



QUARTERLY STATEMENT  
AS OF JUNE 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE  
PARAMOUNT INSURANCE COMPANY

NAIC Group Code	1212	1212	NAIC Company Code	11518	Employer's ID Number	010580404
	(Current Period)	(Prior Period)				
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] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ] Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]			
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	Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)		1901 Indian Wood Circle (Street and 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	Maumee, OH, US 43537 (City or Town, State, Country and Zip Code)		1901 Indian Wood Circle (Street and Number)			
Internet Web Site Address	www.paramounthealthcare.com					
Statutory Statement Contact	Rich Potter, Mr. (Name)		rich.potter@promedica.org (E-Mail Address)			

Name	Title
James Frederick White Mr.	Chairman
Lori Ann Johnston Mrs.	President
Louis Eugene Robichaux Mr.	Treasurer
Jeffrey Craig Kuhn Mr.	Secretary

OTHERS

Dee Ann Bialecki-Haase M.D., Chief Medical Officer	David Roger Brackett Mr., Chief Information Officer
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DIRECTORS OR TRUSTEES

John Paul Imm M.D.	Elaine Marie Canning Ms.
Stephanie Michelle Cole M.D.	Larry Carl Peterson Mr.
Shradha Gupta Ms.	James Frederick White Mr.
Sameh Bashar Almadani M.D. #	Jim Allen Hoffman Mr. #

Loft Ann Johnston Ms.  
Douglas J Welch Mr.  
Tammy Lou Claus Ms.  
Zak Jon Vassar Mr.  
David Franz Wateman Mr.  
Joseph James Sierra Mr.  
Terry Lynn Bawal Ms. #  
Lisa Lyn Burke D.O. #  
Mark Duane Wagoner 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)	(Signature)	(Signature)
Lori Ann Johnston	Jeffrey William Martin	Stephen Michael Sadowski
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	CFO	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 9th day of AUGUST, 2022

a. Is this an original filing? Yes[X] No[ ]  
b. If no, 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

