



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022

## OF THE CONDITION AND AFFAIRS OF THE

F a d a l l u l R u v a l l a y e

NAIC Group Code 1212 , NAIC Company Code 12353 , Employer's ID Number 20-3376102  
(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:	<input type="checkbox"/> Life, Accident & Health <input type="checkbox"/> Dental Service Corporation <input type="checkbox"/> Other		
Property/Casualty:	<input type="checkbox"/> Vision Service Corporation		
Is HMO Federally Qualified? Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<input type="checkbox"/> Hospital, Medical & Dental Service or Indemnity <input checked="" type="checkbox"/> Health Maintenance Organization			

Incorporated/Organized \_\_\_\_\_ 08/10/2005  
Commenced Business \_\_\_\_\_ 12/01/2005

Statutory Home Office  
Main Administrative Office

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300 Madison Ave  
(Street and Number) ,  
Toledo, OH, US 43604  
(City or Town, State, County and Zip Code)

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300 Madison Ave  
(Street and Number)  
(419)887-2500  
Toledo, OH 43604

Primary Location of Books and Records  
\_\_\_\_\_  
\_\_\_\_\_  
(Street and Number or P.O. Box) \_\_\_\_\_  
(City or Town, State, County and Zip Code) \_\_\_\_\_  
300 Madison Ave  
(Street and Number) \_\_\_\_\_

Internet Web Site Address \_\_\_\_\_  
(City or Town, State, County and Zip Code) \_\_\_\_\_  
www.paramounthealthcare.com  
(Area Code) (Telephone Number) \_\_\_\_\_  
Toledo, OH US 43604  
(419)887-2500

rich.potter@promedica.org  
(E-Mail Address)  
419-887-2020  
(Fax Number)  
1100 Main Street, Toledo, OH 43604  
(Mesa Health Center, 11th Floor)  
(419) 887-2020  
(Fax Number)

**OFFICERS**  
\_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_

Lori Ann Johnston	Mrs.	President
Stephen Michael Sado	Mr.	Secretary
Louis Eugene Roitchaux	Mr.	Treasurer
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## OTHERS

James Frederick White, Jr. Mr. Chairman

Jeffrey William Martin Mr., Chief Financial Officer  
Dee Ann Blaileck-Iaase M.D., Chief Medical Officer  
Jered Joseph Wilson Mr., Chief Operating Officer  
David Roger Brackett Mr., Chief Information Officer

**DIRECTORS OR TRUSTEES**      Elaine Marie Canning Ms.  
Lori Ann Johnston Mrs.  
James Frederick White Mr.

State of Ohio .....

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 NACI 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 correspondence electronic filing with the NACI, 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.

<u><i>Lori Ann Johnston</i></u>	
(Signature)	Lori Ann Johnston
(Printed Name)	
1.	
President	
(Title)	

  

<u><i>Jeffrey William Martin</i></u>	
(Signature)	Jeffrey William Martin
(Printed Name)	
2.	
CFO	
(Title)	

  

<u><i>Stephen Michael Sadowski</i></u>	
(Signature)	Stephen Michael Sadowski
(Printed Name)	
3.	
Secretary	
(Title)	

Subscribed and sworn to before me this

Kimberly S. Wilson  
(Notary Public: Signature)

2. Date filed  
3. Number of pages attached



KIMBERELY S WILSON  
Notary Public  
State of Ohio  
My Comm. Expires  
November 4, 2024

November 4, 2024