

Annual Statement

For the Year Ended DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

PARAMOUNT INSURANCE COMPANY

NAIC Group Code	0730	0730	NAIC Company Code	11518	Employer's ID Number	010580404
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	04/19/2002		Commenced Business	09/26/2002		
Statutory Home Office	300 Madison Ave		Toledo, OH, US 43604			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office			300 Madison Ave			
			(Street and Number)			
	Toledo , OH, US 43604		(419)887-2500			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	300 Madison Ave		Toledo, OH, US 43604			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			300 Madison Ave			
			(Street and Number)			
	Toledo, OH, US 43604		(419)887-2500			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Cathy Lumbrezer, Ms.		(419)887-2907			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	cathy.lumbrezer@medmutual.com		(419)887-2020			
	(E-Mail Address)		(Fax Number)			

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

Lori Ann Johnston Ms.
Andrea Marie Hogben Ms. #

Anthony Michael Helton Mr. #
James Edward McNutt Mr. #

State ofOhio

County ofCuyahoga ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Anthony Michael Helton	Andrea Marie Hogben	James Edward McNutt
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
CEO	Interim Secretary	Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2025	b. If no:	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	
(Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	15,107	12,414	950	2,618	2,618	28,471
Group subscribers:						
STRS-State Teach				132,434	132,434	
J&R Restoration	25,521	20,306	20,306	35,364	35,364	66,133
Skye Wholesale Inc	17,945	25,560	25,646	20,321	20,321	69,151
NWOBA	6,246,452					6,246,452
0299997 Group subscriber subtotal	6,289,918	45,866	45,952	188,119	188,119	6,381,736
0299998 Premiums due and unpaid not individually listed	156,466	(1,582)	33,636	386,312	386,312	188,520
0299999 TOTAL Group	6,446,384	44,284	79,588	574,431	574,431	6,570,256
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	6,461,491	56,698	80,538	577,049	577,049	6,598,727

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CareMark .....	..... 1,127,200	..... 1,127,200	..... 1,127,199	.....	.....	..... 3,381,599
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	..... 1,127,200	..... 1,127,200	..... 1,127,199	.....	.....	..... 3,381,599
0799999 Gross Health Care Receivables .....	..... 1,127,200	..... 1,127,200	..... 1,127,199	.....	.....	..... 3,381,599

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables	3,840,903	7,724,806		3,381,599	3,840,903	2,859,809
2.	Claim overpayment receivables						
3.	Loans and advances to providers						
4.	Capitation arrangement receivables						
5.	Risk sharing receivables						
6.	Other health care receivables	6,456	58,979			6,456	
7.	TOTALS (Lines 1 through 6)	3,847,359	7,783,785		3,381,599	3,847,359	2,859,809

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,249,573	343,053	105,612	35,632	74,893	1,808,763
0499999 Subtotals	1,249,573	343,053	105,612	35,632	74,893	1,808,763
0599999 Unreported claims and other claim reserves						12,977,491
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						14,786,254
0899999 Accrued Medical Incentive Pool and Bonus Amounts						816,667

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
	NONE						
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Paramount Care Inc.		10,043,523	10,043,523	
Medical Mutual of Ohio		448,916	448,916	
0199999 Individually Listed Payables	X X X	10,492,439	10,492,439	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	10,492,439	10,492,439	

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code 0730

NAIC Company Code 11518

30 Indiana

	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
TOTAL Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
TOTAL Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. TOTAL														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code 0730 NAIC Company Code 11518

30 Kentucky

	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
TOTAL Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
TOTAL Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. TOTAL														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:2. LOCATION:
BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code 0730

NAIC Company Code 11518

30 Maryland

	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
TOTAL Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
TOTAL Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. TOTAL														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 0730 NAIC Company Code 11518

30 Michigan

	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
TOTAL Members at end of:														
1. Prior Year	951		810	141										
2. First Quarter	1,768		448	138		1,182								
3. Second Quarter	1,769		444	138		1,187								
4. Third Quarter	1,699		432	138		1,129								
5. Current Year	1,551		424	138		989								
6. Current Year Member Months	20,458		5,290	1,656		13,512								
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	742		348	394										
8. Non-Physician	95		47	48										
9. TOTAL	837		395	442										
10. Hospital Patient Days Incurred	161		109	52										
11. Number of Inpatient Admissions	38		26	12										
12. Health Premiums Written (b)	2,982,973		2,570,761	321,585		90,627								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	2,982,973		2,570,761	321,585		90,627								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	3,705,288		3,291,165	190,408		223,715								
18. Amount Incurred for Provision of Health Care Services	3,693,533		3,259,652	200,047		233,834								

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 0730

NAIC Company Code 11518

30 Ohio

	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
TOTAL Members at end of:														
1. Prior Year	36,715	2,796	14,203	980				3					18,733	
2. First Quarter	43,638	2,438	13,923	960		6,162		235					19,920	
3. Second Quarter	34,674	2,297	13,567	953				254					17,603	
4. Third Quarter	34,474	2,228	15,600	953				277					15,416	
5. Current Year	34,178	2,141	15,407	990				317					15,323	
6. Current Year Member Months	459,199	27,804	175,343	11,564		22,360		3,146					218,982	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	18,807	3,351	14,637					819						
8. Non-Physician	2,644	431	2,031					182						
9. TOTAL	21,451	3,782	16,668					1,001						
10. Hospital Patient Days Incurred	4,309	590	3,187					532						
11. Number of Inpatient Admissions	833	113	669					51						
12. Health Premiums Written (b)	124,413,417	17,052,359	96,203,050	2,308,196		2,989,266		2,669,128					3,191,418	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	124,413,417	17,052,359	96,203,050	2,308,196		2,989,266		2,669,128					3,191,418	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	113,625,713	17,269,059	87,608,628	2,626,340		2,868,108		1,935,266					1,318,312	
18. Amount Incurred for Provision of Health Care Services	111,626,846	17,211,926	85,980,032	2,348,532		2,868,108		1,899,923					1,318,325	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....2,669,128



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code 0730

NAIC Company Code 11518

30 Virginia

	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
TOTAL Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
TOTAL Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. TOTAL														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 0730 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 11518

30 Grand Total

	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
TOTAL Members at end of:														
1. Prior Year	37,666	2,796	15,013	1,121				3					18,733	
2. First Quarter	45,406	2,438	14,371	1,098		7,344		235					19,920	
3. Second Quarter	36,443	2,297	14,011	1,091		1,187		254					17,603	
4. Third Quarter	36,173	2,228	16,032	1,091		1,129		277					15,416	
5. Current Year	35,729	2,141	15,831	1,128		989		317					15,323	
6. Current Year Member Months	479,657	27,804	180,633	13,220		35,872		3,146					218,982	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	19,549	3,351	14,985	394				819						
8. Non-Physician	2,739	431	2,078	48				182						
9. TOTAL	22,288	3,782	17,063	442				1,001						
10. Hospital Patient Days Incurred	4,470	590	3,296	52				532						
11. Number of Inpatient Admissions	871	113	695	12				51						
12. Health Premiums Written (b)	127,396,390	17,052,359	98,773,811	2,629,781		3,079,893		2,669,128					3,191,418	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	127,396,390	17,052,359	98,773,811	2,629,781		3,079,893		2,669,128					3,191,418	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	117,331,001	17,269,059	90,899,793	2,816,748		3,091,823		1,935,266					1,318,312	
18. Amount Incurred for Provision of Health Care Services	115,320,379	17,211,926	89,239,684	2,548,579		3,101,942		1,899,923					1,318,325	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....2,669,128

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
17313	88-1977111 ...	10/01/2024	NORTHWEST OH BUSINESS ALLIANCE HLTH .....	..... OH .....	..... QA/G .....	..... CMM .....	..... 6,246,452 .....	.....	.....	.....	.....	.....
0899999	Subtotal - Non-Affiliates - U.S. Non-Affiliates .....						..... 6,246,452 .....	.....	.....	.....	.....	.....
1099999	Total - Non-Affiliates .....						..... 6,246,452 .....	.....	.....	.....	.....	.....
1199999	Total U.S. (Sum of 0399999 and 0899999) .....						..... 6,246,452 .....	.....	.....	.....	.....	.....
9999999	Total (Sum of 0799999 and 1099999) .....						..... 6,246,452 .....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<div>NONE</div>						
9999999 Total (Sum of 1199999 and 2299999)

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/G	CMM	291,924						
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/I	CMM	(54,696)						
37273	39-1338397	01/01/2024	AXIS INS CO	IL	OTH/G	SLEL	1,951,266						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,188,494						
1099999 Total - General Account - Authorized - Non-Affiliates							2,188,494						
1199999 Total - General Account - Authorized							2,188,494						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							2,188,494						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							2,188,494						
9999999 Total (Sum of 4599999 and 9099999)							2,188,494						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	2,188	2,638	2,572	2,074	1,657
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses				1,413	898
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	64,853,376		64,853,376
2. Accident and health premiums due and unpaid (Line 15)	7,262,322		7,262,322
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	12,785,528		12,785,528
6. TOTAL Assets (Line 28)	84,901,226		84,901,226
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,786,254		14,786,254
8. Accrued medical incentive pool and bonus payments (Line 2)	816,667		816,667
9. Premiums received in advance (Line 8)	2,099,191		2,099,191
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	46,943,526		46,943,526
15. TOTAL Liabilities (Line 24)	64,645,638		64,645,638
16. TOTAL Capital and Surplus (Line 33)	20,255,588	X X X	20,255,588
17. TOTAL Liabilities, Capital and Surplus (Line 34)	84,901,226		84,901,226
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
0730	Medical Mutual of Ohio ...	29076	34-0648820	.....	.....	.....	Medical Mutual of Ohio	OH ..	UDP ..	.....	Board of Directors .....	.....	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	95828	34-1442712	.....	.....	.....	Medical Health Insuring Corporation of Ohio	OH ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	62375	21-0706531	.....	.....	.....	MedMutual Life Insurance Company	OH ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	96280	31-1119867	.....	.....	.....	Superior Dental Care, Inc	OH ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	68462	73-0661453	.....	.....	.....	Reserve National Insurance Company ...	IL ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	34-1922587	.....	.....	.....	Medical Mutual Services, LLC	OH ..	NIA ..	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	61-1739182	.....	.....	.....	Bravo Wellness, LLC	DE ..	NIA ..	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	22-2762686	.....	.....	.....	Employee Services LLC	NY ..	NIA ..	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	06-1475071	.....	.....	.....	EAP, LLC	CT ..	NIA ..	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	87-2001020	.....	.....	.....	MMO Senior Care Ventures, LLC	OH ..	NIA ..	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	87-2589381	.....	.....	.....	NEO Total Health and Wellness LLC	OH ..	NIA ..	MMO Senior Care Ventures, LLC	Ownership	50.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	73-1281615	.....	.....	.....	Summerset Marketing Company	OK ..	DS ..	Reserve National Insurance Company	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	73-1288167	.....	.....	.....	Rural American Consumers A National Association	OK ..	DS ..	Summerset Marketing Company	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
.....	Medical Mutual of Ohio ...	00000	73-1354019	.....	.....	.....	National Association of Self-Employed Business Owners	OK ..	DS ..	Summerset Marketing Company	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	95189	34-1549926	.....	.....	.....	Paramount Care, Inc.	OH ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	95566	38-3200310	.....	.....	.....	Paramount Care of Michigan, Inc.	MI ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	11518	01-0580404	.....	.....	.....	Paramount Insurance Company	OH ..	RE ..	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	16833	36-4956006	.....	.....	.....	Paramount Care of Indiana, Inc	IN ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	17474	88-1112110	.....	.....	.....	Paramount Care of Maryland	MD ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No ...	.....
0730	Medical Mutual of Ohio ...	17387	88-1739329	Paramount Care of Pennsylvania	PA ..	IA ...	Medical Mutual of Ohio	Ownership	100.0	Medical Mutual of Ohio	No

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Asterisk	Explanation
0000001	Non-related entity

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
29076	34-0648820	Medical Mutual of Ohio	7,118,000	(328,263,031)			393,962,307	(119,498,735)			(46,681,459)	8,380,433
95828	34-1442712	Medical Health Insuring Corporation of Ohio		44,284,789			(90,830,839)	119,498,735			72,952,685	(8,380,433)
62375	21-0706531	MedMutual Life Insurance Company					(902,569)				(902,569)	
96280	31-1119867	Superior Dental Care, Inc					(2,194,898)				(2,194,898)	
68462	73-0661453	Reserve National Insurance Company					(7,932,112)				(7,932,112)	
95189	34-1549926	Paramount Care, Inc.		54,758,058			(28,120,260)				26,637,798	
95566	38-3200310	Paramount Care of Michigan, Inc.		14,574,096			3,904,508				18,478,604	
11518	01-0580404	Paramount Insurance Company		22,546,088			27,549,633				50,095,721	
16833	36-4956006	Paramount Care of Indiana, Inc					18,369				18,369	
17474	88-1112110	Paramount Care of Maryland, Inc.										
17387	88-1739329	Paramount Care of Pennsylvania										
	34-1922587	Medical Mutual Services, LLC		188,000,000			(294,275,471)				(106,275,471)	
	61-1739182	Bravo Wellness, LLC		4,100,000			(8,420)				4,091,580	
	22-2762686	Employee Services LLC	(7,118,000)				(1,170,248)				(8,288,248)	
	06-1475071	EAP, LLC										
	87-2001020	MMO Senior Care Ventures, LLC										
	87-2589381	NEO Total Health and Wellness LLC										
	73-1281615	Summerset Marketing Company										
	73-1288167	Rural American Consumers A National Association										
	73-1354019	National Association of Self-Employed Business Own										
9999999	Control Totals			0			0		X X X		0	

Schedule Y Part 2 Explanation:

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
			NONE				

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

RESPONSES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

Yes
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

Yes
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?

Yes

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

Yes

AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Yes

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2024
(To be filed by March 1)
FOR THE STATE OF MICHIGAN



NAIC Group Code: 0730
Address (City, State and Zip Code): Toledo, OH 43604
Person Completing This Exhibit:

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022, 2023, 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
..... Yes	MI Medigap A 19 .....	..... A .....	... No ...	..... 2,3,4 .....	..... 11/18/2018 .....	.....	.....	.....	Paramount Medigap Policy-Plan A .....	.....	.....	.....	.....	.....	.....	.....	.....
..... Yes	MI Medigap C 19 .....	..... C .....	... No ...	..... 2,3,4 .....	..... 11/18/2018 .....	.....	.....	.....	Paramount Medigap Policy-Plan C	2,089	3,661	175.3	1	3,740	423	11.3	1
..... Yes	MI Medigap F 19 .....	..... F .....	... No ...	..... 2,3,4 .....	..... 11/18/2018 .....	.....	.....	.....	Paramount Medigap Policy-Plan F	92,210	40,934	44.4	33	14,074	13,390	95.1	5
..... Yes	MI Medigap G 19 .....	..... G .....	... No ...	..... 2,3,4 .....	..... 11/18/2018 .....	.....	.....	.....	Paramount Medigap Policy-Plan G	131,724	108,801	82.6	60	76,359	32,807	43.0	37
..... Yes	MI Medigap N 19 .....	..... N .....	... No ...	..... 2,3,4 .....	..... 11/18/2018 .....	.....	.....	.....	Paramount Medigap Policy-Plan N	1,389	31	2.2	1	.....	.....	.....	.....
0199999 Total Experience on Individual Policies										227,412	153,427	67.5	95	94,173	46,620	49.5	43
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: P.O. Box 928, Toledo OH 43697-0928
 - Contact Person and Phone Number: Nicole Beadle Ms (419)887-2959
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: P.O. Box 928, Toledo OH 43697-0928
 - Contact Person and Phone Number: Nicole Beadle Ms. (419)887-2959
- Explain any policies identified above as policy type "O":

Supp360 Michigan

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2024
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 0730
Address (City, State and Zip Code): Toledo, OH 43604
Person Completing This Exhibit:

NAIC Company Code: 11518

Supp360 Ohio

Title:				Telephone Number:						Policies Issued Through 2021				Policies Issued in 2022, 2023, 2024			
1	2	3	4	5	6	7	8	9	10	11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Percent of Premiums Earned	Percent of Premiums Earned					
Total Experience on Individual Policies																	
Yes	Medigap A 01	A	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy A	2,360	3,878	164.3	1				
Yes	Medigap A 2010	A	No	2,3,4	05/21/2010				Paramount Medigap Policy A	6,576	1,659	25.2	3				
Yes	Medigap C 01	C	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy C	184,967	167,115	90.3	58				
Yes	Medigap C 2010	C	No	2,3,4	05/21/2010				Paramount Medigap Policy C	144,891	151,287	104.4	53	37,165	71,234	191.7	13
Yes	Medigap F 01	F	No	2,3,4	11/22/2005			06/01/2010	Paramount Medigap Policy F	116,937	107,381	91.8	38				
Yes	Medigap F 2010	F	No	2,3,4	05/21/2010				Paramount Medigap Policy F	1,259,645	1,347,743	107.0	581	134,480	135,054	100.4	53
Yes	Medigap N 2010	N	No	2,3,4	05/21/2010				Paramount Medigap Policy N	41,850	50,937	121.7	20				
Yes	Select C 01	C	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy C	31,330	28,035	89.5	12				
Yes	Select C 2010	C	Yes	2,3,4	05/21/2010				Paramount Select Policy C	22,301	11,273	50.5	10				
Yes	Select K 01	K	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy K								
Yes	Select L 01	L	Yes	2,3,4	11/22/2005			06/01/2010	Paramount Select Policy L								
Yes	Select N 2010	N	Yes	2,3,4	05/21/2010				Paramount Select Policy N	2,218	6,364	286.9	1				
Yes	Medigap G 2010	G	No	2,3,4	08/30/2017				Paramount Medigap Policy G	164,366	143,670	87.4	95	159,110	122,902	77.2	103
0199999 Total Experience on Individual Policies										1,977,441	2,019,342	102.1	872	330,755	329,190	99.5	169
Total Experience on Group Policies																	
N/A			No														
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: P.O. Box 928, Toledo OH 43697-0928

2.2 Contact Person and Phone Number: Nicole Beadle Ms (419)887-2859
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: P.O. Box 928, Toledo OH 43697-0928

3.2 Contact Person and Phone Number: Nicole Beadle Ms. (419)887-2859
4. Explain any policies identified above as policy type "O":



Medicare Part D Coverage Supplement
(Net of Reinsurance)
(To be Filed By March 1)

NAIC Group Code: 0730

NAIC Company Code: 11518

	Individual Coverage		Group Coverage		5 Total Cash
	1	2	3	4	
	Insured	Uninsured	Insured	Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. TOTAL Premiums		X X X		X X X	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X	(6,431)	X X X	(6,431)
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X	(13)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X	(6,418)	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. TOTAL Claims		X X X	(6,418)	X X X	(6,431)
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid		X X X	549	X X X	549
15. Expenses Incurred		X X X	549	X X X	X X X
16. Underwriting Gain/Loss		X X X	5,869	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	5,882



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year

For the Year Ended DECEMBER 31, 2024
(To Be Filed by March 1)
For the State of Michigan

NAIC Group Code 0730		NAIC Company Code 11518	
MCAS Line of Business		MCAS Reportable Premium / Considerations (YES/NO)	
1.	Disability Income	NO	.....
2.	Health	YES	.....
3.	Homeowners	NO	.....
4.	Individual Annuity	NO	.....
5.	Individual Life	NO	.....
6.	Lender-Placed Home and Auto	NO	.....
7.	Long-Term Care	NO	.....
8.	Other Health	NO	.....
9.	Private Flood	NO	.....
10.	Private Passenger Auto	NO	.....
11.	Short-Term Limited Duration Health Plans	NO	.....
12.	Travel	NO	.....



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year
For the Year Ended DECEMBER 31, 2024
(To Be Filed by March 1)
For the State of Ohio

NAIC Group Code 0730		NAIC Company Code 11518	
MCAS Line of Business		MCAS Reportable Premium / Considerations (YES/NO)	
1.	Disability Income	NO	.....
2.	Health	YES	.....
3.	Homeowners	NO	.....
4.	Individual Annuity	NO	.....
5.	Individual Life	NO	.....
6.	Lender-Placed Home and Auto	NO	.....
7.	Long-Term Care	NO	.....
8.	Other Health	NO	.....
9.	Private Flood	NO	.....
10.	Private Passenger Auto	NO	.....
11.	Short-Term Limited Duration Health Plans	YES	.....
12.	Travel	NO	.....