

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE PARAMOUNT INSURANCE COMPANY
Amended Explanation Page

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March

Page 3 Liabilities, Capital and Surplus
Page 5 Revenue and Expenses con't

Adjustment to reflect dividends as return (reduction) to paid in capital



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2019

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2019
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.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Rich Potter, Mr. (Name) rich.potter@promedica.org (E-Mail Address)		(419)887-2500 (Area Code) (Telephone Number) (419)887-2006 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

Name	Title
James Frederick White Mr.	Chairman
Lori Ann Johnston Mrs.	President
Steven Michael Cavanaugh Mr.	Treasurer #
Jeffrey Craig Kuhn Mr.	Secretary

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer
 Jered Joseph Wilson Mr., Chief Operating Officer
 Terry Lynn Bawel Ms., President Health Resources Services, Inc.
 Alan Michael Sattler Mr., Vice President Business Development

Dee Ann Bialecki-Haase M.D., Chief Medical Officer
 David Roger Brackett Mr., Chief Information Officer
 Tod L Phillips Mr., Vice President Paramount Preferred Options

DIRECTORS OR TRUSTEES

Mark Duane Wagoner Mr.	Lori Ann Johnston Mrs.
Vincent Mature Davis Mr.	Lynn Eric Olman Mr.
Richard Arthur Wasserman Mr.	Andrea Marie Gibbons Ms.
Traci Nicole Watkins M.D.	John Paul Imm M.D.
Lynn Azar Isaac Mr.	Douglas J Welch Mr.
Joseph Alphonse Assenmacher M.D. #	Elaine Marie Canning Ms. #
Tammy Lou Claus Ms. #	Stephanie Michelle Cole M.D. #
Patrice Akilah McClellan PhD #	Zak Jon Vassar 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)
 Jeffrey William Martin
 (Printed Name)
 2.
 Chief Financial Officer
 (Title)

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

Subscribed and sworn to before me this
 day of May, 2020

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[]

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05/19/2020

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(Notary Public Signature)

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	12,824,648		12,824,648	14,630,739
2. Accrued medical incentive pool and bonus amounts	1,501,800		1,501,800	851,198
3. Unpaid claims adjustment expenses	442,000		442,000	519,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	1,659,162		1,659,162	2,453,153
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,060,315		3,060,315	2,725,244
9. General expenses due or accrued	2,974,126		2,974,126	2,920,955
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	255,503		255,503	
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	3,890,260		3,890,260	9,400,538
16. Derivatives				
17. Payable for securities	71,946		71,946	505,667
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	13,105,749		13,105,749	10,285,015
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	39,785,509		39,785,509	44,291,509
25. Aggregate write-ins for special surplus funds	XXX	XXX	3,211,240	
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	1,000,000	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	19,141,444	14,896,027
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.20 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	24,352,684	41,896,027
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	64,138,193	86,187,536
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	3,211,240	
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	3,211,240	
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 (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	41,896,027	35,026,304
34. Net income or (loss) from Line 32	6,977,480	13,521,356
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	556,359	(1,512,319)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	22,813	3,045,977
39. Change in nonadmitted assets	(99,995)	(185,291)
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	(25,000,000)	
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital	25,000,000	
46. Dividends to stockholders	(25,000,000)	(8,000,000)
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	(17,543,343)	6,869,723
49. Capital and surplus end of reporting year (Line 33 plus 48)	24,352,684	41,896,027
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)		