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2024

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QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 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[<input checked="" type="checkbox"/>] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[<input checked="" type="checkbox"/>]			
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 Web Site 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) (419)887-2907 (Area Code)(Telephone Number)(Extension) (419)887-2020 (Fax Number)			

OFFICERS

Name	Title	
Anthony Michael Helton Mr.	Interim CEO	#
Lori Ann Johnston Mrs.	President	
Anthea Rena Daniels Ms.	Secretary	#
James Edward McNutt Mr.	Interim Treasurer	#

OTHERS

DIRECTORS OR TRUSTEES

Lori Ann Johnston Mrs.	Anthea Rena Daniels Ms. #
Anthony Michael Helton Mr. #	John Nicholas Kompare, Jr. Mr. #
Andrea Marie Hogben Ms. #	

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.
 Interim CEO
 (Title)

(Signature)
 Anthea Rena Daniels
 (Printed Name)
 2.
 Secretary
 (Title)

(Signature)
 James Edward McNutt
 (Printed Name)
 3.
 Interim Treasurer
 (Title)

Subscribed and sworn to before me this
 _____ day of _____, 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[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	501,102		501,102	499,529
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....9,653,712), cash equivalents (\$.....46,788,126) and short-term investments (\$.....0)	56,441,838		56,441,838	36,184,030
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	505,226	505,226		
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	57,448,166	505,226	56,942,940	36,683,559
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	223,428		223,428	104,268
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	316,455	21,218	295,237	282,298
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)	4,993,941		4,993,941	5,072,734
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	3,948,912		3,948,912	
18.1 Current federal and foreign income tax recoverable and interest thereon	2,942,471		2,942,471	12,477
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	5,885,137	5,312,552	572,585	118,186
21. Furniture and equipment, including health care delivery assets (\$.....0)	6,139,130	6,139,130		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				24,167,191
24. Health care (\$.....7,917,756) and other amounts receivable	7,917,756		7,917,756	4,262,538
25. Aggregate write-ins for other-than-invested assets	798,129	755,168	42,961	42,961
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	90,613,525	12,733,294	77,880,231	70,746,212
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	90,613,525	12,733,294	77,880,231	70,746,212
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid	755,168	755,168		
2502. State income tax recoverable	42,961		42,961	42,961
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	798,129	755,168	42,961	42,961

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	18,940,959		18,940,959	17,164,387
2. Accrued medical incentive pool and bonus amounts	1,033,228		1,033,228	698,878
3. Unpaid claims adjustment expenses	310,000		310,000	320,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	2,623,473		2,623,473	2,112,838
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	81,158		81,158	143,139
9. General expenses due or accrued	7,141,864		7,141,864	9,847,587
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				931,763
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	23,480,264		23,480,264	17,698,712
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	34,169		34,169	58,330
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	53,645,115		53,645,115	48,975,634
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	31,735,005	24,486,362
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(7,499,889)	(2,715,784)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	24,235,116	21,770,578
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	77,880,231	70,746,212
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		4 Total
1. Member Months	XXX	108,451	111,505	148,284
2. Net premium income (including \$.....0 non-health premium income)	XXX	138,068,861	135,326,651	175,200,398
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	138,068,861	135,326,651	175,200,398
Hospital and Medical:				
9. Hospital/medical benefits		98,918,635	98,959,720	131,854,982
10. Other professional services		7,061,213	2,370,771	3,145,717
11. Outside referrals				
12. Emergency room and out-of-area		2,050,237	1,963,033	2,618,038
13. Prescription drugs		16,725,637	17,422,683	22,572,564
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		334,350	486,760	192,240
16. Subtotal (Lines 9 to 15)		125,090,072	121,202,967	160,383,541
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		125,090,072	121,202,967	160,383,541
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....2,306,834 cost containment expenses		2,652,900	1,816,875	1,826,743
21. General administrative expenses		26,860,016	12,895,302	18,495,361
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		154,602,988	135,915,144	180,705,645
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(16,534,127)	(588,493)	(5,505,247)
25. Net investment income earned		2,480,120	3,833,815	4,879,557
26. Net realized capital gains (losses) less capital gains tax of \$.....0			(99,176)	(129,085)
27. Net investment gains (losses) (Lines 25 plus 26)		2,480,120	3,734,639	4,750,472
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses		97,154		75,791
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(13,956,853)	3,146,146	(678,984)
31. Federal and foreign income taxes incurred	XXX	(2,929,994)	681,518	24,543
32. Net income (loss) (Lines 30 minus 31)	XXX	(11,026,859)	2,464,628	(703,527)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Other		97,154		75,791
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		97,154		75,791

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	21,770,578	19,339,433	19,339,433
34. Net income or (loss) from Line 32	(11,026,859)	2,464,628	(703,527)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	19,758	7,775	6,417
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(1,340,247)		27,511
39. Change in nonadmitted assets	(8,089,082)	967,036	(899,256)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in	7,248,643	4,000,000	4,000,000
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	15,652,325		
48. Net change in capital and surplus (Lines 34 to 47)	2,464,538	7,439,439	2,431,145
49. Capital and surplus end of reporting period (Line 33 plus 48)	24,235,116	26,778,872	21,770,578
DETAILS OF WRITE-INS			
4701. Transfer of Fixed assets	15,652,325		
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	15,652,325		

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	138,602,646	151,516,584	176,159,615
2.	Net investment income	2,359,387	3,823,262	4,766,543
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	140,962,033	155,339,846	180,926,158
5.	Benefit and loss related payments	126,634,368	126,603,423	164,460,473
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	36,104,559	16,982,024	21,632,885
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	19,758		(1,904,667)
10.	TOTAL (Lines 5 through 9)	162,758,685	143,585,447	184,188,691
11.	Net cash from operations (Line 4 minus Line 10)	(21,796,652)	11,754,399	(3,262,533)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds		5,315,063	5,550,913
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets	19,616		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		(54)	(54)
12.7	Miscellaneous proceeds	19,758	7,776	6,417
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	39,374	5,322,785	5,557,276
13.	Cost of investments acquired (long-term only):			
13.1	Bonds		2,254,646	2,254,553
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets	85,104		
13.6	Miscellaneous applications		126,428	30,340
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	85,104	2,381,074	2,284,894
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(45,730)	2,941,711	3,272,382
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	7,248,643	4,000,000	4,000,000
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	34,851,547	(10,054,605)	(14,515,404)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	42,100,190	(6,054,605)	(10,515,404)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	20,257,808	8,641,505	(10,505,555)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	36,184,030	46,689,585	46,689,585
19.2	End of period (Line 18 plus Line 19.1)	56,441,838	55,331,090	36,184,030

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	12,235									12,235				
2. First Quarter	12,050									12,050				
3. Second Quarter	12,027									12,027				
4. Third Quarter	12,037									12,037				
5. Current Year														
6. Current Year Member Months	108,451									108,451				
Total Member Ambulatory Encounters for Period:														
7. Physician	27,979									27,979				
8. Non-Physician	4,424									4,424				
9. Total	32,403									32,403				
10. Hospital Patient Days Incurred	14,583									14,583				
11. Number of Inpatient Admissions	2,082									2,082				
12. Health Premiums Written (a)	137,739,493									137,739,493				
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	137,739,493									137,739,493				
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	126,698,718									126,698,718				
18. Amount Incurred for Provision of Health Care Services	125,090,072									125,090,072				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....137,739,493.

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
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	4,860,479	525,573	172,302	124,095	320,944	6,003,393
0499999 Subtotals	4,860,479	525,573	172,302	124,095	320,944	6,003,393
0599999 Unreported claims and other claim reserves						12,937,566
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						18,940,959
0899999 Accrued Medical Incentive Pool And Bonus Amounts						1,033,228

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) Individual
2. Comprehensive (hospital & medical) Group
3. Medicare Supplement
4. Vision only
5. Dental only
6. Federal Employees Health Benefits Plan
7. Title XVIII - Medicare	6,597,806	120,036,562	1,860,368	17,080,592	8,458,174	17,164,387
8. Title XIX - Medicaid
9. Credit A&H
10. Disability Income
11. Long-Term Care
12. Other health
13. Health subtotal (Lines 1 to 12)	6,597,806	120,036,562	1,860,368	17,080,592	8,458,174	17,164,387
14. Healthcare receivables (a)	7,917,756	.....	.....	.....	4,262,538
15. Other non-health
16. Medical incentive pools and bonus amounts	698,878	334,350	698,878	698,878
17. Totals (Lines 13 - 14 + 15 + 16)	6,597,806	112,118,806	2,559,246	17,414,942	9,157,052	13,600,727

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Insurance Company (the “Company”) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	Sep. 30 2024	Dec. 31 2023
NET(LOSS) INCOME	Ohio		
Paramount Health Care state basis		(11,026,859)	(703,527)
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		(11,026,859)	(703,527)
SURPLUS			
Paramount Health Care state basis		24,235,116	21,770,578
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		24,235,116	21,770,578

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. Common stock investments are stated at Fair Market Value.
4. The Company does not have any preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures.
9. The Company does not invest in derivatives.

Notes to Financial Statements

10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
11. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from prior period.
13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments and actual prescriptions filled.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

-NOT APPLICABLE

5. Investments

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D.
 1. When necessary the Company uses internal estimates in determining prepayment assumptions and whether an other-than-temporary impairment has occurred.
 2. None
 3. None
 4. None
 5. None
- E. The company does not have any repurchase agreements or security lending transactions.
- F. The company does not have any repurchase agreements.
- G. The company does not have any reverse repurchase agreements.
- H. The company does not have repurchase agreements accounted for as a sale.
- I. The company does not have reverse repurchase agreements accounted for as a sale.
- J. The company does not have any real estate investments
- K. The company does not have any low-income housing tax credits.
- L. **Restricted Assets**
No significant change.
- M. The company does not have any working capital financing investments.

Notes to Financial Statements

N. The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.

O. The company does not have any 5* securities.

P. The company does not have any short sales.

Q. Prepayment Penalty and Acceleration Fees
No significant change.

R. The company does not participate in a cash pool.

6. Joint ventures, Partnerships and Limited Liability Companies
-NOT APPLICABLE

7. Investment Income
No significant change.

8. Derivative Instruments
-NOT APPLICABLE

9. Income Taxes
No significant change.

10. Information Concerning Parent, Subsidiaries and Affiliates
Paramount Care Inc. was purchased by Medical Mutual of Ohio effective May 1, 2024.

11. Debt
-NOT APPLICABLE

12. Retirement Plans, Deferred Compensation, Postemployment Benefits
No significant change.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
The Company received \$7,248,643 in additional paid in capital from Medical Mutual of Ohio in the current quarter.

14. Contingencies
-NOT APPLICABLE

15. Leases
No significant change.

16. Off-Balance Sheet Risk
No significant change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
-NOT APPLICABLE

Notes to Financial Statements

18. Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans

No significant change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

-NOT APPLICABLE

20. Fair Value Measurements

A1. NA

B. NA

C. Type of Financial Instrument	Aggregate Fair Value	Admitted Assets				Net Asset Value	Not Practicable Carrying Value
			Level 1	Level 2	Level 3		
Bonds	\$ 502,351	\$ 501,102		\$ 502,351			
Cash Equivalents	46,788,126	46,788,126	46,788,126				

D. NA

21. Other Items

-NOT APPLICABLE

22. Subsequent Events

-NOT APPLICABLE

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

-NOT APPLICABLE

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$17,484,387. As of September 30, 2024, \$6,919,592 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,860,368 on Medicare lines of insurance. Therefore, there has been a \$8,704,428 favorable prior-year development since December 31, 2023 to September 30, 2024. The decrease is generally a result of ongoing analysis of recent development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

27. Structured Settlements

-NOT APPLICABLE

28. Health Care Receivables

No significant change.

29. Participating Policies

Notes to Financial Statements

-NOT APPLICABLE

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve	\$ -
2. Date of the most recent evaluation of this liability	12/31/23
3. Was anticipated investment income utilized in the calculation?	yes

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes[X] No[]
 Yes[X] N/A[]

1.2 If yes, has the report been filed with the domiciliary state?
.....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?
 Yes[] No[X]

2.2 If yes, date of change:
.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.
 Yes[X] No[]

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes[] No[X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 Yes[] No[X]

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes[X] No[X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 Yes[] No[X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
.....

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.
.....

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
..... 12/31/2023

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
..... 12/31/2020

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
..... 05/13/2022

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
.....

6.6 Have all of the recommendations within the latest financial examination report been complied with?
.....

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
.....

7.2 If yes, give full information
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
.....

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
.....

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
.....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended?
.....

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
.....

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
.....

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
\$..... 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
.....

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
\$..... 0

13. Amount of real estate and mortgages held in short-term investments:
\$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
.....

14.2 If yes, please complete the following:
.....

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	5050 Kingsley Drive, Cincinnati, OH 45263

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[X] No[]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
BofA Securities, Inc	Fifth Third Bank	07/05/2024 ..	On 5/1/24 the Company was purchased by Medical Mutual of Ohio and all investment holdings were moved to Fifth Third on 7/5/24 and 7/8/24

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
James Cellura	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES (Continued)

- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	92.000%
1.2 A&H cost containment percent	.....	2.000%
1.3 A&H expense percent excluding cost containment expenses	.....	20.000%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[X] No[]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/I	MR	Authorized		
23680	47-0698507	01/01/2024	ODYSSEY REINS CO	CT	SSL/G	MR	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	L									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	L	19,237							19,237	
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	N									
24. Minnesota (MN)	N									
25. Mississippi (MS)	N									
26. Missouri (MO)	N									
27. Montana (MT)	N									
28. Nebraska (NE)	N									
29. Nevada (NV)	N									
30. New Hampshire (NH)	N									
31. New Jersey (NJ)	N									
32. New Mexico (NM)	N									
33. New York (NY)	N									
34. North Carolina (NC)	N									
35. North Dakota (ND)	N									
36. Ohio (OH)	L	137,720,255							137,720,255	
37. Oklahoma (OK)	N									
38. Oregon (OR)	N									
39. Pennsylvania (PA)	N									
40. Rhode Island (RI)	N									
41. South Carolina (SC)	N									
42. South Dakota (SD)	N									
43. Tennessee (TN)	N									
44. Texas (TX)	N									
45. Utah (UT)	N									
46. Vermont (VT)	N									
47. Virginia (VA)	N									
48. Washington (WA)	N									
49. West Virginia (WV)	N									
50. Wisconsin (WI)	N									
51. Wyoming (WY)	N									
52. American Samoa (AS)	N									
53. Guam (GU)	N									
54. Puerto Rico (PR)	N									
55. U.S. Virgin Islands (VI)	N									
56. Northern Mariana Islands (MP)	N									
57. Canada (CAN)	N									
58. Aggregate other alien (OT)	XXX									
59. Subtotal	XXX	137,739,492							137,739,492	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	137,739,492							137,739,492	

DETAILS OF WRITE-INS

58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

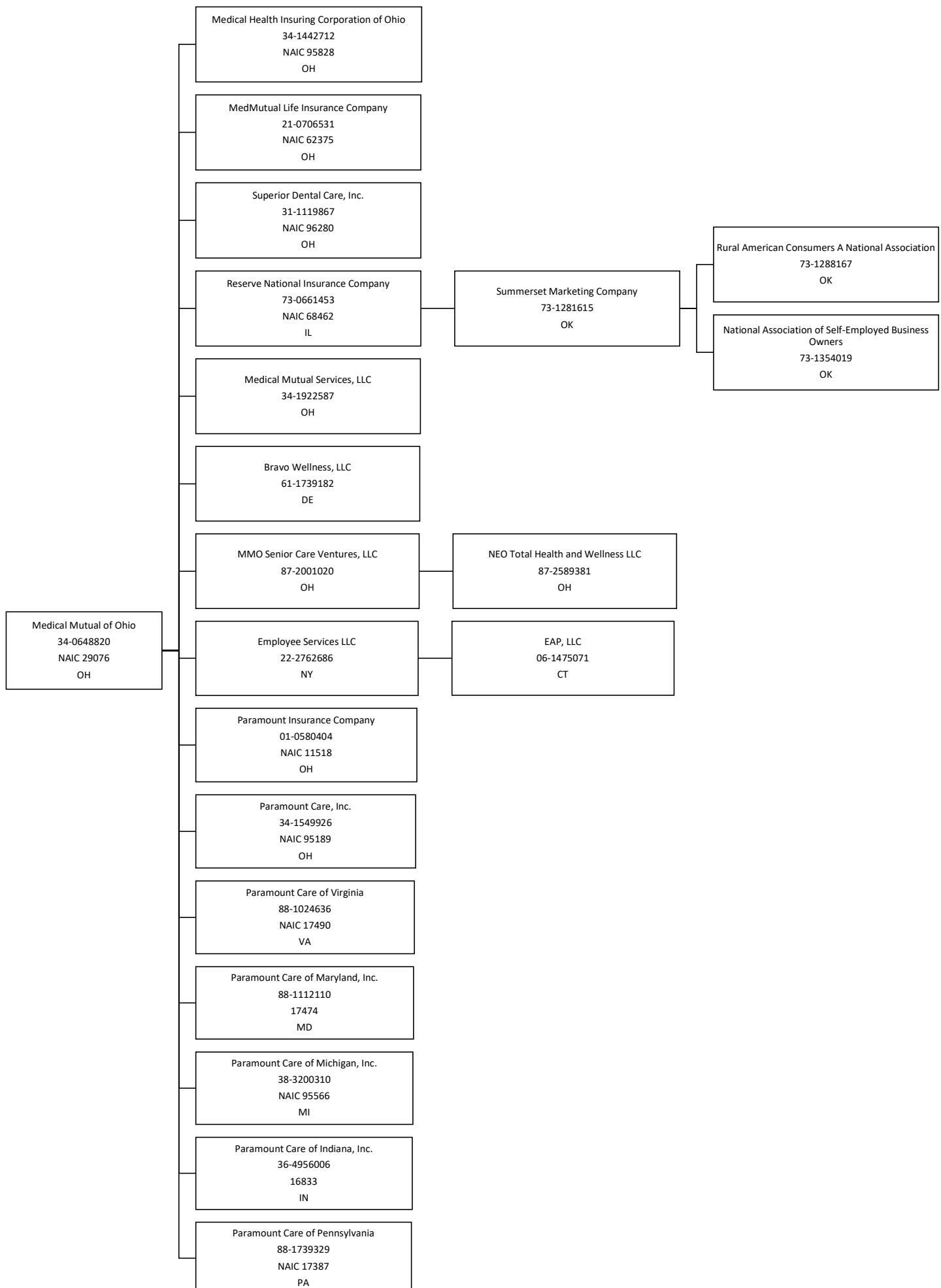
3

4. Q - Qualified - Qualified or accredited reinsurer

5. N - None of the above - Not allowed to write business in the state

54

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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 Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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?	*
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	17490	88-1024636			Paramount Care of Virginia		VA	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 ..	

Q16

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95189202436500003

2024

Document Code: 365

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other-than-temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase/(decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest points
9. Total foreign exchange change in book value/recorded investment
10. Deduct current year's other-than-temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	..... 439,738	..... 439,738
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	..... 85,104	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase/(decrease) .....	.....	.....
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	..... 19,616	.....
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	..... 505,226	..... 439,738
12. Deduct total nonadmitted amounts .....	..... 505,226	..... 439,738
13. Statement value at end of current period (Line 11 minus Line 12) .....	.....	.....

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	..... 499,529	..... 3,905,432
2. Cost of bonds and stocks acquired .....	.....	..... 2,254,553
3. Accrual of discount .....	..... 1,573	..... 27,152
4. Unrealized valuation increase/(decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	..... (135,194)
6. Deduct consideration for bonds and stocks disposed of .....	.....	..... 5,550,913
7. Deduct amortization of premium .....	.....	..... 1,502
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	..... 501,102	..... 499,529
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	..... 501,102	..... 499,529

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	500,571	.....	.....	531	500,045	500,571	501,102	499,529
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds	500,571	.....	.....	531	500,045	500,571	501,102	499,529
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	500,571	.....	.....	531	500,045	500,571	501,102	499,529

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999. Totals		N O N E			

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		45,175
3. Accrual of discount		159
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		(54)
6. Deduct consideration received on disposals		45,280
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	23,489,555	61,651
2. Cost of cash equivalents acquired	23,332,855	28,147,679
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	34,284	4,719,774
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	46,788,126	23,489,555
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	46,788,126	23,489,555

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

SCHEDULE BA - PART 2**Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter**

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
Joint Venture - Common Stocks - Unaffiliated												
.....	Health Plan Alliance	Irving	TX			01/01/1997				85,104		
1999999 Subtotal - Joint Venture - Common Stocks - Unaffiliated										85,104		XXX
6099999 Subtotal - Unaffiliated										85,104		XXX
6299999 TOTALS										85,104		XXX

SCHEDULE BA - PART 3**Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter**

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other-Than- Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.					
Joint Venture - Common Stocks - Unaffiliated																		
.....	Health Plan Alliance	Irving	TX	Return of Capital	01/01/1997	/ /	19,616							19,616	19,616			
1999999 Subtotal - Joint Venture - Common Stocks - Unaffiliated							19,616							19,616	19,616			
6099999 Subtotal - Unaffiliated							19,616							19,616	19,616			
6299999 TOTALS							19,616							19,616	19,616			

QE03

E04 Schedule D Part 3	.....	NONE
E05 Schedule D Part 4	.....	NONE
E06 Schedule DB Part A Section 1	.....	NONE
E07 Schedule DB Part B Section 1	.....	NONE
E08 Schedule DB Part D Section 1	.....	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	.....	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	.....	NONE
E10 Schedule DB Part E	.....	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	.....	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	.....	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
Open Depositories									
Huntington Bank	Maumee, OH .....	.....	.....	.....	.....	(27,977)	18,177,515	9,653,401	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0199999 Total - Open Depositories .....	.....	XXX	... XXX ..	.....	.....	(27,977)	18,177,515	9,653,401	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	... XXX ..	.....	.....	(3,237)	(2)	.....	XXX
0299999 Total - Suspended Depositories .....	.....	XXX	... XXX ..	.....	.....	(3,237)	(2)	.....	XXX
0399999 Total Cash On Deposit .....	.....	XXX	... XXX ..	.....	.....	(31,214)	18,177,513	9,653,401	XXX
0499999 Cash in Company's Office .....	.....	XXX	... XXX ..	... XXX ..	.....	311	311	311	XXX
0599999 Total .....	.....	XXX	... XXX ..	.....	.....	(30,903)	18,177,824	9,653,712	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
60934N500	FEDERATED HRMS TRS INST		09/30/2024	5.170	XXX	46,788,126	221,440	442,952
8209999999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO						46,788,126	221,440	442,952
8609999999 Total Cash Equivalents						46,788,126	221,440	442,952