



95189202420100101

2024

Document Code: 201

QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

Paramount Care Inc.

NAIC Group Code	1212 (Current Period)	1212 (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		(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		(419)887-2500		(Area Code) (Telephone Number)	
Internet Web Site Address	www.paramounthealthcare.com					
Statutory Statement Contact	rochelle.barmash@promedica.org (E-Mail Address)		Rochelle Barmash, Ms. (Name)		(419)887-2890 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)	

OFFICERS

Name	Title
Mark Duane Wagoner Mr.	Chairman
Lori Ann Johnston Mrs.	President
Terrence Gavin Metzger Mr.	Treasurer
Stephen Michael Sadowski Mr.	Secretary

OTHERS

Jeffrey William Martin Mr., Chief Financial Officer

Dee Ann Bialecki-Haase M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

David Frantz Waterman Mr.
Elaine Marie Canning Ms.
Larry Carl Peterson Mr.
Joseph James Sferra M.D.
Terry Lynn Bawal Ms
Lisa Lyn Burke D.O.
Mark Duane Wagoner Mr.

Lori Ann Johnston Mrs.
Zak Jon Vassar Mr.
Shraddha Gupta Ms.
James Frederick White Mr.
Sameh Bashar Almadani M.D.
Jim Allen Hoffman Mr.
Shanda Laine Gore PhD.

State of	Ohio
County of	Lucas 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.

Lori A. Johnston
(Signature)
Lori Ann Johnston
(Printed Name)
1.
President
(Title)

Jeffrey W. Martin
(Signature)
Jeffrey William Martin
(Printed Name)
2.
CFO
(Title)

Stephen M. Sadowski
(Signature)
Stephen Michael Sadowski
(Printed Name)
3.
Secretary
(Title)

Subscribed and sworn to before me this
25TH day of APRIL, 2024

- 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[]

Kimberly S. Wilson
(Notary Public Signature)



KIMBERLY S WILSON
Notary Public
State of Ohio
My Comm. Expires
November 4, 2024