9518920232010010 3 2023 Document Code: 201

# QUARTERLY STATEMENT

## AS OF SEPTEMBER 30, 2023

OF THE CONDITION AND AFFAIRS OF THE

# Paramount Care Inc.

NAIC Group Code 1212 (Current Period), 1212 (Prior Period) NAIC Company Code 95189 Employer's ID Number 341549926

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[ ] 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/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 300 Madison Ave (Street and Number)
Toledo, OH, US 43604 (City or Town, State, Country and Zip Code) (419)887-2500 (Area Code) (Telephone Number)

Mail Address 300 Madison Ave (Street and Number or P.O. Box), Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 Madison Ave (Street and Number)
Toledo, OH, US 43604 (City or Town, State, Country and Zip Code) (419)887-2500 (Area Code) (Telephone Number)

Internet Web Site Address www.paramounthealthcare.com

Statutory Statement Contact Rochelle Barmash, Ms. (Name) (419)887-2890 (Area Code)(Telephone Number)(Extension)
rochelle.barmash@promedica.org (E-Mail Address) (419)887-2020 (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
David Roger Brackett Mr., VP Information Technology Systems
Dee Ann Bialecki-Haase M.D., Chief Medical Officer

## DIRECTORS OR TRUSTEES

David Frantz Waterman Mr.
Elaine Marie Canning Ms.
Larry Carl Peterson Mr.
Joseph James Sferra M.D.
Terry Lynn Bawal Ms
Lisa Lyn Burke D.O.
Mark Duane Wagoner Mr.
Lori Ann Johnston Mrs.
Zak Jon Vassar Mr.
Shraddha Gupta Ms.
James Frederick White Mr.
Sameh Bashar Almadani M.D.
Jim Allen Hoffman 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.

| (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 15TH day of NOVEMBER, 2023

Kimberely S. Wilson
(Notary Public Signature)

a. Is this an original filing? Yes[X] No[ ]
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

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