

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE PARAMOUNT INSURANCE COMPANY
Amended Explanation Page

Page

March

Supp12 Medicare Supplement Ins. Exp. Exh.-Ohio



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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)
 Lori Ann Johnston
 (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[] No[X]
 1
 2

(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. #



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2017
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 1212

NAIC Company Code: 11518

Address (City, State and Zip Code): Maumee, OH 43537

Person Completing This Exhibit:

Title:

Telephone Number:

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015, 2016, 2017			
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
Total Experience on Individual Policies																	
Yes	Medigap A 01	A	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy A	9,767	11,077	113.4	4	3,136	325	10.4	2
Yes	Medigap A 2010	A	No	2,3,4	05/21/2010				Paramount Medigap Policy A	1,939	7,421	382.7	1	3,136	325	10.4	2
Yes	Medigap C 01	C	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy C	920,392	754,268	82.0	285				
Yes	Medigap C 2010	C	No	2,3,4	05/21/2010				Paramount Medigap Policy C	90,633	41,148	45.4	32	74,802	51,992	69.5	30
Yes	Medigap F 01	F	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy F	647,159	424,515	65.6	197				
Yes	Medigap F 2010	F	No	2,3,4	05/21/2010				Paramount Medigap Policy F	722,993	413,235	57.2	283	400,777	354,526	88.5	167
Yes	Medigap N 2010	N	No	2,3,4	05/21/2010				Paramount Medigap Policy N	29,361	11,020	37.5	13	41,045	16,956	41.3	19
Yes	Select C 01	C	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy C	241,585	201,905	83.6	65				
Yes	Select C 2010	C	Yes	2,3,4	05/21/2010				Paramount Select Policy C	34,941	19,337	55.3	11	2,065	249	12.1	1
Yes	Select K 01	K	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy K								
Yes	Select L 01	L	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy L								
Yes	Select N 2010	N	Yes	2,3,4	05/21/2010				Paramount Select Policy N	22,127	9,408	42.5	8				
0199999 Total Experience on Individual Policies										2,720,897	1,893,334	69.6	899	521,825	424,048	81.3	219
Total Experience on Group Policies																	
N/A			No														
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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