

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

Paramount Care Inc.

NAIC Group Code	1212	1212	NAIC Company Code	95189	Employer's ID Number	341549926
	(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[ ] 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	04/22/1987		Commenced Business	01/01/1988		
Statutory Home Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Main Administrative Office	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)		300 Madison Ave (Street and Number)			
Mail Address	300 Madison Ave (Street and Number or P.O. Box)		Toledo, OH, US 43604 (Area Code) (Telephone Number) Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)		300 Madison Ave (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) rich.potter@promedica.org (E-Mail Address)		(419)887-2006 (Area Code) (Telephone Number) (419)887-2020 (Fax Number)			

OFFICERS

Name	Title
James Frederick White Mr.	Chairman
Lori Ann Johnston Mrs.	President
Louis Eugene Robichaux Mr.	Treasurer
Stephen Michael Sadowski Mr.	Secretary

DIRECTORS OR TRUSTEES

David Frantz Waterman Mr.	Lori Ann Johnston Mrs.
John Paul Imm M.D.	Douglas J Welch Mr.
Elaene Marie Canning Ms.	Tammy Lou Claus Ms.
Zak Jon Vassar Mr.	Larry Carl Peterson Mr.
Shradha Gupta Ms.	Joseph James Sterra M.D.
James Frederick White Mr.	Terry Lynn Bawal Ms #
Sameh Bashar Almadani M.D. #	Lisa Lyn Burke D.O. #
Jim Allen Hoffman Mr. #	Mark Duane Wagoner Mr. #

OTHERS

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

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.

<u>Dee A. Johnston</u> (Signature) Lori Ann Johnston (Printed Name) 1. President (Title)	<u>Jeffrey William Martin</u> (Signature) Jeffrey William Martin (Printed Name) 2. CFO (Title)	<u>Stephen Michael Sadowski</u> (Signature) Stephen Michael Sadowski (Printed Name) 3. Secretary (Title)
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Subscribed and sworn to before me this 9TH day of November, 2022

Kimberly S. Wilson  
(Notary Public Signature)

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[ ]

