



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[ ] 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 Web Site 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.	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)	(Signature)	(Signature)
Anthony Michael Helton	Anthea Rena Daniels	James Edward McNutt
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Interim CEO	Secretary	Interim Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2024	b. If no:	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
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.	Prepays .....	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 .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	31,735,005	24,486,362
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	(7,499,889)	(2,715,784)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	24,235,116	21,770,578
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	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.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	108,451	111,505	148,284
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	138,068,861	135,326,651	175,200,398
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....			
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	138,068,861	135,326,651	175,200,398
<b>Hospital and Medical:</b>					
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
<b>Less:</b>					
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) .....	X X X .....	(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) .....	X X X .....	(13,956,853)	3,146,146	(678,984)
31.	Federal and foreign income taxes incurred .....	X X X .....	(2,929,994)	681,518	24,543
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(11,026,859)	2,464,628	(703,527)
<b>DETAILS OF WRITE-INS</b>					
0601.	.....	X X X .....			
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....			
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
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	2	3
		Current Year To Date	Prior Year To Date	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:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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	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**

		Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	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		
Line of Business							
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
<b>NET(LOSS) INCOME</b>	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)
<b>SURPLUS</b>			
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 connections 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	Aggregate	Admitted				Net Asset	Not Practicable
Instrument	Fair Value	Assets	Level 1	Level 2	Level 3	Value	Carrying Value
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

-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[ ]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[X] No[ ] N/A[ ]
- 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?

Yes[X] No[ ]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 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:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[ ] 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	2	3
Name of Entity	NAIC Company Code	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.

Yes[ ] No[ ] N/A[X]
- 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?

Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[ ] No[ ] N/A[X]
- 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?

Yes[ ] No[X]
- 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?

Yes[ ] No[X]
- 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?

Yes[ ] No[X]
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....	.....	..... No .....	..... No .....	..... No .....	..... No .....

- 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?

Yes[ ] No[X]
- 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?

Yes[ ] No[X]
- 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?

Yes[ ] No[X]
- 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.)

Yes[ ] No[X]
- 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?

Yes[ ] No[X]
- 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?

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.

Yes[ ] No[X]  
Yes[ ] No[ ] N/A[X]

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

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

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
\$ ..... 0  
\$ ..... 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?

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

Yes[X] No[ ]

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?

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

Yes[X] No[ ]

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 Comapny 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?

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?

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.

Yes[ ] No[X]  
Yes[ ] No[X]

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?

18.2 If no, list exceptions:

Yes[X] No[ ]

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
<b>Accident and Health - Non-affiliates</b>									
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**

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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) .....	X X X									
59.	Subtotal .....	X X X		137,739,492						137,739,492	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X									
61.	Total (Direct Business) .....	X X X		137,739,492						137,739,492	

**DETAILS OF WRITE-INS**

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

(a) Active Status Counts:

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

3

2. R - Registered - Non-domiciled RRGs

\_\_\_\_\_

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

\_\_\_\_\_

4. Q - Qualified - Qualified or accredited reinsurer

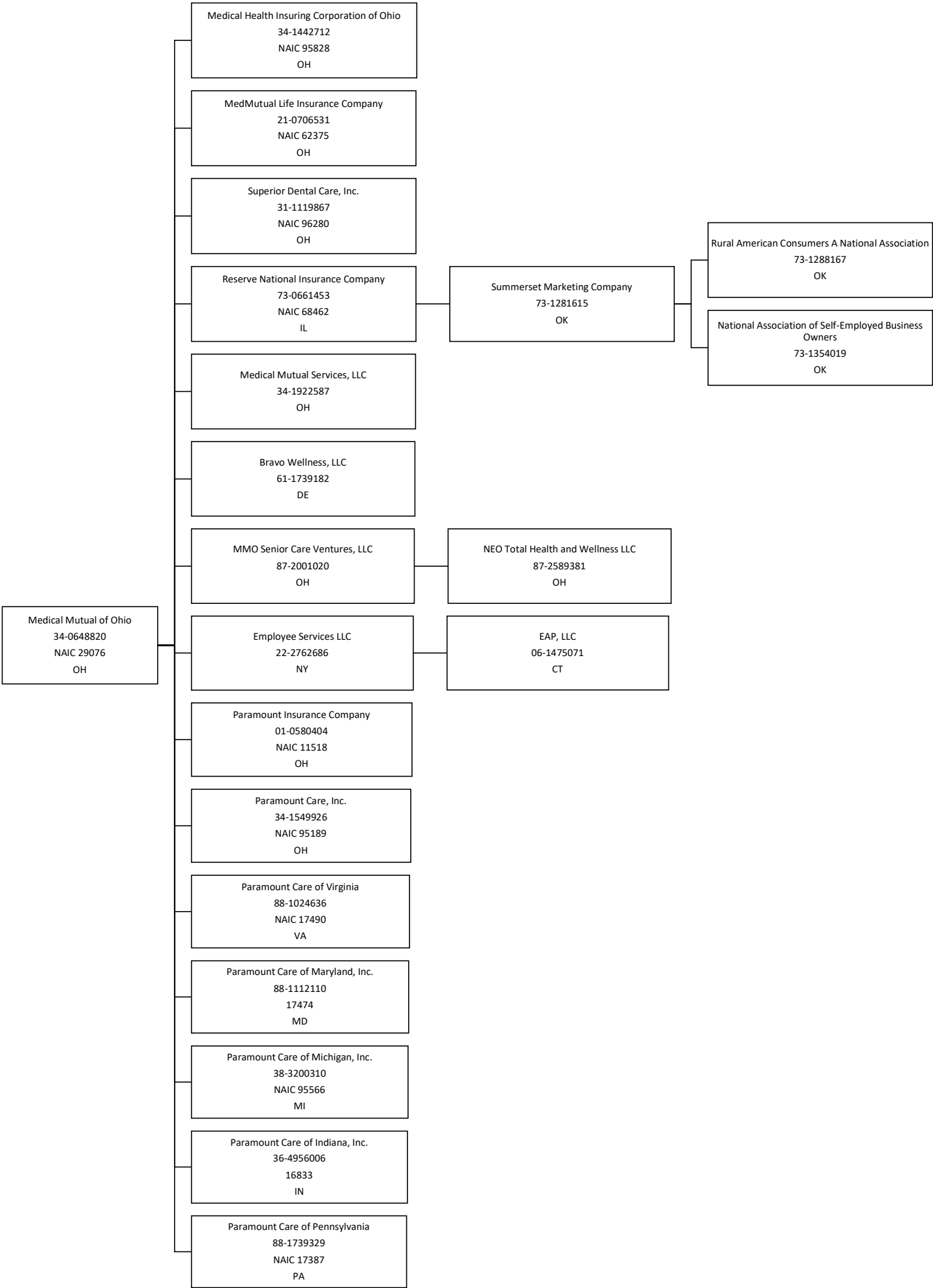
\_\_\_\_\_

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

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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

916

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	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	

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
AUGUST FILING	
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



951892024365000032024Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS**



STATEMENT AS OF **September 30, 2024** OF THE **Paramount Care, Inc.**

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	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	2
	Year To Date	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	2
	Year To Date	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	2
	Year To Date	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**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
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
<b>PREFERRED STOCK</b>								
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	2	3  Actual Cost	4  Interest Collected Year To Date	5  Paid for Accrued Interest Year To Date
7709999999. Totals .....					

NONE

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	2
		Year To Date	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	2	Location		5	6	7	8	9	10	11	12	13
CUSIP Identification	Name or Description	3	4	Name of Vendor or General Partner	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership
		City	State									
Joint Venture - Common Stocks - Unaffiliated												
	Health Plan Alliance	Irving	TX			01/01/1997			85,104			4.000
1999999 Subtotal - Joint Venture - Common Stocks - Unaffiliated									85,104			X X X
6099999 Subtotal - Unaffiliated									85,104			X X X
6299999 TOTALS									85,104			X X X

**SCHEDULE BA - PART 3**

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

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

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



**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

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

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
. 60934N500 .	FEDERATED HRMS TRS INST .....	.....	.... 09/30/2024 ...	..... 5.170	..... X X X .....	..... 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