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QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
Paramount Advantage

NAIC Group Code1212,1212NAIC Company Code12353Employer's ID Number20-3376102

Organized under the Laws ofOhio,State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type: Life, Accident & Health[]Property/Casualty[]Hospital, Medical & Dental Service or Indemnity[]
Dental Service Corporation[]Vision Service Corporation[]Health Maintenance Organization[X]
Other[]Is HMO Federally Qualified? Yes[]No[X]N/A[]

Incorporated/Organized08/10/2005Commenced Business12/01/2005

Statutory Home Office300 Madison Ave,Toledo, OH, US 43604

Main Administrative Office300 Madison Ave,Toledo, OH, US 43604

Mail Address300 Madison Ave,Toledo, OH, US 43604

Primary Location of Books and Records300 Madison Ave,Toledo, OH, US 43604

Internet Web Site Addresswww.paramounthealthcare.com

Statutory Statement ContactRochelle Barnash, Ms.,Toledo, OH, US 43604

rochelle.barnash@promedica.org

OFFICERS

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

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer
David Roger Brackett Mr., VP Information Technology Systems

Dee Ann Bialecki-Haase M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Lori Ann Johnston Mrs.
Mark Duane Wagoner Mr. #

Elaine Marie Canning Ms.

State ofOhio
County ofLucasss

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 A Johnston
(Signature)
Lori Ann Johnston
(Printed Name)

1.
President
(Title)

Jeffrey W. Martin
(Signature)
Jeffrey William Martin
(Printed Name)

2.
CFO
(Title)

Stephen M Sadowski
(Signature)
Stephen Michael Sadowski
(Printed Name)

3.
Secretary
(Title)

Subscribed and sworn to before me this
15TH day of NOVEMBER, 2023

- 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[]

Kimberely S Wilson
(Notary Public Signature)



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