

Amended Explanation Page

Page

March

- Page 4 Revenue and Expenses-reclass expenses to correct line
- Page 7 Analysis of Operations By Lines of Business-reclass expenses to correct line
- Page 26 Footnote 12 and 15-correct current year and prior year amounts
- Page 30 State Page-correct premiums earned to correct amount
- S101 Summary investment Schedule-correct admitted amounts



95189202020100105

2020

Document Code: 201

ANNUAL STATEMENT
95169202020100105
For the Year Ending **DECEMBER 31, 2020**
OF THE CONDITION AND AFFAIRS OF THE
Paramount Care Inc.

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

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

DIRECTORS OR TRUSTEES

David Frantz Waterman Mr. #	Lori Ann Johnston Mrs.
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.	Larry Carl Peterson 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 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 Craig Kuhn
(Printed Name)
3.
Secretary
(Title)

Subscribed and sworn to before me this
day of _____, 2021

- 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
04/29/2021
7

(Notary Public Signature)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 1212

NAIC Company Code 95189

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year	14,238								14,238	
2. First Quarter	14,308								14,308	
3. Second Quarter	14,215								14,215	
4. Third Quarter	14,198								14,198	
5. Current Year	14,112								14,112	
6. Current Year Member Months	170,770								170,770	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	40,770								40,770	
8. Non-Physician	5,248								5,248	
9. TOTAL	46,018								46,018	
10. Hospital Patient Days Incurred	41,242								41,242	
11. Number of Inpatient Admissions	3,256								3,256	
12. Health Premiums Written (b)	183,114,692								183,114,692	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	183,114,692								183,114,692	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	157,082,498								157,082,498	
18. Amount Incurred for Provision of Health Care Services	156,777,254								156,777,254	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....183,114,692



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95189

NAIC Group Code 1212

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
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