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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2023

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			
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[]	Hospital, Medical & Dental Service or Indemnity[]				
	Dental Service Corporation[]	Vision Service Corporation[]	Health Maintenance Organization[]				
	Other[]	Is HMO Federally Qualified? Yes[] No[X] N/A[]					
Incorporated/Organized	04/19/2002		Commenced Business		09/26/2002		
Statutory Home Office	300 Madison Ave		Toledo, OH, US 43604				
	(Street and Number)		(City or Town, State, Country and Zip Code)				
Main Administrative Office	300 Madison Ave		Toledo, OH, US 43604				
	(Street and Number)		(City or Town, State, Country and Zip Code)				
Mail Address	300 Madison Ave		(Area Code) (Telephone Number)				
	(Street and Number or P.O. Box)		Toledo, OH, US 43604				
Primary Location of Books and Records	300 Madison Ave		(City or Town, State, Country and Zip Code)				
	(Street and Number)		(Area Code) (Telephone Number)				
Internet Web Site Address	www.paramounthealthcare.com						
Statutory Statement Contact	Rochelle Barmash, Ms.		(419)887-2890				
	(Name)		(Area Code)(Telephone Number)(Extension)				
	rochelle.barmash@promedica.org		(419)887-2020				
	(E-Mail Address)		(Fax Number)				

OFFICERS

Name	Title
Mark Duane Wagoner Mr.	Chairman
Lori Ann Johnston Mrs.	President
Terrence Gavin Metzger Mr.	Treasurer
Stephen Michael Sadowski Mr.	Secretary

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer	Dee Ann Biatecki-Haase M.D., Chief Medical Officer
David Roger Brackett Mr., VP Information Technology Sylems	
Lori Ann Johnston Ms.	Elaine Marie Canning Ms.
Zak Jon Vassar Mr.	Larry Carl Peterson Mr.
David Frantz Waleman Mr.	Shraddha Gupta Ms.
Joseph James Sierra Mr.	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.	Shanda Laine Gore PhD. #

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.

Lori Ann Johnston (Signature) Lori Ann Johnston (Printed Name)	Jeffrey W. Martin (Signature) Jeffrey William Martin (Printed Name)	Stephen Michael Sadowski (Signature) Stephen Michael Sadowski (Printed Name)
1. President	2. CFO	3. Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	Yes[X] No[]
15TH day of NOVEMBER, 2023	

Kimberely S. Wilson
(Notary Public Signature)

