



95189202420100100

2024

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ended DECEMBER 31, 2024**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Paramount Care, Inc.**

NAIC Group Code	0730 (Current Period)	0730 (Prior Period)	NAIC Company Code	95189	Employer's ID Number	341549926
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ <input type="checkbox"/> ] Dental Service Corporation[ <input type="checkbox"/> ] Other[ <input type="checkbox"/> ]	Property/Casualty[ <input type="checkbox"/> ] Vision Service Corporation[ <input type="checkbox"/> ] Is HMO Federally Qualified? Yes[ <input type="checkbox"/> ] No[X] N/A[ <input type="checkbox"/> ]	Hospital, Medical & Dental Service or Indemnity[ <input type="checkbox"/> ] Health Maintenance Organization[X]			
Incorporated/Organized	04/22/1987		Commenced Business	01/01/1988		
Statutory Home Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Main Administrative Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.paramounthhealthcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Cathy Lumbrezer, Ms. (Name) cathy.lumbrezer@medmutual.com (E-Mail Address)		(419)887-2500 (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 Mrs.	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) .....	1,524,198		1,524,198	499,529
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 (\$.....3,036,968, Schedule E-Part 1), cash equivalents (\$.....39,554,268, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA) .....	42,591,236		42,591,236	36,184,030
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....	505,226	505,226		
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) .....	44,620,660	505,226	44,115,434	36,683,559
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	162,953		162,953	104,268
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	331,761	48,543	283,218	282,298
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 (\$.....4,360,802) .....	4,360,802		4,360,802	5,072,734
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 .....	3,080,133		3,080,133	
18.1 Current federal and foreign income tax recoverable and interest thereon .....				12,477
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	6,358,314	5,648,438	709,876	118,186
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	6,926,166	6,926,166		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	570,845		570,845	24,167,191
24. Health care (\$.....6,965,785) and other amounts receivable .....	6,965,785		6,965,785	4,262,538
25. Aggregate write-ins for other-than-invested assets .....	28,025,536	1,963,151	26,062,385	42,961
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	101,402,955	15,091,524	86,311,431	70,746,212
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	101,402,955	15,091,524	86,311,431	70,746,212
<b>DETAILS OF WRITE-INS</b>				
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. Prepaid .....	1,954,960	1,954,960		
2502. State income tax recoverable .....	42,961		42,961	42,961
2503. Other .....	27,615	8,191	19,424	
2598. Summary of remaining write-ins for Line 25 from overflow page .....	26,000,000		26,000,000	
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	28,025,536	1,963,151	26,062,385	42,961

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	18,702,526		18,702,526	17,164,387
2. Accrued medical incentive pool and bonus amounts .....	3,537,821		3,537,821	698,878
3. Unpaid claims adjustment expenses .....	320,000		320,000	320,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	17,798,804		17,798,804	2,112,838
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	110,128		110,128	143,139
9. General expenses due or accrued .....	8,277,726		8,277,726	9,847,587
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				931,763
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 .....				17,698,712
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 .....	62,667		62,667	58,330
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	48,809,672		48,809,672	48,975,634
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	79,995,113	24,486,362
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	(42,493,354)	(2,715,784)
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	37,501,759	21,770,578
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	86,311,431	70,746,212
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
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) .....				
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	144,582	148,284
1. Member Months .....	XXX	144,582	148,284
2. Net premium income (including \$.....0 non-health premium income) .....	XXX	179,480,920	175,200,398
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	179,480,920	175,200,398
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		137,315,513	131,854,982
10. Other professional services .....		9,666,787	3,145,717
11. Outside referrals .....			
12. Emergency room and out-of-area .....		2,884,193	2,618,038
13. Prescription drugs .....		19,771,710	22,572,564
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....		3,054,475	192,240
16. Subtotal (Lines 9 to 15) .....		172,692,678	160,383,541
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		172,692,678	160,383,541
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....2,629,279 cost containment expenses .....		3,279,925	1,826,743
21. General administrative expenses .....		31,691,124	18,495,361
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		17,600,000	
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....		225,263,727	180,705,645
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(45,782,807)	(5,505,247)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		3,218,112	4,879,557
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....			(129,085)
27. Net investment gains (losses) (Lines 25 plus 26) .....		3,218,112	4,750,472
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 .....		282,688	75,791
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	(42,282,007)	(678,984)
31. Federal and foreign income taxes incurred .....	XXX	763,170	24,543
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(43,045,177)	(703,527)
<b>DETAILS OF WRITE-INS</b>			
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 .....		282,688	75,791
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) .....		282,688	75,791

# STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	21,770,578	19,339,433
34. Net income or (loss) from Line 32 .....	(43,045,177)	(703,527)
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		6,417
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	(1,340,248)	27,511
39. Change in nonadmitted assets .....	(10,447,311)	(899,256)
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 .....	55,508,751	4,000,000
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 .....	15,055,166	
48. Net change in capital and surplus (Lines 34 to 47) .....	15,731,181	2,431,145
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	37,501,759	21,770,578
<b>DETAILS OF WRITE-INS</b>		
4701. Transfer of Fixed assets .....	15,652,325	
4702. Other adjustments .....	(597,159)	
4703. .....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	15,055,166	

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	178,236,839	176,159,615
2.	Net investment income .....	3,157,843	4,766,543
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	181,394,682	180,926,158
5.	Benefit and loss related payments .....	171,018,843	164,460,473
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	39,334,018	21,632,885
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		(1,904,667)
10.	TOTAL (Lines 5 through 9) .....	210,352,861	184,188,691
11.	Net cash from operations (Line 4 minus Line 10) .....	(28,958,179)	(3,262,533)
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....		5,550,913
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....	19,616	
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		(54)
12.7	Miscellaneous proceeds .....		6,417
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	19,616	5,557,276
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	1,023,086	2,254,553
13.2	Stocks .....		
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....	85,104	
13.6	Miscellaneous applications .....		30,340
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	1,108,190	2,284,894
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) .....	(1,088,574)	3,272,382
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....	54,758,058	4,000,000
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) .....	(18,304,099)	(14,515,404)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	36,453,959	(10,515,404)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	6,407,206	(10,505,555)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	36,184,030	46,689,585
19.2	End of year (Line 18 plus Line 19.1) .....	42,591,236	36,184,030

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

20.0001	Change in Premium Deficiency Reserve .....	17,600,000	
---------	--------------------------------------------	------------	--

## 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	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income .....	179,480,920							179,480,920						
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 .....		
7.	TOTAL Revenues (Lines 1 to 6) .....	179,480,920							179,480,920						
8.	Hospital/medical benefits .....	137,315,513							137,315,513					X X X .....	
9.	Other professional services .....	9,666,787							9,666,787					X X X .....	
10.	Outside referrals .....													X X X .....	
11.	Emergency room and out-of-area .....	2,884,193							2,884,193					X X X .....	
12.	Prescription drugs .....	19,771,710							19,771,710					X X X .....	
13.	Aggregate write-ins for other hospital and medical .....													X X X .....	
14.	Incentive pool, withhold adjustments and bonus amounts .....	3,054,475							3,054,475					X X X .....	
15.	Subtotal (Lines 8 to 14) .....	172,692,678							172,692,678					X X X .....	
16.	Net reinsurance recoveries .....													X X X .....	
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....	172,692,678							172,692,678					X X X .....	
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 .....		
19.	Claims adjustment expenses including \$.....2,629,279 cost containment expenses .....	3,279,925							3,279,925						
20.	General administrative expenses .....	31,691,124							31,610,725					80,399 .....	
21.	Increase in reserves for accident and health contracts .....	17,600,000							17,600,000					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 .....		
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....	225,263,727							225,183,328					80,399 .....	
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(45,782,807)							(45,702,408)					(80,399) .....	

**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 .....	.....	.....	.....	.....
2. Comprehensive (hospital and medical) Group .....	.....	.....	.....	.....
3. Medicare Supplement .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Dental only .....	.....	.....	.....	.....
6. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
7. Title XVIII - Medicare .....	179,164,880	.....	(316,040)	179,480,920
8. Title XIX - Medicaid .....	.....	.....	.....	.....
9. Credit A&H .....	.....	.....	.....	.....
10. Disability Income .....	.....	.....	.....	.....
11. Long-Term Care .....	.....	.....	.....	.....
12. Other health .....	.....	.....	.....	.....
13. Health subtotal (Lines 1 through 12) .....	179,164,880	.....	(316,040)	179,480,920
14. Life .....	.....	.....	.....	.....
15. Property/casualty .....	.....	.....	.....	.....
16. TOTALS (Lines 13 to 15) .....	179,164,880	.....	(316,040)	179,480,920

# 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	170,803,311							170,803,311						
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	170,803,311							170,803,311						
2. Paid medical incentive pools and bonuses	215,532							215,532						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	18,702,526							18,702,526						
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	18,702,526							18,702,526						
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	3,537,821							3,537,821						
6. Net healthcare receivables (a)	2,703,247							2,703,247						
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	17,164,387							17,164,387						
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	17,164,387							17,164,387						
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	698,878							698,878						
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct	169,638,203							169,638,203						
12.2 Reinsurance assumed														
12.3 Reinsurance ceded														
12.4 Net	169,638,203							169,638,203						
13. Incurred medical incentive pools and bonuses	3,054,475							3,054,475						

(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 .....	4,118,397							4,118,397						
1.2 Reinsurance assumed .....														
1.3 Reinsurance ceded .....														
1.4 Net .....	4,118,397							4,118,397						
2. Incurred but Unreported:														
2.1 Direct .....	14,584,129							14,584,129						
2.2 Reinsurance assumed .....														
2.3 Reinsurance ceded .....														
2.4 Net .....	14,584,129							14,584,129						
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 .....	18,702,526							18,702,526						
4.2 Reinsurance assumed .....														
4.3 Reinsurance ceded .....														
4.4 Net .....	18,702,526							18,702,526						

## 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 .....						
2. Comprehensive (hospital and medical) Group .....						
3. Medicare Supplement .....						
4. Vision only .....						
5. Dental only .....						
6. Federal Employees Health Benefits Plan .....						
7. Title XVIII - Medicare .....	7,121,169	163,682,141	842,708	17,859,818	7,963,877	17,164,387
8. Title XIX - Medicaid .....						
9. Credit A&H .....						
10. Disability Income .....						
11. Long-Term Care .....						
12. Other health .....						
13. Health subtotal (Lines 1 to 12) .....	7,121,169	163,682,141	842,708	17,859,818	7,963,877	17,164,387
14. Healthcare receivables (a) .....		6,965,785				4,262,538
15. Other non-health .....						
16. Medical incentive pools and bonus amounts .....	215,533		673,759	2,864,062	889,292	698,878
17. TOTALS (Lines 13 - 14 + 15 + 16) .....	7,336,702	156,716,356	1,516,467	20,723,880	8,853,169	13,600,727

(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 .....	10,055	9,950	9,980	9,759	9,622
2. 2020 .....	146,317	157,080	157,924	157,985	157,985
3. 2021 .....	XXX	146,220	161,517	162,063	162,072
4. 2022 .....	XXX	XXX	143,622	156,807	157,416
5. 2023 .....	XXX	XXX	XXX	150,890	157,745
6. 2024 .....	XXX	XXX	XXX	XXX	163,682

## 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 .....	(3,821)	9,950	9,980	9,759	9,622
2. 2020 .....	162,067	158,075	157,924	157,985	157,985
3. 2021 .....	XXX	163,211	162,407	162,063	162,072
4. 2022 .....	XXX	XXX	163,678	157,009	157,416
5. 2023 .....	XXX	XXX	XXX	168,552	159,261
6. 2024 .....	XXX	XXX	XXX	XXX	184,406

## 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 .....	183,058	157,985	2,256	1.428	160,241	87.536			160,241	87.536
2. 2021 .....	176,496	162,072	2,615	1.614	164,687	93.309			164,687	93.309
3. 2022 .....	174,094	157,416	1,956	1.243	159,372	91.544			159,372	91.544
4. 2023 .....	175,202	157,745	1,997	1.266	159,742	91.176	1,516		161,258	92.041
5. 2024 .....	178,176	163,682	2,896	1.769	166,578	93.491	20,724	320	187,622	105.301

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . . . NONE

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

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

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

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 .....	10,055	9,950	9,980	9,759	9,622
2. 2020 .....	146,317	157,080	157,924	157,985	157,985
3. 2021 .....	XXX	146,220	161,517	162,063	162,072
4. 2022 .....	XXX	XXX	143,622	156,807	157,416
5. 2023 .....	XXX	XXX	XXX	150,890	157,745
6. 2024 .....	XXX	XXX	XXX	XXX	163,682

**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 .....	(3,821)	9,950	9,980	9,759	9,622
2. 2020 .....	162,067	158,075	157,924	157,985	157,985
3. 2021 .....	XXX	163,211	162,407	162,063	162,072
4. 2022 .....	XXX	XXX	163,678	157,009	157,416
5. 2023 .....	XXX	XXX	XXX	168,552	159,261
6. 2024 .....	XXX	XXX	XXX	XXX	184,406

**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 .....	183,058	157,985	2,256	1.428	160,241	87.536			160,241	87.536
2. 2021 .....	176,496	162,072	2,615	1.614	164,687	93.309			164,687	93.309
3. 2022 .....	174,094	157,416	1,956	1.243	159,372	91.544			159,372	91.544
4. 2023 .....	175,202	157,745	1,997	1.266	159,742	91.176	1,516		161,258	92.041
5. 2024 .....	178,176	163,682	2,896	1.769	166,578	93.491	20,724	320	187,622	105.301

**12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid . . . . . NONE**

**12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid . . . . . NONE**

**12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid . . . . . NONE**

**12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other . . . . . NONE**

**12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other . . . . . NONE**

**12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other . . . . . NONE**

# 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) .....	17,600,000							17,600,000				
3.	Reserve for future contingent benefits .....												
4.	Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....	198,804							198,804				
5.	Aggregate write-ins for other policy reserves .....												
6.	TOTALS (Gross) .....	17,798,804							17,798,804				
7.	Reinsurance ceded .....												
8.	TOTALS (Net) (Page 3, Line 4) .....	17,798,804							17,798,804				
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) .....												
<b>DETAILS OF WRITE-INS</b>													
0501.													
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) .....												
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 \$.....17,600,000 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)			40,772		40,772
2. Salaries, wages and other benefits	1,669,236	542,356	7,042,025		9,253,617
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			2,947,958		2,947,958
4. Legal fees and expenses			83,333		83,333
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	206,087	14	4,998,322		5,204,423
7. Traveling expenses	3,336		107,343		110,679
8. Marketing and advertising			147,779		147,779
9. Postage, express and telephone	1,007	33	303,188		304,228
10. Printing and office supplies	739	1	19,800		20,540
11. Occupancy, depreciation and amortization			1,768		1,768
12. Equipment	295		3,074		3,369
13. Cost or depreciation of EDP equipment and software			2,479,836		2,479,836
14. Outsourced services including EDP, claims, and other services	425,660	132	12,025,805		12,451,597
15. Boards, bureaus and association fees	1,376	76	50,259		51,711
16. Insurance, except on real estate					
17. Collection and bank service charges			1,277		1,277
18. Group service and administration fees					
19. Reimbursements by uninsured plans			667		667
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			4,619		4,619
23.2 State premium taxes			250		250
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	321,543	108,034	1,457,633		1,887,210
23.5 Other (excluding federal income and real estate taxes)			(24,584)		(24,584)
24. Investment expenses not included elsewhere				13,116	13,116
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	2,629,279	650,646	31,691,124	13,116	(a) 34,984,165
27. Less expenses unpaid December 31, current year	256,000	64,000	8,277,726		8,597,726
28. Add expenses unpaid December 31, prior year	275,200	44,800	9,847,587		10,167,587
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)	2,648,479	631,446	33,260,985	13,116	36,554,026

**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 \$.....28,120,260 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) .....	27,135	39,089
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) .....	3,145,408	3,192,139
7. Derivative instruments .....	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL gross investment income .....	3,172,543	.....	3,231,228
11. Investment expenses .....	(g) .....	13,116	.....
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) .....	.....	13,116	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	3,218,112
<b>DETAILS OF WRITE-INS</b>			
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 \$.....1,727 accrual of discount less \$.....0 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) .....	.....	.....	.....	.....	.....

**NONE**

## 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) .....	.....	.....	.....	.....	.....

## 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) .....	505,226	439,738	(65,488)
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) .....	505,226	439,738	(65,488)
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 .....	48,543	40,495	(8,048)
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 .....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....
18.2 Net deferred tax asset .....	.....	1,320,489	1,320,489
19. Guaranty funds receivable or on deposit .....	.....	.....	.....
20. Electronic data processing equipment and software .....	5,648,438	.....	(5,648,438)
21. Furniture and equipment, including health care delivery assets .....	6,926,166	34,346	(6,891,820)
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 .....	1,963,151	2,809,145	845,994
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	15,091,524	4,644,213	(10,447,311)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. TOTAL (Lines 26 and 27) .....	15,091,524	4,644,213	(10,447,311)
<b>DETAILS OF WRITE-INS</b>			
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. Prepaids .....	1,954,960	2,739,722	784,762
2502. .....	.....	.....	.....
2503. Other .....	8,191	.....	(8,191)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	69,423	69,423
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,963,151	2,809,145	845,994

## 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 .....	12,235	12,050	12,027	12,037	12,059	144,582
2. Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3. Preferred Provider Organizations .....	.....	.....	.....	.....	.....	.....
4. Point of Service .....	.....	.....	.....	.....	.....	.....
5. Indemnity Only .....	.....	.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7. TOTAL .....	12,235	12,050	12,027	12,037	12,059	144,582
<b>DETAILS OF WRITE-INS</b>						
0601. .....	.....	.....	.....	.....	.....	.....
0602. .....	.....	.....	.....	.....	.....	.....
0603. .....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

## Notes to Financial Statements

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of Paramount Care, Inc. (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		
<b>NET INCOME</b>			
Paramount Health Care state basis		(43,045,177)	(703,527)
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		(43,045,177)	(703,527)
<b>SURPLUS</b>			
Paramount Health Care state basis		37,501,759	21,770,578
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		37,501,759	21,770,578

#### 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. Common stock investments are stated at Fair Market Value.
4. The Company does not have any 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.
9. The Company does not invest in derivatives.

## Notes to Financial Statements

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. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on 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 payment 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.
  1. When necessary the Company uses internal estimates in determining prepayment assumptions and whether an other-than-temporary impairment has occurred.
  2. None
  3. None
  4. None
  5. None
- 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

PHC									
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	501,648	499,529	2,119	-	501,648	0.5%	0.6%		
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	501,648	499,529	2,119		501,648	0.5%	0.6%		

- 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 non-admitted 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. Components of the deferred tax assets and liabilities are as follows:

	December 31, 2024			December 31, 2023			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ 13,425,616	\$	\$ 13,425,616	\$ 1,335,039	\$ 82,581	\$ 1,417,620	\$ 12,090,577	\$ (82,581)	\$ 12,007,996
(b) Statutory valuation allowance	<u>13,425,616</u>	<u>      </u>	<u>13,425,616</u>	<u>      </u>	<u>62,822</u>	<u>62,822</u>	<u>13,425,616</u>	<u>(62,822)</u>	<u>13,362,794</u>
(c) Adjusted gross deferred tax assets	<u>      </u>	<u>      </u>	<u>      </u>	<u>1,335,039</u>	<u>19,759</u>	<u>1,354,798</u>	<u>(1,335,039)</u>	<u>(19,759)</u>	<u>(1,354,798)</u>
(d) Deferred tax assets nonadmitted	<u>      </u>	<u>-</u>	<u>      </u>	<u>1,320,489</u>	<u>      </u>	<u>1,320,489</u>	<u>(1,320,489)</u>	<u>      </u>	<u>(1,320,489)</u>
(e) Subtotal net admitted deferred tax assets	<u>      </u>	<u>      </u>	<u>      </u>	<u>14,550</u>	<u>19,759</u>	<u>34,309</u>	<u>(14,550)</u>	<u>(19,759)</u>	<u>(34,309)</u>
(f) Deferred tax liabilities	<u>      </u>	<u>      </u>	<u>      </u>	<u>14,550</u>	<u>19,759</u>	<u>34,309</u>	<u>(14,550)</u>	<u>(19,759)</u>	<u>(34,309)</u>
(g) Net admitted deferred tax asset	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

## Notes to Financial Statements

	12/31/2024			12/31/2023			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission Calculation Components SSSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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.	-	-	-	-	-	-	3,247,859	-	\$ (3,247,859)
(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.	-	-	-	14,550	19,759	34,309	\$ (14,550)	\$ (19,759)	\$ (34,309)
(d) Deferred Tax Assets Admitted as the Result of application of SSAP No. 101.									
Total	\$ -	\$ -	\$ -	\$ 14,550	\$ 19,759	\$ 34,309	\$ (14,550)	\$ (19,759)	\$ (34,309)

	2024	2023
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation		
Amount	493%	321%
(b) Amount of Adjusted Capital and Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 above	36,041,190	21,652,392

	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			1,335,039	19,759	(1,335,039)	(19,759)
(2) % total adjusted gross DTAs	-	-	-	-	-	-
(3) Net admitted adjusted gross DTAs from 9A1e			14,550	19,759	(14,550)	(19,759)
(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:

# Notes to Financial Statements

			<u>12/31/2024</u>	<u>12/31/2023</u>	<u>Change</u>
1. Current Income Tax					
	(a) Federal		\$ 692,717	\$ (6,314)	\$ 699,031
	(b) Federal income tax on capital gains		-	(6,163)	6,163
	(c) Other		<u>70,453</u>	<u>30,857</u>	<u>39,596</u>
	(d) Federal income taxes incurred		\$ 763,170	\$ 18,380	\$ 744,790
2. Deferred tax assets:					
	(a) Ordinary				
	(1) Discounting on claims payable		\$ 74,803	\$ 54,578	\$ 20,225
	(2) Net operating loss		\$ 4,610,011		\$ 4,610,011
	(3) Unearned premiums		4,625	6,012	\$ (1,387)
	(4) Accrued Vacation		-	343,426	(343,426)
	(5) Other accruals		-	290,962	(290,962)
	(6) Depreciation		-	24,031	(24,031)
	(7) Non admitted other aggregate write ins		3,169,220	589,920	2,579,300
	(8) Intangible assets		1,864,898		1,864,898
	(9) Claims and other reserves		3,696,000		3,696,000
	(10) Other		<u>6,059</u>	<u>26,110</u>	<u>(20,051)</u>
		Subtotal	13,425,616	1,335,039	12,090,577
	(b) Statutory valuation allowance adjustment		13,425,616	-	13,425,616
	(c) Nonadmitted		<u>-</u>	<u>1,320,489</u>	<u>(1,320,489)</u>
	(d) Admitted ordinary deferred tax assets		<u>-</u>	<u>14,550</u>	<u>(14,550)</u>
	(e) Capital				
	(1) Investments		-	60,342	(60,342)
	(2) Other		<u>-</u>	<u>22,239</u>	<u>(22,239)</u>
		Subtotal	<u>-</u>	<u>82,581</u>	<u>(82,581)</u>
	(f) Statutory valuation allowance adjustment		-	62,822	(62,822)
	(g) Nonadmitted		<u>-</u>	<u>-</u>	<u>-</u>
	(h) Admitted capital deferred tax assets		<u>-</u>	<u>19,759</u>	<u>(19,759)</u>
	(i) Admitted deferred tax assets		<u>-</u>	<u>34,309</u>	<u>(34,309)</u>
3. Deferred tax liabilities:					
	(a) Ordinary				
	(1) Deferred rent incentive		-	-	-
	(2) CIP		-	8,995	(8,995)
	(3) Other		<u>-</u>	<u>5,555</u>	<u>(5,555)</u>
		Subtotal	<u>-</u>	<u>14,550</u>	<u>(14,550)</u>
	(b) Capital				
	(1) Unrealized gain		-	19,759	(19,759)
	(2) Other		<u>-</u>	<u>-</u>	<u>-</u>
		Subtotal	<u>-</u>	<u>19,759</u>	<u>(19,759)</u>
	(c) Deferred tax liabilities		<u>\$ -</u>	<u>\$ 34,309</u>	<u>\$ (34,309)</u>
4. Net deferred tax assets/liabilities			<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

		<u>12/31/2024</u>	<u>12/31/2023</u>	<u>Change</u>
	Total deferred tax assets	\$ -	\$ 1,354,798	\$ (1,354,798)
	Total deferred tax liabilities	-	34,309	(34,309)
	Net deferred tax assets/liabilities	<u>-</u>	<u>1,320,489</u>	<u>(1,320,489)</u>
	Tax effect of unrealized gains/(losses)			(19,759)
	Change in net deferred income tax			\$ (1,340,248)

## Notes to Financial Statements

### 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	\$ (8,879,222)	21 %	\$ (143,881)	21 %
Permanent items	90,536			
Change in non-admitted assets	(2,471,238)	6	55,565	(8)
Change in statutory valuation allowance	13,362,794	(32)	62,822	(9)
Other	548	____	16,363	(3)
 Total	<u><u>\$ 2,103,418</u></u>	<u><u>(5)%</u></u>	<u><u>\$ (9,131)</u></u>	<u><u>1 %</u></u>
 Federal income taxes incurred	\$ 763,170	( 2)%	\$ (6,314)	1 %
Change in net deferred income taxes	1,340,248	(3)	(27,511)	4
Tax on capital gains/(losses)			(6,163)	1
Other	____	____	30,857	(5)
 Total statutory income taxes	<u><u>\$ 2,103,418</u></u>	<u><u>(5)%</u></u>	<u><u>\$ (9,131)</u></u>	<u><u>1 %</u></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:	21,952,436	-
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.

### 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")

## Notes to Financial Statements

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 \$1,287,195. 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 also has a management service agreement that provides administrative support to its affiliated entities, Paramount Care of Michigan, Inc. (PCM), Paramount Insurance Company (PICO), Paramount Care of Indiana, Inc. (PCIN), Paramount Care of Maryland, Inc. (PCMD) and Paramount Care of Pennsylvania (PCPA). The following table shows the amounts allocated to the companies. These amounts were to compensate the Company for administrative support staff in all functional areas.

	2024	2023
PCM	3,620,726	1,108,589
PICO	25,769,375	13,389,904
PCIN	17,354	65

11. Deb

**-NOT APPLICABLE**

12. Retirement Plans, Deferred Compensation, Postemployment Benefits

**-NOT APPLICABLE**

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

- A. The Company is a non-profit entity and does not issue stock.
- B. The Company has no preferred stock.
- C. As the Company is a non-profit organization, distributions are allowed to a non-profit member.
- D. During 2024, the Company did not make any contributions to its parent company, MMO. The Company received \$54,758,058 in capital contributions during 2024. The Company reported \$750,693 as additional paid in capital for the tax expense gain related to the sale of the Company to MMO that will be paid by the seller.
- 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.
- G. There were no advances to surplus.
- 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) represented or reduced by cumulative unrealized gains and losses is:

Unrealized gains, net of tax \$0

## Notes to Financial Statements

- K. The Company has no surplus debentures or other outstanding obligations.
- L. The Company was not involved in a quasi-reorganization during the year.
- M. NA

14. Contingencies

The Company has been and is currently involved in various governmental investigations, audits, and reviews. These include routine, regular and special investigations, audits and reviews by CMS, state insurance and health and welfare departments, state attorneys general, the Office of Inspector General (“OIG”), the Office of Personnel Management, the Office of Civil Rights, U.S. Congressional committees, the U.S. Department of Justice, U.S. Attorneys, the SEC, the IRS, the U.S. Department of Labor (“DOL”), the Federal Deposit Insurance Corporation, and other governmental authorities. Examples of audits include the risk adjustment data validation (“RADV”) audits discussed below and a review by the DOL of the Company’s administration of applicable customer employee benefit plans with respect to Employee Retirement Income Security Act of 1974 compliance.

Government actions can result in assessment of damages, civil or criminal fines or penalties, or other sanctions, including loss of licensure or exclusion from participation in government programs and could have a material adverse impact on the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus or statutory basis statements of operations of the Company.

**Risk Adjustment Data Validation Audits (“RADV audits”)** — CMS adjusts capitation payments to Medicare Advantage and Medicare Part D plans according to the predicted health status of each beneficiary, as supported by data provided by health care providers. The Company collects claim and encounter data from providers, who the Company generally relies on to appropriately code their claim submissions and document their medical records. CMS then determines the risk score and payment amount for each enrolled member based on the health care data submitted and member demographic information.

In February 2012, CMS announced a final RADV audit and payment adjustment methodology and that it will conduct RADV audits. These audits involve a review of medical records maintained by care providers and may result in retrospective adjustments to payments made to health plans. The Company has been selected for audit by CMS for 2015 payment year. The 2015 audit began in 2019. The impact of potential payment adjustments on the Company’s statutory basis financial statement is unknown. After the final rule’s effective date of April 3, 2023, CMS will begin notifying plans issuing enrollee-level audit findings from the CMS RADV audits that have been completed.

15. Leases

Rental expense charged to operations amounted to \$813,948 and \$1,226,094 in 2024 and 2023, respectively.

The Company is not party to any capital or leveraged lease agreements, nor is it a lessor.

16. Off-Balance Sheet Risk

**-NOT APPLICABLE**

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

**-NOT APPLICABLE**

## Notes to Financial Statements

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		Total ASO Due from
	ASO	of Partially Uninsured Plans Insured Plans	
	Uninsured Plans	Insured Plans	
Net reimbursement for administrative Expenses (including admin fees) in excess of actual expenses	\$ (80,399)		\$ (80,399)
Total net other income or expenses including interest paid to or received from plans	20,941		20,941
Total gain or (loss) from operations	(59,458)		(59,458)
Claim payments	\$ 56,168		\$ 56,168

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

### -NOT APPLICABLE

20. Fair Value Measurements

A. NA  
B. NA

C.	Type of Financial Instrument	Aggregate Fair Value	Admitted Assets				Net Asset Value	Not Practicable Carrying Value
				Level 1	Level 2	Level 3		
	Bonds	\$ 1,510,351	\$ 1,524,198				\$ 1,510,351	
	Cash Equivalents	39,554,268	39,554,268	39,554,268				

D. NA

21. Other Items

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

22. Subsequent Events

Subsequent events have been considered through February 28, 2025 for the statutory statement issued on February 28, 2025.

On February 11, 2025, the Company received a \$26 million capital contribution from Medical Mutual of Ohio to ensure the Company's risk based capital was adequate. The contribution is included in the Company's capital and surplus as of December 31, 2024.

There were no Type II subsequent events at the time of this filing that would materially alter the financial position of the Company.

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

## **Notes to Financial Statements**

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 \$0.
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

**-NOT APPLICABLE**

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$13,920,727. As of December 31, 2024, \$7,720,978 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$842,708 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Commercial and Medicare lines of insurance. Therefore, there has been a \$5,357,041 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 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

The Company estimates its pharmaceutical rebate receivables based on historical cash payments.

## Notes to Financial Statements

Quarter	Estimated Pharmacy Rebates	Pharmacy Rebates as Billed	Actual Rebates Received	Actual Rebates Received	Actual Rebates Received More
			within 90 days of billing	within 91-180 days of billing	than 180 days after billing
12/31/2024	4,409,232	4,409,232	-	-	-
9/30/2024	5,563,992	3,416,055	3,378,466	37,589	-
6/30/2024	3,195,302	4,116,730	3,476,260	653,307	(12,837)
3/31/2024	3,140,022	4,177,197	3,608,664	556,913	11,620
12/31/2023	3,240,850	3,618,692	2,091,108	1,491,278	36,306
9/30/2023	2,699,150	3,628,733	2,132,688	1,450,142	45,903
6/30/2023	2,699,149	3,747,096	2,051,691	1,607,536	87,869
3/31/2023	2,613,219	3,680,694	2,008,050	1,575,651	96,993
12/31/2022	2,580,654	2,616,316	1,768,226	821,570	26,520
9/30/2022	2,243,564	2,808,225	1,778,621	953,921	75,683
6/30/2022	2,398,757	2,989,213	1,772,730	1,165,469	51,014
3/31/2022	2,259,102	2,945,868	1,838,083	937,425	170,360

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other
2024	2024		904,693		904,693				
	2023	688,000	1,651,860		1,651,860				
2023	2023								
	2022		688,000		688,000				633,372
2022	2022	1,333,002							
	2021		1,333,002		1,333,002				

29. Participating Policies

**-NOT APPLICABLE**

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserve : \$17,600,000  
 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?

12/31/2023

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]

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?

6.2 If yes, give full information:

Yes[ ] No[X]

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

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).

0.000%

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?

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

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.

Yes[ ] No[X]

Yes[ ] No[X]

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?

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[X]

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?

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

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?

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

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

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

Yes[ ] No[X]

Yes[ ] No[X]

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

**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? Yes[X] No[ ]

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:  
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).  
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).

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[ ] No[X]

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  
\$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:  
\$..... 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?  
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) 3

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 \$ ..... 501,648

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:

## GENERAL INTERROGATORIES (Continued)

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
BofA Securities, Inc .....	Fifth Third Bank .....	07/05/2024 .....	On 5/1/24 the Company was purchased by Medical Mutual of Ohio and all investment holdings were moved to Fifth Third on 7/5/24 and 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 .....	1,524,198	1,510,351
31.2 Preferred stocks .....		(13,847)
31.3 Totals .....	1,524,198	1,510,351
		(13,847)

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:

- The security was either:
  - issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - 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").
- The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security
- 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.
- 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&amp;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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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:

- The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- 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.
- 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.
- 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?

\$..... 83,333

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

	Yes [ ] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
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.	\$..... 0
1.6 Individual policies - Most current three years:	\$..... 0
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	\$..... 0
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:	\$..... 0
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 .....	179,480,920	175,200,398
2.2 Premium Denominator .....	179,480,920	175,200,398
2.3 Premium Ratio (2.1 / 2.2) .....	100.000	100.000
2.4 Reserve Numerator .....	40,039,151	19,976,103
2.5 Reserve Denominator .....	40,039,151	19,976,103
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's reinsurance contract provides for payment of certain benefits for 30 days following and 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	..... 37,549
8.2 Number of providers at end of reporting year	..... 40,226

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

Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
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,	Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [ ] No [X]
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

11.4 If yes, show the amount required.

\$..... 1,500,000

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
Adams County .....
Allen County .....
Ashland County .....
Auglaize County .....
Brown County .....
Butler County .....
Champaign County .....
Clark County .....
Clermont County .....
Clinton County .....
Crawford County .....
Cuyahoga County .....

## GENERAL INTERROGATORIES (Continued)

1 Name of Service Area
Darke County .....
Defiance County .....
Erie County .....
Fayette County .....
Fulton County .....
Geauga County .....
Greene County .....
Hamilton County .....
Hardin County .....
Henry County .....
Highland County .....
Huron County .....
Lake County .....
Lorain County .....
Lucas County .....
Madison County .....
Medina County .....
Mercer County .....
Miami County .....
Montgomery County .....
Ottawa County .....
Paulding County .....
Portage County .....
Putnam County .....
Preble County .....
Sandusky County .....
Seneca County .....
Shelby County .....
Summit County .....
Van Wert County .....
Warren County .....
Wayne County .....
Williams County .....
Wood County .....
Wyandot County .....
Boone County .....
Campbell County .....
Kenton County .....

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

Yes[ ] No[X] 0

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] 0

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:

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)

\$..... 0

15.1 Direct Premium Written

\$..... 0

15.2 Total incurred claims

\$..... 0

15.3 Number of covered lives

*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?

Yes[X] No[ ]

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[ ] No[X]

## FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28)	86,311,431	70,746,212	73,682,260	72,208,892	55,792,506
2. TOTAL Liabilities (Page 3, Line 24)	48,809,672	48,975,634	54,342,827	48,563,813	35,306,144
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	37,501,759	21,770,578	19,339,433	23,645,079	20,486,362
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8)	179,480,920	175,200,398	174,081,641	176,465,906	183,058,338
6. TOTAL Medical and Hospital Expenses (Line 18)	172,692,678	160,383,541	163,191,304	157,821,235	156,777,254
7. Claims adjustment expenses (Line 20)	3,279,925	1,826,743	2,014,838	2,643,969	2,191,257
8. TOTAL Administrative Expenses (Line 21)	31,691,124	18,495,361	14,300,348	13,422,377	16,797,217
9. Net underwriting gain (loss) (Line 24)	(45,782,807)	(5,505,247)	(5,424,849)	2,578,325	7,292,610
10. Net investment gain (loss) (Line 27)	3,218,112	4,750,472	1,858,215	(43,166)	413,862
11. TOTAL Other Income (Lines 28 plus 29)	282,688	75,791	12,355		
12. Net income or (loss) (Line 32)	(43,045,177)	(703,527)	(2,654,829)	1,760,717	5,835,190
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(28,958,179)	(3,262,533)	1,904,913	1,883,905	8,686,824
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital	37,501,759	21,770,578	19,339,433	23,645,079	20,486,362
15. Authorized control level risk-based capital	7,305,099	6,742,485	7,230,730	6,993,446	7,004,330
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7)	12,059	12,235	12,533	13,109	14,112
17. TOTAL Members Months (Column 6, Line 7)	144,582	148,284	152,662	159,214	170,770
<b>OPERATING PERCENTAGE (Page 4)</b>					
(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)	96.2	91.5	93.7	89.4	85.6
20. Cost containment expenses	1.5	0.9	1.0	1.3	1.0
21. Other claims adjustment expenses	0.4	0.1	0.1	0.2	0.2
22. TOTAL Underwriting Deductions (Line 23)	125.5	103.1	103.1	98.5	96.0
23. TOTAL Underwriting Gain (Loss) (Line 24)	(25.5)	(3.1)	(3.1)	1.5	4.0
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	8,853,169	13,772,202	17,062,308	11,651,607	10,008,513
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	13,600,727	17,677,659	14,280,128	13,335,815	12,746,392
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
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 .....	28,322 .....							28,322 .....		
19. Louisiana (LA) .....	N .....										
20. Maine (ME) .....	N .....										
21. Maryland (MD) .....	N .....										
22. Massachusetts (MA) .....	N .....										
23. Michigan (MI) .....	N .....										
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 .....	179,136,558 .....							179,136,558 .....		
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) .....	N .....										
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 .....	179,164,880 .....							179,164,880 .....		
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....										
61. TOTAL (Direct Business) .....	XXX .....	179,164,880 .....							179,164,880 .....		

**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

3

4. Q - Qualified - Qualified or accredited reinsurer

2. R - Registered - Non-domiciled RRGs

4

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

5

54

(b) Explanation of basis of allocation by states, premiums by state, etc.: All individual policies are allocated based on residency which is in Ohio. Group policies are allo

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

