

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

NAIC Group Code	0730 (Current Period)	0730 (Prior Period)	NAIC Company Code	11518	Employer's ID Number	010580404	
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH			
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]				
		Is HMO Federally Qualified? Yes[] No[] N/A[X]					
Incorporated/Organized	04/19/2002		Commenced Business	09/26/2002			
Statutory Home Office	300 Madison Ave (Street and Number)		Toledo, OH, US 43604 (City or Town, State, 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)	(419)887-2500 (Area Code) (Telephone 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) cathy.lumbrezer@medmutual.com (E-Mail Address)		(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	Secretary	#
James Edward McNutt Mr.	Interim Treasurer	#

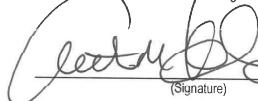
OTHERS

DIRECTORS OR TRUSTEES

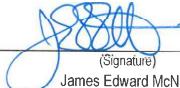
Lori Ann Johnston Ms. Anthony Michael Helton Mr. # Andrea Marie Hogben Ms. #	Anthea Rena Daniels Ms. # John Nicholas Kompare, Jr. Mr. #
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State of Ohio
County of Cuyahoga ss

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
14th day of November, 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)



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