



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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	18,559	11,428	9,152	48,543	48,543	39,139
Group subscribers:						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group						
0399999 Premiums due and unpaid from Medicare entities	60,534	61,475	61,579	60,491		244,079
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	79,093	72,903	70,731	109,034	48,543	283,218

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	1,358,498	1,358,498	1,358,497	.....	.....	4,075,493
Nations Benefit	333,739	.....	.....	.....	.....	333,739
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,692,237	1,358,498	1,358,497	.....	.....	4,409,232
Risk Sharing Receivables						
Agilon	2,556,553	.....	.....	.....	.....	2,556,553
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables	2,556,553	.....	.....	.....	.....	2,556,553
0799999 Gross Health Care Receivables	4,248,790	1,358,498	1,358,497	.....	.....	6,965,785

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables	5,554,763	11,709,982		4,409,232	5,554,763	3,240,850
2. Claim overpayment receivables	37,620				37,620	333,688
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables				2,556,553		688,000
6. Other health care receivables	1,742,205	2,562,245			1,742,205	
7. TOTALS (Lines 1 through 6)	7,334,588	14,272,227		6,965,785	7,334,588	4,262,538

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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	3,637,831	323,527	52,071	24,704	80,264	4,118,397
0499999 Subtotals	3,637,831	323,527	52,071	24,704	80,264	4,118,397
0599999 Unreported claims and other claim reserves						14,584,129
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						18,702,526
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,537,821

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
Individually listed receivables							
Paramount Insurance Company	10,043,523	.....	.....	.....	.....	10,043,523	.....
0199999 Individually listed receivables	10,043,523	.....	.....	.....	.....	10,043,523	.....
0299999 Receivables not individually listed	4,124	.....	.....	.....	.....	4,124	.....
0399999 TOTAL Gross Amounts Receivable	10,047,647	.....	.....	.....	.....	10,047,647	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Medical Mutual of Ohio		7,159,066	7,159,066	.....
Paramount Care of Michigan		2,317,736	2,317,736	.....
0199999 Individually Listed Payables	XXX	9,476,802	9,476,802	.....
0299999 Payables not Individually Listed	XXX .....	.....	.....	.....
0399999 TOTAL Gross Payables	XXX	9,476,802	9,476,802	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service	22,425,191	12.899	XXX	XXX	.....	22,425,191
6. Contractual fee payments	151,432,594	87.101	XXX	XXX	.....	151,432,594
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	173,857,785	100.000	XXX	XXX	.....	173,857,785
13. TOTAL (Line 4 plus Line 12)	173,857,785	100.000	XXX	XXX	.....	173,857,785

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
N O N E					
9999999 TOTALS					
			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	6,927,472	.....	1,306	6,926,166	6,926,166	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	6,927,472	.....	1,306	6,926,166	6,926,166	.....



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 95189

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
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														

NONE

(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 95189

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year														
2. First Quarter	4													
3. Second Quarter	3													
4. Third Quarter	3													
5. Current Year	3													
6. Current Year Member Months	40													
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)	28,322									28,322				
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	28,322									28,322				
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	4,011									4,011				
18. Amount Incurred for Provision of Health Care Services	4,271									4,271				

(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 \$.....28,322



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 95189

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	12,235								12,235					
2. First Quarter	12,050								12,050					
3. Second Quarter	12,024								12,024					
4. Third Quarter	12,034								12,034					
5. Current Year	12,056								12,056					
6. Current Year Member Months	144,542								144,542					
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	38,747								38,747					
8. Non-Physician	6,007								6,007					
9. TOTAL	44,754								44,754					
10. Hospital Patient Days Incurred	19,621								19,621					
11. Number of Inpatient Admissions	2,853								2,853					
12. Health Premiums Written (b)	179,136,558								179,136,558					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	179,136,558								179,136,558					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	173,853,774								173,853,774					
18. Amount Incurred for Provision of Health Care Services	172,688,407								172,688,407					

(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 \$....179,136,558



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95189

NAIC Group Code 0730

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	12,235								12,235					
2. First Quarter	12,054								12,054					
3. Second Quarter	12,027								12,027					
4. Third Quarter	12,037								12,037					
5. Current Year	12,059								12,059					
6. Current Year Member Months	144,582								144,582					
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	38,747								38,747					
8. Non-Physician	6,007								6,007					
9. TOTAL	44,754								44,754					
10. Hospital Patient Days Incurred	19,621								19,621					
11. Number of Inpatient Admissions	2,853								2,853					
12. Health Premiums Written (b)	179,164,880								179,164,880					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	179,164,880								179,164,880					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	173,857,785								173,857,785					
18. Amount Incurred for Provision of Health Care Services	172,692,678								172,692,678					

(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 \$....179,164,880

30 Grand Total

31 Schedule S - Part 1 - Section 2 **NONE**

32 Schedule S - Part 2 **NONE**

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12 Current Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/G	MR	(2,475)						
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/I	MR	(313,565)						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							(316,040)						
1099999 Total - General Account - Authorized - Non-Affiliates							(316,040)						
1199999 Total - General Account - Authorized							(316,040)						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							(316,040)						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							(316,040)						
9999999 Total (Sum of 4599999 and 9099999)							(316,040)						

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. Title XVIII-Medicare	(316)	47	49	45	56
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
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)	44,115,434		44,115,434
2. Accident and health premiums due and unpaid (Line 15)	4,644,020		4,644,020
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	37,551,977		37,551,977
6. TOTAL Assets (Line 28)	86,311,431		86,311,431
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	18,702,526		18,702,526
8. Accrued medical incentive pool and bonus payments (Line 2)	3,537,821		3,537,821
9. Premiums received in advance (Line 8)	110,128		110,128
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)	26,459,197		26,459,197
15. TOTAL Liabilities (Line 24)	48,809,672		48,809,672
16. TOTAL Capital and Surplus (Line 33)	37,501,759	XXX	37,501,759
17. TOTAL Liabilities, Capital and Surplus (Line 34)	86,311,431		86,311,431
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

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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)	N O N E		.....	.....	.....
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

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	Rela- tionship 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	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			Sumerset 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	Sumerset 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	Sumerset Marketing Company	Ownership	100.0	Medical Mutual of Ohio		No
0730	Medical Mutual of Ohio	95189	34-1549926			Paramount Care, Inc.		OH	RE	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	IA	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

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 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 ..	.....	XXX ..	.....	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 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
				N O N E			

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?	No
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?	No
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?	No

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
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Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



9518920243600000

2024

Document Code: 360

Schedule SIS



9518920244200000

2024

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



9518920243700000

2024

Document Code: 370

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



95189202422400000

2024

Document Code: 224

Approval for Relief related to Require. for Audit Committees



95189202422600000

2024

Document Code: 226

Health Life Supplement - March



9518920242050000

2024

Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies



95189202437100000

2024

Document Code: 371

Medicare Part D Coverage Supplement



95189202436500000

2024

Document Code: 365

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



95189202422500000

2024

Document Code: 225

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



951892024260000000

2024

Document Code: 600

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



2024

Document Code: 306

9518920243060000

Health Life Supplement - April



2024

Document Code: 211

9518920242110000

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. Contribution receivable	26,000,000	.....	26,000,000	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	26,000,000	.....	26,000,000	.....

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)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)
2504. AR	69,423	69,423
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	69,423	69,423