



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[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] 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)		(419)887-2500 (Area Code) (Telephone Number)			
Mail Address	300 Madison Ave (Street and Number or P.O. Box)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			300 Madison Ave (Street and Number)			
	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)		(419)887-2500 (Area Code) (Telephone Number)			
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Cathy Lumbrezer, Ms. (Name)		(419)887-2907 (Area Code)(Telephone Number)(Extension)			
	cathy.lumbrezer@medmutual.com (E-Mail Address)		(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.  
Andrea Marie Hogben Ms. #

Anthony Michael Helton Mr. #  
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)
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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	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 .....	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

		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 .....	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	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 .....	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 .....	X X X .....	9,476,802	9,476,802	.....
0299999 Payables not Individually Listed .....	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	X X X .....	9,476,802	9,476,802	.....

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>					
9999999 TOTALS .....		.....	..... X X X .....	..... X X X .....	..... X X X .....



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 .....	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

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 products .....0 and number of persons insured under indemnity only products .....0.  
(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

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 .....	4							4						
3. Second Quarter .....	3							3						
4. Third Quarter .....	3							3						
5. Current Year .....	3							3						
6. Current Year Member Months .....	40							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 products .....0 and number of persons insured under indemnity only products .....0.  
(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

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 .....	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 products .....0 and number of persons insured under indemnity only products .....0.  
(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:  
NAIC Group Code 0730 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 95189

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	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 products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....179,164,880

**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	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	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)
<b>ASSETS (Page 2, Col. 3)</b>			
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 .....	X X X		
5. All other admitted assets (Balance) .....	37,551,977		37,551,977
6. TOTAL Assets (Line 28) .....	86,311,431		86,311,431
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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	X X X	37,501,759
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	86,311,431		86,311,431
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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

41

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 ..	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	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?

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

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



951892024306000002024Document Code: 306

Health Life Supplement - April



951892024211000002024Document Code: 211



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	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	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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