1,634,315	-	1,484,668	149,647
3/31/2016	2,124,016	1,713,415	-	1,448,007	265,408
12/31/2015	1,366,650	1,475,024	-	1,412,163	62,861
9/30/2015	692,973	1,393,219	-	6,108	1,387,111
6/30/2015	1,097,203	1,744,832	-	1,366,650	378,182
3/31/2015	630,196	1,838,390	-	669,766	1,168,624

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserve :	\$0
Date of most recent evaluation of this liability:	1/10/2018
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?

Yes[X] No[]

If yes, complete Schedule Y, Parts 1, 1A and 2.

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:

12/31/2015.....

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.

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).

12/09/2016.....

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?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

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

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:

Yes[] No[X]

4.11 sales of new business?

Yes[] No[X]

4.12 renewals?

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:

Yes[] No[X]

4.21 sales of new business?

Yes[] No[X]

4.22 renewals?

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:

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.

Yes[] No[X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

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
..... No .....	..... No .....	..... No .....	..... No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Plante Moran, 1111 Michigan Ave, Suite 100, East Lansing, MI 48823

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?

Nathan Baehr FSA, MAA, Senior Consulting Actuary, Wakely, 1515 Wazee St, Suite 380, Denver, CO 80202

GENERAL INTERROGATORIES (Continued)

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 []

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:

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
.....

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): \$..... 0
 20.11 To directors or other officers
 20.12 To stockholders not officers
 20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): \$..... 0
 20.21 To directors or other officers
 20.22 To stockholders not officers
 20.23 Trustees, supreme or grand (Fraternal only)

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: \$..... 0
 21.21 Rented from others
 21.22 Borrowed from others
 21.23 Leased from others
 21.24 Other

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 \$..... 1,038,321
 22.22 Amount paid as expenses \$..... 11,828
 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 [] \$..... 0
 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?
 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?
 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

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 \$ 0

25.28 On deposit with states \$ 0

25.29 On deposit with other regulatory bodies \$ 674,780

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]

26.2 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[X] 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
Crossmark Global Investments	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[X] 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[X] 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	Crossmark Global Investments	NA	SEC	DS
106274	Frontier Capital Management Company, LLC	NA	SEC	DS
128223	Harbor (Int'l Core)	NA	SEC	
110296	Harbor (Int'l Growth)	5493000JXEENXLO4FW52	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 .....	..... 1,329,117
..... 411511801	Harbor International Growth .....	..... 1,321,830
29.2999 Total .....		..... 2,650,947

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 .....	..... 87,988 .....	..... 09/30/2017
Harbor International-Inst	Schlumberger Lt .....	..... 46,253 .....	..... 09/30/2017
Harbor International-Inst	Wynn Resorts .....	..... 43,728 .....	..... 09/30/2017
Harbor International-Inst	Alibaba Group .....	..... 43,063 .....	..... 09/30/2017
Harbor International-Inst	Vivendi SA .....	..... 40,671 .....	..... 09/30/2017
Harbor International Growth	Taisan Semi .....	..... 34,632 .....	..... 09/30/2017
Harbor International Growth	Naspers Ltd .....	..... 33,442 .....	..... 09/30/2017
Harbor International Growth	Hargreaves Lansdown .....	..... 28,684 .....	..... 09/30/2017
Harbor International Growth	Cochlear Ltd .....	..... 27,098 .....	..... 09/30/2017
Harbor International Growth	Novo Nordisk A/S B .....	..... 26,701 .....	..... 09/30/2017

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	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
Statement (Admitted) Value	Fair Value	
30.1 Bonds .....	..... 22,963,785 .....	..... (160,164)
30.2 Preferred stocks		
30.3 Totals .....	..... 22,963,785 .....	..... (160,164)

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:

33. By self-designation 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5*GI securities?

Yes[] No[X]

OTHER

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

34.2 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.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
.....

35.1 Amount of payments for legal expenses, if any? \$ 45,700
 35.2 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
.....

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
 36.2 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:	\$..... 3,242,722
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.	\$..... 2,317,382
1.6 Individual policies - Most current three years:	
1.61 TOTAL Premium earned	\$..... 521,825
1.62 TOTAL Incurred claims	\$..... 424,048
1.63 Number of covered lives	..... 2,655
All years prior to most current three years:	
1.64 TOTAL Premium earned	\$..... 2,720,897
1.65 TOTAL Incurred claims	\$..... 1,893,334
1.66 Number of covered lives	..... 10,968
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	160,940,254	158,033,211
2.2 Premium Denominator	160,940,254	158,033,211
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	19,772,486	19,157,305
2.5 Reserve Denominator	19,772,486	19,157,305
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	..... 2,403
8.2 Number of providers at end of reporting year	..... 2,770

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	..... 3,450,319
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?

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

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?

\$..... 0	Yes[] No[X]
\$..... 0	Yes[] No[X]
\$..... 0	Yes[] No[X]

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 2017	2 2016	3 2015	4 2014	5 2013
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	89,260,578	87,472,836	68,842,247	44,648,901	35,031,946
2. TOTAL Liabilities (Page 3, Line 24)	54,234,274	56,754,300	43,753,699	24,070,906	20,423,657
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)	35,026,304	30,718,536	25,088,548	20,577,995	14,608,289
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	160,940,254	158,033,211	146,897,017	151,623,858	79,182,204
6. TOTAL Medical and Hospital Expenses (Line 18)	135,577,401	129,675,319	120,756,866	122,116,681	65,151,175
7. Claims adjustment expenses (Line 20)	3,123,164	2,619,031	2,673,584	1,911,032	1,247,786
8. TOTAL Administrative Expenses (Line 21)	15,940,432	16,663,941	15,353,226	17,800,863	9,709,913
9. Net underwriting gain (loss) (Line 24)	6,299,257	9,074,920	8,113,341	9,795,282	3,073,330
10. Net investment gain (loss) (Line 27)	1,067,828	141,893	110,779	125,525	18,346
11. TOTAL Other Income (Lines 28 plus 29)	569		1,499	19,262	17,361
12. Net income or (loss) (Line 32)	9,754,829	5,328,884	4,586,900	6,268,543	1,892,718
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	6,110,083	7,117,633	18,532,932	6,154,429	16,341,432
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	35,026,304	30,718,536	25,088,548	20,577,995	14,608,289
15. Authorized control level risk-based capital	6,611,525	6,451,062	5,720,993	5,811,947	3,433,908
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	36,254	40,117	36,446	39,111	39,670
17. TOTAL Members Months (Column 6, Line 7)	456,827	470,497	441,935	478,378	274,858
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)	84.2	82.1	82.2	80.5	82.3
20. Cost containment expenses	1.6	1.4	1.5	1.0	1.2
21. Other claims adjustment expenses	0.4	0.3	0.3	0.3	0.4
22. TOTAL Underwriting Deductions (Line 23)	96.1	94.3	94.5	93.5	96.1
23. TOTAL Underwriting Gain (Loss) (Line 24)	3.9	5.7	5.5	6.5	3.9
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	13,389,478	10,953,543	12,717,828	10,816,165	3,025,517
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	14,517,698	13,008,402	15,482,923	11,877,458	3,579,714
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	7,643,270						7,643,270	
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	155,565,154			388,920			155,954,074	
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)	X X X								
59. Subtotal	X X X	163,208,424			388,920			163,597,344	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a) .. 2	163,208,424			388,920			163,597,344	

DETAILS OF WRITE-INS

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

(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.
- u Each entity marked with a diamond is a subsidiary of the entity listed directly above and denoted with a circle.
- n Each entity marked with a square is a subsidiary of the entity listed directly above and marked with a diamond.
- Ø 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.
 - u 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.
- | ProMedica Continuum Services f/k/a ProMedica Physicians and Continuum Services f/k/a ProMedica Physician Corporation f/k/a ProMedica Physicians Enterprises, an Ohio nonprofit corporation.
 - u ProMedica Continuing Care Services Corporation f/k/a Crestview of Ohio, Inc., an Ohio nonprofit corporation.
 - u Toledo District Nurse Association, an Ohio nonprofit corporation.
 - u Visiting Nurse Hospice and Health Care, an Ohio nonprofit corporation.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

40.1

- u ProMedica Retail Group, Inc., f/k/a The Flower Market, Inc., an Ohio for-profit corporation.
- u ProMedica Courier Services, Inc., an Ohio nonprofit corporation.
- u Erie West Hospice and Palliative Care, Ltd., an Ohio limited liability company.
- u HCRMC- ProMedica JV, LLC, dba Heartland at ProMedica Flower Hospital, a Delaware limited liability company in which ProMedica Continuum Services f/k/a ProMedica Physicians & Continuum Services holds 10% ownership interest and ManorCare Health Services of Toledo OH, LLC holding the remaining 90% interest.
- u Lifestream, LLC, an Ohio limited liability company which ProMedica Continuum Services f/k/a ProMedica Physicians & Continuum Services holds 50% ownership interest and Harbor holding the remaining 50% interest.
- u The Surgical Institute of Monroe Ambulatory Surgery Center, LLC, a Michigan limited liability company which ProMedica Continuum Service f/k/a ProMedica Physicians & Continuum Services holds 54% ownership interest and various physicians holding the remaining 46% interest.
- | ProMedica Physician Group, Inc., an Ohio non-profit corporation.
 - u The Pharmacy Counter, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - u ProMedica Central Corporation of Michigan, a Michigan nonprofit corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - u ProMedica Central Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - u ProMedica North Physicians Corporation, a Michigan nonprofit stock corporation and a wholly-owned subsidiary of ProMedica Physician Group, Inc.
 - u Midwest Cardiovascular Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - u ProMedica Northwest Ohio Cardiology Consultants, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
 - u 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

- u ProMedica Physician Management Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Surgical Services, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Monroe Physicians, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Multi Specialty Physicians, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Genito-Urinary Surgeons, LLC, an Ohio limited liability company with ProMedica Physicians Group, Inc., as its sole member.
- u ProMedica Hospitalists, LLC, an Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u ProMedica Hospitalists, PLLC, a Michigan limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u Memorial Professional Services, Ltd., and Ohio limited liability company with ProMedica Physician Group, Inc., as its sole member.
- u 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.
 - u Paramount Preferred Options, Inc., an Ohio for-profit corporation, which is wholly-owned by ProMedica Insurance Corporation.
 - n Health Management Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options.
 - n Paramount Preferred Solutions, Inc., an Ohio for-profit corporation which is wholly-owned by Paramount Preferred Options
 - u NAIC 95189-Paramount Care, Inc., an Ohio nonprofit health-insuring corporation with ProMedica Insurance Corporation as its sole member.
 - u Paramount Benefits Agency, Inc., an Ohio for-profit corporation and a wholly owned subsidiary of ProMedica Insurance Corporation.
 - u 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.
- NAIC 96687-Health Resources, Inc. f/k/a HRI Intermediate Holdings Corporation f/k/a HRI Holdings Corporation, an Indiana corporation.
- | 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 Clinical Partners is a Michigan nonprofit corporation in which Emma L. Bixby Medical Center holds 50% ownership interest with various physicians holding the remaining 50% interest.
 - Wolf Creek Associates, LLC, a Michigan limited liability company with Emma L. Bixby Medical Center as its sole member.
- 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

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PART 1 - ORGANIZATIONAL CHART

- u 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.
- u 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.
- u 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.
 - u 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.
 - n Sandusky County Medical Specialists, LLC, and Ohio limited liability company of which Fremont Hospital/Physician Organizations holds 100% ownership interest.
 - u 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.
 - u Monroe Community Health Services, a Michigan nonprofit corporation.
 - u Monroe Health Ventures, Inc., a Michigan for-profit corporation.
 - u 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.
- | 300 Madison Building, LLC, an Ohio limited liability company.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

- | ProMedica Active Mobility, LLC, an Ohio limited liability company.
- | ProMedica Downton Campus Landlord, LLC, an Ohio limited liability company.
- | ProMedica International, LLC, an Ohio limited liability company.
- | ProMedica Manager Member, LLC, an Ohio limited liability company.
- | ProMedica Master Tenant, LLC, an Ohio limited liability company

Other Affiliated Entities

- Ø 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.
- Ø 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.
- Ø 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.
- Ø 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.
- Ø 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.
- Ø 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.
- Ø Kapios, LLC, an Ohio limited liability company in which ProMedica Health System, Inc. holds 50% ownership interest and Kaonsoft, Inc. holds the remaining interest

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

Ø 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.

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