



2024

Document Code: 201

QUARTERLY STATEMENT

AS OF JUNE 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

Paramount Care, Inc.

NAIC Group Code

0730

(Current Period)

1212

(Prior Period)

NAIC Company Code

95-189

Employer's ID Number

341549926

Organized under the Laws of

Ohio

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[]

Dental Service Corporation[]

Property/Casualty[]

Vision Service Corporation[]

Is HMO Federally Qualified? Yes No NA []

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, County and Zip Code)

Main Administrative Office

300 Madison Ave

(Street and Number)

(419)887-2500

(Area Code) (Telephone Number)

Mail Address

300 Madison Ave

(Street and Number or P.O. Box)

(419)887-2500

(Area Code) (Telephone Number)

Primary Location of Books and Records

300 Madison Ave

(Street and Number)

(419)887-2500

(Area Code) (Telephone Number)

Internet Web Site Address

www.paramounthealthcare.com

(419)887-2907

(Area Code) (Telephone Number)(Extension)

Statutory Statement Contact

Cathy Lumbrezer, Ms.

(Name)

(419)887-2907

(Area Code) (Telephone Number)(Extension)

(E-Mail Address)

(419)887-2907

(Fax Number)

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

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

Lori Ann Johnston Mrs.

#

Antheia Reta Daniels Ms.

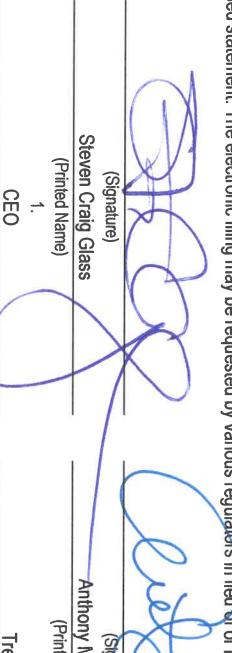
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John Nicholas Kompare, Jr. Mr. #

#

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 deferrals 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.


 Steven Craig Glass
 (Signature)
 (Printed Name)
 1. CEO
 (Title)

 Anthony Michael Helton
 (Signature)
 (Printed Name)
 2. Treasurer
 (Title)
 3. Secretary
 (Title)

Subscribed and sworn to before me this

14th day of August, 2024

Yes No

- 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