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2024

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Annual Statement
For the Year Ended DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
PARAMOUNT INSURANCE COMPANY

NAIC Group Code	0730 (Current Period)	0730 (Prior Period)	NAIC Company Code	11518	Employer's ID Number	010580404
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[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[] N/A[X]				
Incorporated/Organized	04/19/2002		Commenced Business	09/26/2002		
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 (Area Code) (Telephone Number)			
	Toledo, OH, US 43604 (Street and Number)		Toledo, OH, US 43604 (Area Code) (Telephone Number)			
Primary Location of Books and Records	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (Area Code) (Telephone Number)			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Cathy Lumbrezer, Ms. (Name) cathy.lumbrezer@medmutual.com (E-Mail Address)		(419)887-2907 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

Name	Title	
Anthony Michael Helton Mr.	CEO	#
Lori Ann Johnston Mrs.	President	
Andrea Marie Hogben Ms.	Interim Secretary	#
James Edward McNutt Mr.	Treasurer	#

OTHERS

DIRECTORS OR TRUSTEES

Lori Ann Johnston Ms.	Anthony Michael Helton Mr. #
Andrea Marie Hogben Ms. #	James Edward McNutt Mr. #

State of Ohio
 County of Cuyahoga 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)
 Anthony Michael Helton
 (Printed Name)
 1.
 CEO
 (Title)

(Signature)
 Andrea Marie Hogben
 (Printed Name)
 2.
 Interim Secretary
 (Title)

(Signature)
 James Edward McNutt
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 _____ day of _____, 2025

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[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	1,279,355		1,279,355	1,244,413
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....4,617,607, Schedule E-Part 1), cash equivalents (\$.....58,956,414, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)	63,574,021		63,574,021	72,450,557
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	64,853,376		64,853,376	73,694,970
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	98,678		98,678	189,736
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,175,776	577,049	6,598,727	286,298
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....663,595)	663,595		663,595	513,174
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	5,745,620	208,505	5,537,115	4,493,608
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				1,042,454
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				42,151
24. Health care (\$.....3,381,599) and other amounts receivable	3,381,599		3,381,599	2,859,809
25. Aggregate write-ins for other-than-invested assets	3,768,136		3,768,136	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	85,686,780	785,554	84,901,226	83,122,200
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	85,686,780	785,554	84,901,226	83,122,200
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Other AR	3,768,136		3,768,136	
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,768,136		3,768,136	

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	14,786,254		14,786,254	13,877,445
2. Accrued medical incentive pool and bonus amounts	816,667		816,667	1,500,000
3. Unpaid claims adjustment expenses	342,000		342,000	474,000
4. Aggregate health policy reserves, including the liability of \$.....64,163 for medical loss ratio rebate per the Public Health Service Act	8,814,716		8,814,716	5,230,465
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,099,191		2,099,191	4,197,567
9. General expenses due or accrued	3,392,345		3,392,345	2,464,638
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				780,700
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	10,492,439		10,492,439	20,628,342
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	18,190,597		18,190,597	13,978,762
23. Aggregate write-ins for other liabilities (including \$.....5,711,429 current)	5,711,429		5,711,429	
24. TOTAL Liabilities (Lines 1 to 23)	64,645,638		64,645,638	63,131,919
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	30,329,097	1,000,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(11,073,509)	17,990,281
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	20,255,588	19,990,281
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	84,901,226	83,122,200
DETAILS OF WRITE-INS				
2301. Assumed Reinsurance		5,711,429		5,711,429
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)		5,711,429		5,711,429
2501.		XXX	XXX	
2502.		XXX	XXX	
2503.		XXX	XXX	
2598. Summary of remaining write-ins for Line 25 from overflow page		XXX	XXX	
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		XXX	XXX	
3001.		XXX	XXX	
3002.		XXX	XXX	
3003.		XXX	XXX	
3098. Summary of remaining write-ins for Line 30 from overflow page		XXX	XXX	
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)		XXX	XXX	

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	479,657	471,630
1. Member Months	XXX	479,657	471,630
2. Net premium income (including \$.....0 non-health premium income)	XXX	131,454,348	121,999,111
3. Change in unearned premium reserves and reserve for rate credits	XXX .....	.....	.....
4. Fee-for-service (net of \$.....0 medical expenses)	XXX .....	.....	.....
5. Risk revenue	XXX .....	.....	.....
6. Aggregate write-ins for other health care related revenues	XXX .....	.....	.....
7. Aggregate write-ins for other non-health revenues	XXX .....	.....	.....
8. TOTAL Revenues (Lines 2 to 7)	XXX	131,454,348	121,999,111
Hospital and Medical:			
9. Hospital/medical benefits .....	.....	89,551,075	75,848,505
10. Other professional services .....	.....	3,520,567	1,075,272
11. Outside referrals .....	.....	.....	.....
12. Emergency room and out-of-area .....	.....	2,051,571	1,956,403
13. Prescription drugs .....	.....	20,023,007	22,030,045
14. Aggregate write-ins for other hospital and medical .....	.....	.....	.....
15. Incentive pool, withhold adjustments and bonus amounts .....	.....	174,159	491,260
16. Subtotal (Lines 9 to 15) .....	.....	115,320,379	101,401,485
Less:			
17. Net reinsurance recoveries .....	.....	(8,109,070)	.....
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....	.....	123,429,449	101,401,485
19. Non-health claims (net) .....	.....	.....	.....
20. Claims adjustment expenses, including \$.....2,735,705 cost containment expenses .....	.....	3,543,725	1,981,947
21. General administrative expenses .....	.....	27,196,606	15,698,650
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....	.....	3,152,000	4,416,000
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....	.....	157,321,780	123,498,082
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(25,867,432)	(1,498,971)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	.....	1,907,578	687,427
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....	.....	.....	(501,679)
27. Net investment gains (losses) (Lines 25 plus 26) .....	.....	1,907,578	185,748
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....	.....	.....	.....
29. Aggregate write-ins for other income or expenses .....	.....	1,050,019	.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(22,909,835)	(1,313,223)
31. Federal and foreign income taxes incurred	XXX	6,002,309	797,467
32. Net income (loss) (Lines 30 minus 31)	XXX	(28,912,144)	(2,110,690)
DETAILS OF WRITE-INS			
0601.	XXX .....	.....	.....
0602.	XXX .....	.....	.....
0603.	XXX .....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX .....	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX .....	.....	.....
0701.	XXX .....	.....	.....
0702.	XXX .....	.....	.....
0703.	XXX .....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX .....	.....	.....
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX .....	.....	.....
1401. .....	.....	.....	.....
1402. .....	.....	.....	.....
1403. .....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.....	.....	.....
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	.....	.....	.....
2901. Other revenue .....	.....	1,050,019	.....
2902. .....	.....	.....	.....
2903. .....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.....	.....	.....
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....	.....	1,050,019	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	19,990,281	21,594,828
34. Net income or (loss) from Line 32	(28,912,144)	(2,110,690)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		220
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(2,508,263)	905,866
39. Change in nonadmitted assets	7,173,297	(399,943)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	29,329,097	
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	(4,816,680)	
48. Net change in capital and surplus (Lines 34 to 47)	265,307	(1,604,547)
49. Capital and surplus end of reporting year (Line 33 plus 48)	20,255,588	19,990,281
DETAILS OF WRITE-INS		
4701. Transfer of Dental business	183,320	
4702. Acquisition adjustment	(5,000,000)	
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(4,816,680)	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	123,584,714	122,272,169
2.	Net investment income	1,986,780	461,271
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	125,571,494	122,733,440
5.	Benefit and loss related payments	118,014,335	105,907,581
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	25,292,629	26,183,389
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		(4,442)
10.	TOTAL (Lines 5 through 9)	143,306,964	132,086,528
11.	Net cash from operations (Line 4 minus Line 10)	(17,735,470)	(9,353,088)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	1,000,000	20,682,449
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		(48)
12.7	Miscellaneous proceeds		220
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	1,000,000	20,682,622
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	1,023,086	8,704,716
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		269,977
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	1,023,086	8,974,693
14.	Net increase/(decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(23,086)	11,707,929
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	22,546,087	
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(13,664,067)	3,196,015
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	8,882,020	3,196,015
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(8,876,536)	5,550,856
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	72,450,557	66,899,701
19.2	End of year (Line 18 plus Line 19.1)	63,574,021	72,450,557

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	Change in premium deficiency reserve	3,152,000	4,416,000
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Net premium income	131,454,348	17,107,071	104,728,339	2,629,781		3,079,893		2,669,112						1,240,152
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$.....0 medical expenses)														X X X
4. Risk revenue														X X X
5. Aggregate write-ins for other health care related revenues														X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6)	131,454,348	17,107,071	104,728,339	2,629,781		3,079,893		2,669,112						1,240,152
8. Hospital/medical benefits	89,551,075	12,069,258	71,339,844	2,536,159				2,281,071						1,324,743
9. Other professional services	3,520,567	15,176	391,503	1,771		3,101,942		10,175						X X X
10. Outside referrals														X X X
11. Emergency room and out-of-area	2,051,571	123,468	1,894,651	2,727				30,725						X X X
12. Prescription drugs	20,023,007	4,937,416	15,514,057					(422,048)						(6,418)
13. Aggregate write-ins for other hospital and medical														X X X
14. Incentive pool, withhold adjustments and bonus amounts	174,159	66,608	99,629	7,922										X X X
15. Subtotal (Lines 8 to 14)	115,320,379	17,211,926	89,239,684	2,548,579		3,101,942		1,899,923						1,318,325
16. Net reinsurance recoveries	(8,109,070)		(8,109,070)											X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	123,429,449	17,211,926	97,348,754	2,548,579		3,101,942		1,899,923						1,318,325
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....2,735,705 cost containment expenses	3,543,725	444,119	2,916,659	77,201				11,427						94,319
20. General administrative expenses	27,196,606	3,408,423	22,960,657	592,487				87,701						147,338
21. Increase in reserves for accident and health contracts	3,152,000	1,459,280	(407,280)					2,100,000						X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	157,321,780	22,523,748	122,818,790	3,218,267		3,101,942		4,099,051						1,559,982
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(25,867,432)	(5,416,677)	(18,090,451)	(588,486)		(22,049)		(1,429,939)						(319,830)

DETAILS OF WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) Individual	17,052,359		(54,712)	17,107,071
2. Comprehensive (hospital and medical) Group	98,773,811	6,246,452	291,924	104,728,339
3. Medicare Supplement	2,629,781			2,629,781
4. Vision only				
5. Dental only	3,079,893			3,079,893
6. Federal Employees Health Benefits Plan				
7. Title XVIII - Medicare	2,669,128		16	2,669,112
8. Title XIX - Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health	3,191,418		1,951,266	1,240,152
13. Health subtotal (Lines 1 through 12)	127,396,390	6,246,452	2,188,494	131,454,348
14. Life				
15. Property/casualty				
16. TOTALS (Lines 13 to 15)	127,396,390	6,246,452	2,188,494	131,454,348

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	114,759,201	17,202,450	88,402,525	2,808,826		3,091,822		1,935,266						1,318,312
1.2 Reinsurance assumed	8,109,070		8,109,070											
1.3 Reinsurance ceded														
1.4 Net	122,868,271	17,202,450	96,511,595	2,808,826		3,091,822		1,935,266						1,318,312
2. Paid medical incentive pools and bonuses	857,493	122,022	670,262	65,209										
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	14,786,254	1,743,304	12,766,094	255,896		10,120		10,840						
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	14,786,254	1,743,304	12,766,094	255,896		10,120		10,840						
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year	816,667	158,038	601,847	56,782										
6. Net healthcare receivables (a)	521,790	(22,299)	499,206					44,896						(13)
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	13,877,445	1,822,736	11,529,358	524,064				1,287						
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	13,877,445	1,822,736	11,529,358	524,064				1,287						
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year	1,500,000	213,451	1,172,480	114,069										
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct	115,146,220	17,145,317	89,140,055	2,540,658		3,101,942		1,899,923						1,318,325
12.2 Reinsurance assumed	8,109,070		8,109,070											
12.3 Reinsurance ceded														
12.4 Net	123,255,290	17,145,317	97,249,125	2,540,658		3,101,942		1,899,923						1,318,325
13. Incurred medical incentive pools and bonuses	174,160	66,609	99,629	7,922										

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct	1,808,763	360,917	1,308,137	128,869				10,840						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net														
2. Incurred but Unreported:	1,808,763	360,917	1,308,137	128,869				10,840						
2.1 Direct	12,977,491	1,382,387	11,457,957	127,027		10,120								
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net														
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	14,786,254	1,743,304	12,766,094	255,896		10,120		10,840						
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) Individual	1,827,391	15,375,057	61,135	1,682,169	1,888,526	1,822,736
2. Comprehensive (hospital and medical) Group	8,904,039	87,607,555	285,686	12,480,408	9,189,725	11,529,357
3. Medicare Supplement	306,002	2,502,824	(13,989)	269,885	292,013	524,064
4. Vision only						
5. Dental only		3,091,823		10,120		
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare	3,174	1,932,092		10,840	3,174	1,287
8. Title XIX - Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care	79,630	1,238,682			79,630	
12. Other health						
13. Health subtotal (Lines 1 to 12)	11,120,236	111,748,033	332,832	14,453,422	11,453,068	13,877,444
14. Healthcare receivables (a)		3,381,599				2,859,809
15. Other non-health						
16. Medical incentive pools and bonus amounts	857,493			816,667	857,493	1,500,000
17. TOTALS (Lines 13 - 14 + 15 + 16)	11,977,729	108,366,434	332,832	15,270,089	12,310,561	12,517,635

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,535	12,427	12,425	12,290	12,277
2. 2020	105,970	121,191	121,916	122,217	122,216
3. 2021	XXX	110,388	126,758	127,713	127,819
4. 2022	XXX	XXX	91,925	102,519	102,716
5. 2023	XXX	XXX	XXX	94,192	105,880
6. 2024	XXX	XXX	XXX	XXX	111,749

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,854	12,427	12,425	12,290	12,277
2. 2020	124,204	122,302	121,916	122,217	122,216
3. 2021	XXX	130,862	128,840	127,713	127,819
4. 2022	XXX	XXX	110,156	102,738	102,716
5. 2023	XXX	XXX	XXX	109,350	106,213
6. 2024	XXX	XXX	XXX	XXX	127,019

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020	153,737	122,216	2,260	1.849	124,476	80.967			124,476	80.967
2. 2021	146,476	127,819	2,539	1.986	130,358	88.996			130,358	88.996
3. 2022	125,940	102,716	2,014	1.960	104,730	83.158			104,730	83.158
4. 2023	121,999	105,880	2,233	2.109	108,113	88.618	333		108,446	88.891
5. 2024	131,519	111,749	3,160	2.828	114,909	87.371	15,270	342	130,521	99.242

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,179	12,078	12,075	11,940	11,937
2. 2020	103,873	118,303	119,026	119,327	119,326
3. 2021	XXX	107,966	123,621	124,579	124,687
4. 2022	XXX	XXX	89,605	99,567	99,772
5. 2023	XXX	XXX	XXX	91,114	102,328
6. 2024	XXX	XXX	XXX	XXX	102,983

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,498	12,078	12,075	11,940	11,937
2. 2020	121,307	119,414	119,026	119,327	119,326
3. 2021	XXX	127,383	125,703	124,579	124,687
4. 2022	XXX	XXX	107,092	99,773	99,772
5. 2023	XXX	XXX	XXX	105,666	102,675
6. 2024	XXX	XXX	XXX	XXX	117,905

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020	150,217	119,326	2,068	1.733	121,394	80.812			121,394	80.812
2. 2021	142,788	124,687	2,280	1.829	126,967	88.920			126,967	88.920
3. 2022	121,776	99,772	1,785	1.789	101,557	83.396			101,557	83.396
4. 2023	117,687	102,328	2,066	2.019	104,394	88.705	347		104,741	88.999
5. 2024	121,900	102,983	2,993	2.906	105,976	86.937	14,922	335	121,233	99.453

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Medicare Supplement
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	331	324	325	325	315
2. 2020	1,718	2,342	2,344	2,344	2,344
3. 2021	XXX	2,122	2,639	2,636	2,634
4. 2022	XXX	XXX	2,243	2,807	2,799
5. 2023	XXX	XXX	XXX	1,197	1,588
6. 2024	XXX	XXX	XXX	XXX	2,503

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	331	324	325	325	315
2. 2020	2,455	2,342	2,344	2,344	2,344
3. 2021	XXX	3,179	2,639	2,636	2,634
4. 2022	XXX	XXX	2,987	2,820	2,799
5. 2023	XXX	XXX	XXX	1,802	1,574
6. 2024	XXX	XXX	XXX	XXX	2,830

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020	2,934	2,344	89	3.809	2,433	82.934			2,433	82.934
2. 2021	3,222	2,634	123	4.655	2,757	85.556			2,757	85.556
3. 2022	3,099	2,799	115	4.093	2,914	94.016			2,914	94.016
4. 2023	3,046	1,588	73	4.572	1,661	54.517	(14)		1,647	54.058
5. 2024	2,630	2,503	76	3.050	2,579	98.074	327	6	2,912	110.736

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Dental Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	XXX	.....
6. 2024	XXX	XXX	XXX	XXX	3,092

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	XXX	.....
6. 2024	XXX	XXX	XXX	XXX	3,102

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020
2. 2021
3. 2022
4. 2023
5. 2024	3,080	3,092	.....	.....	3,092	100.390	10	.....	3,102	100.714

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	19	22
6. 2024	XXX	XXX	XXX	XXX	1,932

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	20	22
6. 2024	XXX	XXX	XXX	XXX	1,943

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2022 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2023	37	22	1	4.574	23	62.179	.....	.....	23	62.179
5. 2024	2,669	1,932	9	0.466	1,941	72.724	11	1	1,953	73.173

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Title XIX - Medicaid
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior
2. 2020
3. 2021
4. 2022
5. 2023
6. 2024	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior
2. 2020
3. 2021
4. 2022
5. 2023
6. 2024	XXX	XXX	XXX	XXX	XXX

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020
2. 2021
3. 2022
4. 2023
5. 2024

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	25	25	25	25	25
2. 2020	379	546	546	546	546
3. 2021	XXX	300	498	498	498
4. 2022	XXX	XXX	77	145	145
5. 2023	XXX	XXX	XXX	1,862	1,942
6. 2024	XXX	XXX	XXX	XXX	1,239

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	25	25	25	25	25
2. 2020	442	546	546	546	546
3. 2021	XXX	300	498	498	498
4. 2022	XXX	XXX	77	145	145
5. 2023	XXX	XXX	XXX	1,862	1,942
6. 2024	XXX	XXX	XXX	XXX	1,239

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020	586	546	103	18.843	649	110.731			649	110.731
2. 2021	466	498	136	27.229	634	135.966			634	135.966
3. 2022	1,065	145	115	78.991	260	24.370			260	24.370
4. 2023	1,229	1,942	93	4.798	2,035	165.597			2,035	165.597
5. 2024	1,240	1,239	82	6.644	1,321	106.558			1,321	106.558

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1.	Unearned premium reserves												
2.	Additional policy reserves (a)	7,568,000	2,210,000	3,258,000						2,100,000			
3.	Reserve for future contingent benefits												
4.	Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)	88,985		64,163						24,822			
5.	Aggregate write-ins for other policy reserves	1,157,731	1,123,220	34,511						2,124,822			
	TOTALS (Gross)	8,814,716	3,333,220	3,356,674						2,124,822			
7.	Reinsurance ceded												
8.	TOTALS (Net) (Page 3, Line 4)	8,814,716	3,333,220	3,356,674						2,124,822			
9.	Present value of amounts not yet due on claims												
10.	Reserve for future contingent benefits												
11.	Aggregate write-ins for other claim reserves												
12.	TOTALS (Gross)												
13.	Reinsurance ceded												
14.	TOTALS (Net) (Page 3, Line 7)												
DETAILS OF WRITE-INS													
0501.	Risk Adjustment	1,157,731	1,123,220	34,511									
0502.	.....											
0503.	.....											
0598.	Summary of remaining write-ins for Line 5 from overflow page												
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,157,731	1,123,220	34,511									
1101.	.....											
1102.	.....											
1103.	.....											
1198.	Summary of remaining write-ins for Line 11 from overflow page												
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)												

(a) Includes \$.....7,568,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			688,004		688,004
2. Salaries, wages and other benefits	3,167,782	1,029,253	13,361,237		17,558,272
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			4,367,671		4,367,671
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	258,743	18	8,716,214		8,974,975
7. Traveling expenses					
8. Marketing and advertising			1,178,656		1,178,656
9. Postage, express and telephone			345		345
10. Printing and office supplies	14,760	12	395,830		410,602
11. Occupancy, depreciation and amortization					
12. Equipment	264		2,755		3,019
13. Cost or depreciation of EDP equipment and software			1,897,675		1,897,675
14. Outsourced services including EDP, claims, and other services	44,590	14	1,929,538		1,974,142
15. Boards, bureaus and association fees	2,131	117	77,832		80,080
16. Insurance, except on real estate					
17. Collection and bank service charges			497,797		497,797
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(752,565)	(221,394)	(7,656,532)		(8,630,491)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			423,285		423,285
23.2 State premium taxes			1,240,144		1,240,144
23.3 Regulatory authority licenses and fees			67,796		67,796
23.4 Payroll taxes			36,577		36,577
23.5 Other (excluding federal income and real estate taxes)			(28,218)		(28,218)
24. Investment expenses not included elsewhere				6,369	6,369
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	2,735,705	808,020	27,196,606	6,369	(a) 30,746,700
27. Less expenses unpaid December 31, current year	273,600	34,200	3,392,345		3,700,145
28. Add expenses unpaid December 31, prior year	407,640	66,360	2,464,638		2,938,638
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,869,745	840,180	26,268,899	6,369	29,985,193
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$....(27,549,633) to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	50,935	56,525
1.1 Bonds exempt from U.S. tax	(a) .....	.....	.....
1.2 Other bonds (unaffiliated)	(a) .....	.....	.....
1.3 Bonds of affiliates	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans	(c) .....	.....	.....
4. Real estate	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments	(e)	1,954,070	1,857,422
7. Derivative instruments	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL gross investment income	2,005,005	.....	1,913,947
11. Investment expenses	(g)	6,369	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....	.....
13. Interest expense	(h) .....	.....	.....
14. Depreciation on real estate and other invested assets	(i) .....	.....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	6,369	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	1,907,578
DETAILS OF WRITE-INS			
0901. .....	.....	.....	.....
0902. .....	.....	.....	.....
0903. .....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....
1501. .....	.....	.....	.....
1502. .....	.....	.....	.....
1503. .....	.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....	.....
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....	.....

(a) Includes \$.....0 accrual of discount less \$.....14,083 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds
1.1 Bonds exempt from U.S. tax
1.2 Other bonds (unaffiliated)
1.3 Bonds of affiliates
2.1 Preferred stocks (unaffiliated)
2.11 Preferred stocks of affiliates
2.2 Common stocks (unaffiliated)
2.21 Common stocks of affiliates
3. Mortgage loans
4. Real estate
5. Contract loans
6. Cash, cash equivalents and short-term investments
7. Derivative instruments
8. Other invested assets
9. Aggregate write-ins for capital gains (losses)
10. TOTAL Capital gains (losses)

DETAILS OF WRITE-INS

0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)
2. Stocks (Schedule D):			
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):			
4.1 Properties occupied by the company
4.2 Properties held for the production of income
4.3 Properties held for sale
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)
6. Contract loans
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants (for Title insurers only)
14. Investment income due and accrued
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	577,049	836,390	259,341
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due
15.3 Accrued retrospective premiums and contracts subject to redetermination
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured companies
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans	208,505	642,153	433,648
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset	1,465,808	1,465,808
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care and other amounts receivable
25. Aggregate write-ins for other-than-invested assets	5,014,500	5,014,500
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	785,554	7,958,851	7,173,297
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	785,554	7,958,851	7,173,297
28. TOTAL (Lines 26 and 27)	785,554	7,958,851	7,173,297
DETAILS OF WRITE-INS			
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)
2501. Prepays and other AR	5,014,500	5,014,500
2502.
2503.
2598. Summary of remaining write-ins for Line 25 from overflow page
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,014,500	5,014,500

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	12,938	12,647	12,355	14,945	14,834	164,319
2. Provider Service Organizations						
3. Preferred Provider Organizations	5,253	4,796	4,603	3,990	3,881	52,115
4. Point of Service	742	698	691	691	699	8,334
5. Indemnity Only	27	23	23	20	21	273
6. Aggregate write-ins for other lines of business	18,706	27,242	18,771	16,530	16,294	254,616
7. TOTAL	37,666	45,406	36,443	36,176	35,729	479,657
DETAILS OF WRITE-INS						
0601. Stop loss	18,694	19,898	17,584	15,401	15,305	218,744
0602. PDP	12					
0603. Dental		7,344	1,187	1,129	989	35,872
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	18,706	27,242	18,771	16,530	16,294	254,616

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Insurance Company (the “Company”) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	2024	2023
	Ohio		
NET INCOME			
Paramount Insurance Company state basis		(28,912,144)	(2,110,690)
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		(28,912,144)	(2,110,690)
SURPLUS			
Paramount Insurance Company state basis		20,255,588	19,990,281
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		20,255,588	19,990,281

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. The Company has no common stock investments.
4. The Company has no preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures.

Notes to Financial Statements

9. The Company does not invest in derivatives.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
11. The Company began operations on November 2, 2002. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on limited past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments and prescriptions filled.

2. Accounting Changes and Corrections of Errors

-NOT APPLICABLE

3. Business Combinations and Goodwill

-NOT APPLICABLE

4. Discontinued Operations

-NOT APPLICABLE

5. Investments

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D. The company does not have any loan-backed securities.
- E. The company does not have any repurchase agreements or security lending transactions.
- F. The company does not have any repurchase agreements.
- G. The company does not have any reverse repurchase agreements.
- H. The company does not have repurchase agreements accounted for as a sale.
- I. The company does not have reverse repurchase agreements accounted for as a sale.
- J. The company does not have any real estate investments
- K. The company does not have any low-income housing tax credits.
- L. Restricted Assets

Notes to Financial Statements

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	Total Current year nonadmitted Restricted	Total Current year admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which the liability is not shown							
b. collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states							
k. On deposit with other regulatory bodies	1,279,355	1,244,413	34,942	-	1,279,355	1.5%	1.5%
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	1,279,355	1,244,413	34,942		1,279,355	1.5%	1.5%

- M. The company does not have any working capital financing investments.
- N. The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.
- O. The company does not have any 5* securities.
- P. The company does not have any short sales.
- Q. Prepayment Penalty and Acceleration Fees
 - 1. Number of Cusips 0
 - 2. Aggregate Amount of Investment Income 0
- R. The company does not participate in a cash pool.

6. Joint ventures, Partnerships and Limited Liability Companies

-NOT APPLICABLE

Notes to Financial Statements

7. Investment Income

The Company does not have any nonadmitted accrued investment income.

8. Derivative Instruments

-NOT APPLICABLE

9. Income Taxes

The company is taxed as a stock property and casualty insurance company and files a consolidated federal income tax return with Medical Mutual of Ohio (MMO) and other affiliates. The Company is a party to a written tax sharing agreement with its Parent and other affiliates. According to the agreement each member pays taxes or receives credits (from the Parent) as if the member had filed a separate tax return. The payment is finalized for the tax year after the return is filed and/or after an IRS audit is completed. A member generating a taxable loss or whose net operating losses (NOLs) or other tax attributes are utilized in the current year, or whose tax attributes are utilized, is compensated for such losses or attributes utilized in the year absorbed.

Deferred income tax assets (DTAs) and liabilities (DTLs) represent the expected future tax consequences of temporary differences which are measured using a balance sheet approach whereby statutory and tax basis statutory statements of admitted assets, liabilities and capital and surplus are compared.

Current federal income tax, receivable in both 2024 and 2023, from Parent include all current income taxes, including interest, expected to be collected in a subsequent accounting period. Any tax related to the tax sharing agreement is included in the current federal income tax receivable/payable balance until the tax return is filed and amounts are then settled with the Parent.

The Company paid no federal income taxes during 2024 and 2023.

The Company is subject to federal income tax examinations by tax authorities for the years 2021 through 2024. Years 2020 and prior are closed.

A. The components of DTAs and DTLs as of December 31 are as follows:

	December 31, 2024			December 31, 2023			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ 13,364,027	\$	\$13,364,027	\$ 2,514,775	\$ 101,080	\$ 2,615,855	\$10,849,252	\$ (101,080)	\$10,748,172
(b) Statutory valuation allowance	<u>13,364,027</u>	<u> </u>	<u>13,364,027</u>	<u> </u>	<u>101,080</u>	<u>101,080</u>	<u>13,364,027</u>	<u>(101,080)</u>	<u>13,262,947</u>
(c) Adjusted gross deferred tax assets	<u> </u>	<u> </u>	<u> </u>	<u>2,514,775</u>	<u> </u>	<u>2,514,775</u>	<u>(2,514,775)</u>	<u> </u>	<u>(2,514,775)</u>
(d) Deferred tax assets nonadmitted	<u> </u>	<u> </u>	<u> </u>	<u>1,465,808</u>	<u> </u>	<u>1,465,808</u>	<u>(1,465,808)</u>	<u> </u>	<u>(1,465,808)</u>
(e) Subtotal net admitted deferred tax assets	<u> </u>	<u> </u>	<u> </u>	<u>1,048,967</u>	<u> </u>	<u>1,048,967</u>	<u>(1,048,967)</u>	<u> </u>	<u>(1,048,967)</u>
(f) Deferred tax liabilities	<u> </u>	<u> </u>	<u> </u>	<u>6,513</u>	<u> </u>	<u>6,513</u>	<u>(6,513)</u>	<u> </u>	<u>(6,513)</u>
(g) Net admitted deferred tax asset	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,042,454</u>	<u>\$ -</u>	<u>\$ 1,042,454</u>	<u>\$(1,042,454)</u>	<u>\$ -</u>	<u>\$(1,042,454)</u>

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
Notes to Financial Statements

	12/31/2024			12/31/2023			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	
Admission Calculation Components SSSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years									
Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ 1,042,454	\$ -	\$ 1,042,454	\$ (1,042,454)	\$ -	\$ (1,042,454)
(b) Adjusted Gross Deferred Tax Assets									
Expected To Be Realized (Excluding The Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	-	-	-	-	-	-	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	-	-	-	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	-	-	-	-	-	-	2,842,174	-	(2,842,174)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	-	-	-	6,513	-	6,513	-	-	-
(d) Deferred Tax Assets Admitted as the Result of application of SSAP No. 101.									
Total	\$ -	\$ -	\$ -	\$ 1,048,967	\$ -	\$ 1,048,967	\$ (1,048,967)	\$ -	\$ (1,048,967)

	2024	2023
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation		
Amount	333%	384%
(b) Amount of Adjusted Capital and Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 above	20,255,588	18,947,827

	2024		2023		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
Impact of tax planning strategies						
Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, by Tax Character as a Percentage						
(1) Adjusted gross DTAs from 9A1c	-		2,514,775	-	(2,514,775)	
(2) % total adjusted gross DTAs	-	-	-	-	-	-
(3) Net admitted adjusted gross DTAs from 9A1e	-		1,048,967	-	(1,048,967)	
(4) % of total net admitted adjusted gross DTAs	-	-	-	-	-	-
The Company's tax-planning strategies does not include the use of reinsurance.						

B. There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2024 and 2023.

C. -Current income taxes incurred consisted of the following major components:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
Notes to Financial Statements

			<u>12/31/2024</u>	<u>12/31/2023</u>	<u>Change</u>
1. Current Income Tax					
	(a) Federal		\$ 6,004,706	\$ 804,653	\$ 5,200,053
	(b) Federal income tax on capital gains		-	(23,953)	23,953
	(c) Other		<u>(2,397)</u>	<u>(7,186)</u>	<u>4,789</u>
	(d) Federal income taxes incurred		\$ 6,002,309	\$ 773,514	\$ 5,228,795
2. Deferred tax assets:					
	(a) Ordinary				
	(1) Discounting on claims payable		\$ 56,293	\$ 47,579	\$ 8,714
	(2) Net operating loss		3,149,206		
	(2) Unearned premiums		157,375	176,298	(18,923)
	(3) Accrued Vacation		-	-	-
	(4) Premium deficiency reserve		1,589,280	927,360	661,920
	(5) Amortization		-	-	-
	(6) Accrued taxes		-	-	-
	(7) Allowance for doubtful accounts		-	-	-
	(8) Non admitted other aggregate write ins		164,966	1,363,538	(1,198,572)
	(9) Intangible assets		<u>8,246,907</u>	<u>-</u>	<u>8,246,907</u>
	Subtotal		13,364,027	2,514,775	10,849,252
	(b) Statutory valuation allowance adjustment		13,364,027	-	13,364,027
	(c) Nonadmitted		<u>-</u>	<u>1,465,808</u>	<u>(1,465,808)</u>
	(d) Admitted ordinary deferred tax assets		<u>-</u>	<u>1,048,967</u>	<u>(1,048,967)</u>
	(e) Capital				
	(1) Capital loss carryforward		-	86,430	(86,430)
	(2) Other		-	-	-
	(3) Tax effect of unrealized losses		<u>-</u>	<u>14,650</u>	<u>(14,650)</u>
	Subtotal		<u>-</u>	<u>101,080</u>	<u>(101,080)</u>
	(f) Statutory valuation allowance adjustment		-	101,080	(101,080)
	(g) Nonadmitted		<u>-</u>	<u>-</u>	<u>-</u>
	(h) Admitted capital deferred tax assets		<u>-</u>	<u>-</u>	<u>-</u>
	(i) Admitted deferred tax assets		<u>-</u>	<u>1,048,967</u>	<u>(1,048,967)</u>
3. Deferred tax liabilities:					
	(a) Ordinary				
	(1) Advance medical payments		-	-	-
	(2) Transition liability		<u>-</u>	<u>6,513</u>	<u>(6,513)</u>
	Subtotal		-	6,513	(6,513)
	(b) Capital				
	(1) Unrealized gain		-	-	-
	(2) Other		<u>-</u>	<u>-</u>	<u>-</u>
	Subtotal		-	-	-
	(c) Deferred tax liabilities		<u>\$ -</u>	<u>\$ 6,513</u>	<u>\$ (6,513)</u>
4. Net deferred tax assets/liabilities			<u>\$ -</u>	<u>\$ 1,042,454</u>	<u>\$ (1,042,454)</u>

The change in net deferred income taxes is composed of the following:

Notes to Financial Statements

	12/31/2024	12/31/2023	Change
Total deferred tax assets	\$ -	\$ 2,514,776	\$ (2,514,776)
Total deferred tax liabilities	- -	(6,513)	6,513
Net deferred tax assets/liabilities	- -	2,508,263	(2,508,263)
Tax effect of unrealized gains/(losses)			-
Statutory Valuation allowance			-
Change in net deferred income tax			\$ (2,508,263)

D.-Analysis of Actual Income Tax Expense

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2024	%	2023	%
Provision computed at statutory rate	\$ (4,811,065)	21 %	\$ (280,807)	21 %
Change in statutory valuation allowance	13,262,947	(58)%	86,430	(6)%
Other	(1,217,289)	5 %	60,549	(5)%
Permanent items	62,755			
Change in non-admitted assets	<u>1,198,573</u>	<u>(5)</u>	<u>1,476</u>	<u>-</u>
Total	<u>\$ 8,495,921</u>	<u>(37)%</u>	<u>\$ (132,352)</u>	<u>10 %</u>
 Federal income taxes incurred	 \$ 6,002,309	 (26)%	 \$ 804,653	 (60)%
Tax on capital gains/(losses)			(23,953)	1 %
Change in net deferred income taxes	2,493,612	(11)%	(905,866)	68 %
Other	_____	- -	(7,186)	- -
Total statutory income taxes	<u>\$ 8,495,921</u>	<u>(37)%</u>	<u>\$ (132,352)</u>	<u>10 %</u>

E.-At December 31, 2024 and 2023, the Company had the following operating and capital loss carryforwards to utilize in future years.

	December 31, 2024	December 31, 2023
The Company had net operating losses of:	14,996,219	-
The Company had capital loss carryforwards of:	-	-
The Company had AMT credit carryforwards of:	-	-

The Company did not have income tax incurred for 2022, 2023 and 2024 that is available for recoupment in the event of future net losses:

F.- The Company's federal income tax return is consolidated with the following entities:

Medical Mutual of Ohio
MedMutual Life Insurance Company
Medical Health Insuring Corporation of Ohio
Superior Dental Care, Inc.
Paramount Care, Inc.
Paramount Insurance Company
Paramount Care of Michigan, Inc.
Paramount Care of Indiana, Inc.
Paramount Care of Pennsylvania
Paramount Care of Virginia
Paramount Care of Maryland, Inc.

The manner in which the Board of Directors sets forth allocating the consolidated federal income tax: A valid tax sharing agreement.

Notes to Financial Statements

G.-Accounting for tax contingencies

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

H.- Repatriation Transition Tax

Not applicable.

I-Corporate Alternative Minimum Tax (“CAMT”)

Not applicable.

10. Information Concerning Parent, Subsidiaries and Affiliates

MMO provides administrative services to the Company in connection with an administrative services agreement. Expense allocations are reviewed periodically to ensure expenses are being appropriately charged to each affiliate and could vary from year-to-year. In 2024, charges to the Company for these services totaled \$1,780,258. These charges could vary if the administrative services were provided by an unaffiliated vendor. Amounts payable and receivable between the Company and MMO are settled within three months.

The Company shares employees, services and assets pursuant to a Management Services Sharing Agreement with Paramount Care, Inc. The shared services include member services, sales, accounting, information systems, medical direction and management, claims processing, provider relations and community relations. For the years ended December 31, 2024 and 2023 the Company was allocated general administrative expenses of \$25,769,375 and \$13,389,904, respectively.

11. Debt

-NOT APPLICABLE

12. Retirement Plans, Deferred Compensation, Postemployment Benefits

-NOT APPLICABLE

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

- A. The Company has 1,000 shares authorized and 500 shares issued and outstanding.
- B. The Company has no preferred stock.
- C. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company’s state of incorporation, to an amount less than 10% of admitted capital (including all dividends within the prior 12 month period). Additionally, the Company must obtain prior approval for dividends not paid from earned surplus.
- D. The Company did not pay any dividends during 2024 and 2023.
- E. Within the limitations of [C] above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company’s surplus.

Notes to Financial Statements

- G. The Company received capital contributions of \$22,546,087 in 2024. The Company reported \$6,783,009 as additional paid in capital during 2024 for the tax expense on the gain related to the sale of the Company to MMO that will be paid by the seller.
- H. There is no stock being held by the Company.
- I. The Company has no special surplus funds.
- J. The portion of unassigned funds (surplus) that has been represented or reduced by cumulative unrealized gains and losses is \$0.
- K. The Company has no surplus debentures or other outstanding obligations.
- L. The Company was not involved in a quasi-reorganization during the year.

14. Contingencies

As of the date of this filing, Management is not aware of any contingent commitments, assessments or other contingencies that would materially impact the company.

15. Leases

-NOT APPLICABLE

16. Off-Balance Sheet Risk

-NOT APPLICABLE

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

-NOT APPLICABLE

18. Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans was as follows during 2024:

	Uninsured Portion		
	ASO	of Partially Uninsured Plans	Total ASO
	Uninsured Plans	Insured Plans	Due from
Net reimbursement for administrative Expenses (including admin fees) in excess of actual expenses	\$ 578,505		\$ 578,505
Total net other income or expenses including interest paid to or received from plans	38,674		38,674
Total gain or (loss) from operations	617,179		617,179
Claim payments	\$ 226,817,133		\$ 226,817,133

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

-NOT APPLICABLE

20. Fair Value Measurement

A1. N/A

Notes to Financial Statements

C.

C.		Aggregate	Admitted	Level 1	Level 2	Level 3	Net Asset Value	Not Practicable Carrying Value
Type of Financial Instrument	Fair Value	Assets						
Bonds	\$ 1,265,718	\$ 1,279,355			\$ 1,265,718			
Cash Equivalents	58,956,414	58,956,414	58,956,414					

21. Other Items

The Company has no extraordinary items, troubled debt restructuring or other unusual disclosures to make.

22. Subsequent Events

-NOT APPLICABLE

23. Reinsurance

A. Ceded Reinsurance Report

Section 1

1. None of the reinsurers listed in Schedule S as non-affiliated, are owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee or director of the company.
2. None of the policies issued by the company have been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business.

Section 2

1. The company does not have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit.
2. The company does not have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies.

Section 3

1. The aggregate reduction in surplus for termination of all reinsurance agreements, by either party, as of the date of this statement is zero.
2. No new agreements have been executed or existing agreements amended since January 1, 2024 to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

B. The Company does not have any uncollectible reinsurance recorded on its books.

C. The company had no commutation of reinsurance.

24. Retrospectively Rated Contracts

Notes to Financial Statements

D.

	Individual	Small Group	Large Group	Other	Total
Current Reporting Year-to-date					
Medical Loss Ration Rebates Incurred			64,163		64,163
Medical Loss Rebates Paid					
Medical Loss Rebates Unpaid			64,163		64,163
Pluse Reinsurance assumed amounts					
Less Reinsurane ceded amounts					
Rebates Unpaid net of reinsurance					64,163

E. Risk Sharing Provisions of the Affordable Care Act

1. PICO writes insured non-individual, individual and uninsured accident and health insurance premium that is subject to the Affordable Care Act.

The company had zero balances for the risk corridors program due a lack of sufficient data to estimate the recoverable amounts.

2. Impact of Risk-sharing provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Notes to Financial Statements

Description		Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	663,595
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	-
3.	Premium adjustments payable due to ACA Risk Adjustment	(1,157,731)
	Operations (Revenue & Expense)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(758,298)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	-
b.	Transitional ACA Reinsurance Program	
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	-
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
	Liabilities	
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	-
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
	Operations (Revenue & Expense)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	-
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
9.	ACA Reinsurance contributions – not reported as ceded premium	-
c.	Temporary ACA Risk Corridors Program	
	Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors	-
	Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
	Operations (Revenue & Expense)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	-
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	-

3. Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
Notes to Financial Statements

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col11-3)	Prior Year Accrued Less Payments (Col12-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col11-3+7)	Cumulative Balance from Prior Years (Col12-4+8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	513,174		1,119,446		(606,272)		606,409		A	137	
2. Premium adjustments (payable)		(789,063)		(571,955)		(217,068)		217,068	B		(0)
3. Subtotal ACA Permanent Risk											
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid									C		
2. Amounts recoverable for claims unpaid (contra)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contribution payable due to ACA Reinsurance – not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium									I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions											
Explanation of Adjustments											
	A. Adjustment per CMS report										
	B. Adjustment per CMS report										
Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col11-3)	Prior Year Accrued Less Payments (Col12-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col11-3+7)	Cumulative Balance from Prior Years (Col12-4+8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium									A		
2. Reserve for rate credits or policy experience rating refunds									B		
b. 2015									C		
1. Accrued retrospective premium									D		
2. Reserve for rate credits or policy experience rating refunds									E		
c. 2016									F		
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
d. Total for risk corridors											
Explanation of Adjustments											

Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons		Asset Balance (Gross of Non-admissions)		Net Admitted Asset (4-5)
				Amounts received from CMS	(1-2-3)	
		1	2	3	4	
2014	0	0	0	0	0	0
2015	0	0	0	0	0	0
2016	0	0	0	0	0	0
Total (a+b+c)						

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$12,991,636. As of December 31, 2024, \$12,487,637 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$332,832 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the Commercial line of insurance. Therefore, there has been a \$171,167 favorable prior-year development since December 31, 2023 to December 31, 2024. The change is generally a result of ongoing analysis of recent development trends and pharmacy rebates received related to accrued claims. Original estimates

Notes to Financial Statements

are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

27. Structured Settlements

-NOT APPLICABLE

28. Health Care Receivables

Quarter	Estimated Pharmacy Rebates	Pharmacy Rebates as Billed	Actual Rebates		
			Received within 90 days of billing	Received within 91-180 days of billing	Received More than 180 days after billing
12/31/2024	3,381,599	3,381,599	-	-	-
9/30/2024	6,144,413	2,996,053	2,908,788	87,265	-
6/30/2024	3,129,951	2,979,982	2,630,600	391,379	(41,997)
3/31/2024	3,096,959	3,083,987	2,486,878	606,938	(9,829)
12/31/2023	2,859,809	3,302,837	1,547,815	1,718,838	36,184
9/30/2023	2,948,456	2,858,825	1,521,441	1,343,797	(6,413)
6/30/2023	2,971,770	3,072,258	1,592,969	1,291,124	188,165
3/31/2023	2,752,947	2,630,837	1,567,666	978,118	85,053
12/31/2022	2,752,947	2,776,052	1,296,772	1,208,694	270,586
9/30/2022	3,454,197	2,976,504	1,398,863	1,376,371	201,270
6/30/2022	1,985,559	3,155,335	1,647,367	1,320,549	187,419
3/31/2022	2,838,132	3,204,753	1,867,767	1,228,951	108,035

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserve :	\$7,568,000
Date of most recent evaluation of this liability:	12/31/2024
Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated Salvage and Subrogation

The Company did not have any estimated anticipated salvage and subrogation to reduce the liability.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

2.2 If yes, date of change:

Yes[X] No[] N/A[]
Ohio

Yes[] No[X]

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[X]

12/31/2023

Yes[] No[X]

12/31/2020

05/13/2022

Yes[] No[] N/A[X]
Yes[] No[] N/A[X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

4.22 renewals?

Yes[] No[X]

Yes[] No[X]

Yes[] No[X]

Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

Yes[] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

7.2 If yes,

7.21 State the percentage of foreign control

0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

Yes[] No[X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	No	No	No	No

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes[] No[X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[] No[] N/A[X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 RSM US LLP 801 Nicollet Mall, Suite 1200, Minneapolis, MN 55402

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

Yes[] No[X]

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

Yes[] No[X]

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[] N/A[]

10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Ms. Alisa Widmer, FSA, MAA, Risk & Regulatory Consulting, LLC, 20 Batterson Park Road, Suite 380, Farmington, CT 06032

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No X

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value
\$..... 0

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year?
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain: Yes No X

14.2 Has the code of ethics for senior managers been amended? Yes No X

14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes No X

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No X

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes No X

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No X

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes X No

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes X No

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes X No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No X

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
\$..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
\$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No X

21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other
\$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes X No

22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid
\$..... (418,279)
\$..... 9,131
\$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No X
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: Yes No X
\$..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes No X

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes[X] No[]

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) N/A

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[] No[] N/A[X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes[] No[] N/A[X]

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0

25.093 Total payable for securities lending reported on the liability page. \$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes[X] No[]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states \$ 0

26.29 On deposit with other regulatory bodies \$ 1,279,355

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]

If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[] No[X]

27.4 If the response to 27.3 is yes, does the reporting entity utilize:

27.41 Special Accounting Provision of SSAP No. 108 Yes[] No[X]

27.42 Permitted Accounting Practice Yes[] No[X]

27.43 Other Accounting Guidance Yes[] No[X]

27.5 By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes[] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank	5050 Kingsley Drive, Cincinnati, OH 45263

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes[X] No[]

29.04 If yes, give full and complete information relating thereto:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
GENERAL INTERROGATORIES (Continued)

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
BofA Securities, Inc.	Fifth Third Bank	07/08/2024 ..	On 5/1/24 the Company was purchased by Medical Mutual of Ohio and all investment holdings were moved to Fifth Third on 7/8/24.

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
James Cellura	I

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[] No[X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[] No[X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2	3
Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	1,279,355	1,265,718
31.2 Preferred stocks		(13,637)
31.3 Totals	1,279,355	1,265,718
		(13,637)

31.4 Describe the sources or methods utilized in determining the fair values:

The fair value of our securities was determined by utilizing prices obtained from our custodian, Fifth Third Bank. Fifth Third Bank utilized ICE DATA Services for their pricing.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]
 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]
 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]
 33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

GENERAL INTERROGATORIES (Continued)

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%)) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [] No [] N/A [X]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes [] No []

39.22 Immediately converted to U.S. dollars

Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....

OTHER

40.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

41.1 Amount of payments for legal expenses, if any?

\$..... 0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$..... 0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[X] No[]
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 2,629,781
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 2,548,579
1.6 Individual policies - Most current three years:	
1.61 TOTAL Premium earned	\$..... 424,928
1.62 TOTAL Incurred claims	\$..... 375,810
1.63 Number of covered lives	212
All years prior to most current three years:	
1.64 TOTAL Premium earned	\$..... 2,204,853
1.65 TOTAL Incurred claims	\$..... 2,172,769
1.66 Number of covered lives	967
1.7 Group policies - Most current three years:	
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	0
All years prior to most current three years:	
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	131,454,348	121,999,111
2.2 Premium Denominator	131,454,348	121,999,111
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	24,417,637	20,607,910
2.5 Reserve Denominator	24,417,637	20,607,910
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[X] N/A[]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 750,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The plan has hold harmless provision with network hospitals. Paramount Insurance Company's reinsurance contract provides for payment of certain benefits for 30 days following an event of insolvency.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 18,389
8.2 Number of providers at end of reporting year	..... 20,044

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[X] No[]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 11,498,066
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 0
10.22 Amount actually paid for year bonuses	\$..... 0
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[] No[X]

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

Yes[X] No[]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

Yes[X] No[]

11.4 If yes, show the amount required.

\$..... 2,500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
ALL COUNTIES IN OHIO

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

13.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes[] No[] N/A[X]

14.2 If the answer to 14.1 is yes, please provide the following:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **PARAMOUNT INSURANCE COMPANY**
GENERAL INTERROGATORIES (Continued)

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written
 15.2 Total incurred claims
 15.3 Number of covered lives

\$ 0
 \$ 0
 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[X] No[]

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	84,901,226	83,122,200	93,752,255	93,637,295	72,649,476
2. TOTAL Liabilities (Page 3, Line 24)	64,645,638	63,131,919	72,157,427	69,368,952	46,970,103
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	20,255,588	19,990,281	21,594,828	24,268,343	25,679,373
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	131,454,348	121,999,111	125,939,715	146,475,638	153,737,418
6. TOTAL Medical and Hospital Expenses (Line 18)	123,429,449	101,401,485	107,875,852	128,071,823	122,482,742
7. Claims adjustment expenses (Line 20)	3,543,725	1,981,947	2,051,799	2,552,383	2,283,279
8. TOTAL Administrative Expenses (Line 21)	27,196,606	15,698,650	15,030,771	15,386,115	16,747,942
9. Net underwriting gain (loss) (Line 24)	(25,867,432)	(1,498,971)	981,293	465,317	12,223,455
10. Net investment gain (loss) (Line 27)	1,907,578	185,748	122,925	179,199	102,423
11. TOTAL Other Income (Lines 28 plus 29)	1,050,019			6,592	11,413
12. Net income or (loss) (Line 32)	(28,912,144)	(2,110,690)	831,346	578,489	9,076,351
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(17,735,470)	(9,353,088)	3,781,625	641,028	18,299,849
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	20,255,588	19,990,281	21,594,828	24,268,343	25,679,373
15. Authorized control level risk-based capital	6,076,604	4,934,641	5,538,458	6,288,019	6,130,677
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	35,729	37,666	29,007	28,839	31,881
17. TOTAL Members Months (Column 6, Line 7)	479,657	471,630	351,864	348,911	388,358
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	93.9	83.1	85.7	87.4	79.7
20. Cost containment expenses	2.1	1.3	1.4	1.5	1.3
21. Other claims adjustment expenses	0.6	0.3	0.2	0.2	0.2
22. TOTAL Underwriting Deductions (Line 23)	119.7	101.2	99.2	99.7	92.0
23. TOTAL Underwriting Gain (Loss) (Line 24)	(19.7)	(1.2)	0.8	0.3	8.0
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	12,310,561	11,934,556	19,174,581	16,523,194	12,852,844
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	12,517,635	17,023,732	18,166,044	15,594,980	11,616,220
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama (AL)	N										
2. Alaska (AK)	N										
3. Arizona (AZ)	N										
4. Arkansas (AR)	N										
5. California (CA)	N										
6. Colorado (CO)	N										
7. Connecticut (CT)	N										
8. Delaware (DE)	N										
9. District of Columbia (DC)	N										
10. Florida (FL)	N										
11. Georgia (GA)	N										
12. Hawaii (HI)	N										
13. Idaho (ID)	N										
14. Illinois (IL)	N										
15. Indiana (IN)	L										
16. Iowa (IA)	N										
17. Kansas (KS)	N										
18. Kentucky (KY)	L										
19. Louisiana (LA)	N										
20. Maine (ME)	N										
21. Maryland (MD)	L										
22. Massachusetts (MA)	N										
23. Michigan (MI)	L	2,982,972								2,982,972	
24. Minnesota (MN)	N										
25. Mississippi (MS)	N										
26. Missouri (MO)	N										
27. Montana (MT)	N										
28. Nebraska (NE)	N										
29. Nevada (NV)	N										
30. New Hampshire (NH)	N										
31. New Jersey (NJ)	N										
32. New Mexico (NM)	N										
33. New York (NY)	N										
34. North Carolina (NC)	N										
35. North Dakota (ND)	N										
36. Ohio (OH)	L	121,744,290	2,669,128							124,413,418	
37. Oklahoma (OK)	N										
38. Oregon (OR)	N										
39. Pennsylvania (PA)	N										
40. Rhode Island (RI)	N										
41. South Carolina (SC)	N										
42. South Dakota (SD)	N										
43. Tennessee (TN)	N										
44. Texas (TX)	N										
45. Utah (UT)	N										
46. Vermont (VT)	N										
47. Virginia (VA)	L										
48. Washington (WA)	N										
49. West Virginia (WV)	N										
50. Wisconsin (WI)	N										
51. Wyoming (WY)	N										
52. American Samoa (AS)	N										
53. Guam (GU)	N										
54. Puerto Rico (PR)	N										
55. U.S. Virgin Islands (VI)	N										
56. Northern Mariana Islands (MP)	N										
57. Canada (CAN)	N										
58. Aggregate other alien (OT)	XXX										
59. Subtotal	XXX	124,727,262	2,669,128							127,396,390	
60. Reporting entity contributions for Employee Benefit Plans	XXX										
61. TOTAL (Direct Business)	XXX	124,727,262	2,669,128							127,396,390	

DETAILS OF WRITE-INS

58001	XXX									
58002	XXX									
58003	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

6

4. Q - Qualified - Qualified or accredited reinsurer

5. N - None of the above - Not allowed to write business in the state

51

(b) Explanation of basis of allocation by states, premiums by state, etc.: All individual policies are allocated based on residency which are in Ohio. Group policies are allocated based on the employment location. All groups are employed in Ohio and Michigan.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

