



QUARTERLY STATEMENT
AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE
Paramount Advantage

NAIC Group Code	1212	(Current Period)	1212	(Prior Period)	NAIC Company Code	12353	Employer's ID Number	20-3376102
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[] 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[X]			
Incorporated/Organized	08/10/2005				Commenced Business	12/01/2005		
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	P.O. Box 928 (Street and Number or P.O. Box)				Toledo, OH, US 43697-0928 (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 (City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Statutory Statement Contact	Rich Potter, Mr. (Name)				(419)887-2006 (Area Code)(Telephone Number)(Extension)			
	rich.potter@promedica.org (E-Mail Address)				(419)887-2020 (Fax Number)			

OFFICERS

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

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer
Jered Joseph Wilson Mr., Chief Operating Officer

Dee Ann Blalecki-Haase M.D., Chief Medical Officer
David Roger Brackett Mr., Chief Information Officer

DIRECTORS OR TRUSTEES

Lori Ann Johnston Mrs.
James Frederick White Mr.

Elaine Marie Canning Ms.

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

(Notary Public Signature)

