



2024

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QUARTERLY STATEMENT
AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
PARAMOUNT INSURANCE COMPANY

NAIC Group Code	0730 (Current Period)	1212 (Prior Period)	NAIC Company Code	11518	Employer's ID Number	010580404
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:	<input checked="" type="checkbox"/> Life, Accident & Health[X] <input type="checkbox"/> Dental Service Corporation[] <input type="checkbox"/> Other[]					
Incorporated/Organized	04/19/2002		Commenced Business		09/26/2002	
Statutory Home Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, County and Zip Code)		Toledo, OH, US 43604 (City or Town, State, County and Zip Code)	
Main Administrative Office	300 Madison Ave (Street and Number)		300 Madison Ave (Street and Number)		300 Madison Ave (Street and Number)	
Mail Address	Toledo, OH, US 43604 (City or Town, State, County and Zip Code)		300 Madison Ave (Street and Number or P.O. Box)		Toledo, OH, US 43604 (City or Town, State, County and Zip Code)	
Primary Location of Books and Records	300 Madison Ave (Street and Number)		300 Madison Ave (Street and Number)		300 Madison Ave (Street and Number)	
Internet Web Site Address	www.paramounthealthcare.com					
Statutory Statement Contact	Cathy Lumbrezer, Ms. (Name)		Cathy Lumbrezer, Ms. (Name)		(419)887-2907 (Area Code)(Telephone Number)(Extension)	
	cathy.lumbrezer@medmutual.com (E-Mail Address)				(419)887-2907 (Area Code)(Telephone Number)(Extension)	
					(Fax Number)	

OFFICERS

Name	Title
Steven Craig Glass Mr.	CEO #
Lori Ann Johnston Mrs.	President #
Anthony Michael Helton Mr.	Secretary #
Anthony Michael Helton Mr.	Treasurer #

OTHERS

Lon Ann Johnston Ms.
 Antheia Rena Daniels Ms. #
 John Nicholas Kompare, Jr. Mr. #

Steven Craig Glass Mr. #
 Anthony Michael Helton Mr. #
 Andrea Marie Hogben Ms. #

DIRECTORS OR TRUSTEES

		
(Signature) Steven Craig Glass (Printed Name) 1. CEO	(Signature) Anthony Michael Helton (Printed Name) 2. Treasurer	(Signature) Antheia Rena Daniels (Printed Name) 3. Secretary
(Title)	(Title)	(Title)

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.

Subscribed and sworn to before me this
14th day of August, 2024

a. Is this an original filing?
 b. If no:
 1. State the amendment number
 2. Date filed
 3. Number of pages attached


 (Notary Public Signature)


 JOHN ERIC ARMSTRONG
 Notary Public
 State of Ohio
 My Comm. Expires
 August 25, 2027