



**HEALTH ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2025  
 OF THE CONDITION AND AFFAIRS OF THE  
**PARAMOUNT INSURANCE COMPANY**

NAIC Group Code 0730 0730 NAIC Company Code 11518 Employer's ID Number 01-0580404  
 (Current) (Prior)

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

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 04/19/2002 Commenced Business 09/26/2002

Statutory Home Office 300 Madison Ave, Toledo, OH, US 43604  
 (Street and Number) (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) (Area Code) (Telephone Number)

Mail Address 300 Madison Ave, Toledo, OH, US 43604  
 (Street and Number or P.O. Box) (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) (Area Code) (Telephone Number)

Internet Website Address www.paramounthealthcare.com

Statutory Statement Contact Cathy Lumbrezer Ms., 419-887-2907  
 (Name) (Area Code) (Telephone Number)  
cathy.lumbrezer@medmutual.com, 419-887-2020  
 (E-mail Address) (FAX Number)

**OFFICERS**

CEO Anthony Michael Helton Secretary Patricia Bunn Decensi  
 President Lori Ann Johnston Treasurer James Edward McNutt

**OTHER**

**DIRECTORS OR TRUSTEES**

Lori Ann Johnston Anthony Michael Helton Andrea Marie Hogben  
James Edward McNutt Patricia Bunn Decensi Thomas Parke Dewey

State of Ohio SS  
 County of Cuyahoga

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.

Anthony Michael Helton  
CEO

Patricia Bunn Decensi  
Secretary

James Edward McNutt  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
 b. If no,  
 1. State the amendment number.....  
 2. Date filed .....  
 3. Number of pages attached.....





**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	4,060,598	9,560,323		4,633,000	4,060,598	3,381,599
2. Claim overpayment receivables .....		12,293			0	0
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables.....	28,906	7,287		1,843	28,906	0
7. Totals (Lines 1 through 6)	4,089,504	9,579,903	0	4,634,843	4,089,504	3,381,599

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.





**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Medical Mutual of Ohio .....		443,302	443,302	
0199999. Individually listed payables		443,302	443,302	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		443,302	443,302	0

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	0	0.0	0	0.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service .....	51,257,762	44.6	XXX	XXX		51,257,762
6. Contractual fee payments .....	63,754,253	55.4	XXX	XXX		63,754,253
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	115,012,015	100.0	XXX	XXX	0	115,012,015
13. TOTAL (Line 4 plus Line 12)	115,012,015	100%	XXX	XXX	0	115,012,015

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

(LOCATION)

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR							2025		NAIC Company Code		11518	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14					
		2	3																
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health						
<b>Total Members at end of:</b>																			
1. Prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First quarter .....	56																		
3. Second quarter .....	60																		
4. Third quarter .....	62																		
5. Current year .....	64																		
6. Current year member months	719																		
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician .....	0																		
8. Non-physician .....	0																		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0																		
11. Number of inpatient admissions	0																		
12. Health premiums written (b) .....	740,393							740,393											
13. Life premiums direct .....	0																		
14. Property/casualty premiums written .....	0																		
15. Health premiums earned .....	740,393							740,393											
16. Property/casualty premiums earned	0																		
17. Amount paid for provision of health care services .....	768,017							768,017											
18. Amount incurred for provision of health care services	791,234							791,234											

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 740,393

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

(LOCATION)

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR							2025		NAIC Company Code		11518	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14					
		2	3																
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health						
<b>Total Members at end of:</b>																			
1. Prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
2. First quarter .....	6							6											
3. Second quarter .....	4							4											
4. Third quarter .....	6							6											
5. Current year	8							8											
6. Current year member months	76							76											
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician .....	0																		
8. Non-physician .....	0																		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
10. Hospital patient days incurred	0																		
11. Number of inpatient admissions	0																		
12. Health premiums written (b) .....	61,199							61,199											
13. Life premiums direct .....	0																		
14. Property/casualty premiums written .....	0																		
15. Health premiums earned .....	61,199							61,199											
16. Property/casualty premiums earned	0																		
17. Amount paid for provision of health care services .....	156,044							156,044											
18. Amount incurred for provision of health care services	164,486							164,486											

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....61,199

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2025										(LOCATION) NAIC Company Code 11518	
	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													
<b>Total Members at end of:</b>																
1. Prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter .....	0															
3. Second quarter .....	0															
4. Third quarter .....	0															
5. Current year	0															
6. Current year member months	0															
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	0															
8. Non-physician .....	0															
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0															
11. Number of inpatient admissions	0															
12. Health premiums written (b) .....	0															
13. Life premiums direct .....	0															
14. Property/casualty premiums written .....	0															
15. Health premiums earned .....	0															
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services .....	0															
18. Amount incurred for provision of health care services	0															

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2025 (LOCATION)									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>														
1. Prior year .....	1,551	0	424	138	0	989	0	0	0	0	0	0	0	0
2. First quarter .....	1,916		231	166		1,324		195						
3. Second quarter .....	1,961		228	173		1,347		213						
4. Third quarter .....	1,714		216	177		1,077		244						
5. Current year .....	1,411		168	179		801		263						
6. Current year member months	20,320		2,696	2,090		12,872		2,662						
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	530		233	297										
8. Non-physician .....	61		28	33										
9. Total .....	591	0	261	330	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	114		69	45										
11. Number of inpatient admissions	23		13	10										
12. Health premiums written (b) .....	4,915,561		1,507,399	384,547		226,709		2,796,906						
13. Life premiums direct .....	0													
14. Property/casualty premiums written .....	0													
15. Health premiums earned .....	4,915,561		1,507,399	384,547		226,709		2,796,906						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services .....	4,221,948		1,117,460	156,461		277,594		2,670,433						
18. Amount incurred for provision of health care services	3,970,114		675,685	149,257		276,830		2,868,342						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,796,906

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2025										NAIC Company Code 11518	
	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												
<b>Total Members at end of:</b>															
1. Prior year .....	34,178	2,141	15,407	990	0	0	0	317	0	0	0	0	15,323	0	
2. First quarter .....	27,747	2,273	12,559	941				1,500					10,474		
3. Second quarter .....	27,360	2,194	12,417	931				1,728					10,090		
4. Third quarter .....	24,833	2,095	12,251	925				1,852					7,710		
5. Current year .....	24,240	2,038	12,053	908				1,925					7,316		
6. Current year member months	327,589	25,986	148,426	11,140				20,420					121,617		
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	21,334	2,856	11,757					6,721							
8. Non-physician .....	3,572	363	1,715					1,494							
9. Total .....	24,906	3,219	13,472	0	0	0	0	8,215	0	0	0	0	0	0	
10. Hospital patient days incurred	4,660	494	2,422					1,744							
11. Number of inpatient admissions	836	72	511					253							
12. Health premiums written (b) .....	124,707,569	12,150,006	87,024,764	2,569,051				21,134,941					1,828,807		
13. Life premiums direct .....	0														
14. Property/casualty premiums written .....	0														
15. Health premiums earned .....	124,707,569	12,150,006	87,024,764	2,569,051				21,134,941					1,828,807		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services .....	109,866,006	14,386,169	73,081,000	2,268,282				19,636,314					494,241		
18. Amount incurred for provision of health care services	109,091,787	12,822,874	71,066,302	3,601,982				21,106,388					494,241		

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 21,134,941

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

(LOCATION)

NAIC Group Code 0730

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 11518

	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											
<b>Total Members at end of:</b>														
1. Prior year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter .....	0													
3. Second quarter .....	0													
4. Third quarter .....	0													
5. Current year	0													
6. Current year member months	0													
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	0													
8. Non-physician .....	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0													
11. Number of inpatient admissions	0													
12. Health premiums written (b) .....	0													
13. Life premiums direct .....	0													
14. Property/casualty premiums written .....	0													
15. Health premiums earned .....	0													
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services .....	0													
18. Amount incurred for provision of health care services	0													

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

PARAMOUNT INSURANCE COMPANY

2. Toledo, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									(LOCATION)			
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14		
		2	3													NAIC Company Code	11518
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
<b>Total Members at end of:</b>																	
1. Prior year	35,729	2,141	15,831	1,128	0	989	0	317	0	0	0	15,323	0				
2. First quarter	29,725	2,273	12,790	1,107	0	1,324	0	1,757	0	0	0	10,474	0				
3. Second quarter	29,385	2,194	12,645	1,104	0	1,347	0	2,005	0	0	0	10,090	0				
4. Third quarter	26,615	2,095	12,467	1,102	0	1,077	0	2,164	0	0	0	7,710	0				
5. Current year	25,723	2,038	12,221	1,087	0	801	0	2,260	0	0	0	7,316	0				
6. Current year member months	348,704	25,986	151,122	13,230	0	12,872	0	23,877	0	0	0	121,617	0				
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	21,864	2,856	11,990	297	0	0	0	6,721	0	0	0	0	0				
8. Non-physician	3,633	363	1,743	33	0	0	0	1,494	0	0	0	0	0				
9. Total	25,497	3,219	13,733	330	0	0	0	8,215	0	0	0	0	0				
10. Hospital patient days incurred	4,774	494	2,491	45	0	0	0	1,744	0	0	0	0	0				
11. Number of inpatient admissions	859	72	524	10	0	0	0	253	0	0	0	0	0				
12. Health premiums written (b)	130,424,722	12,150,006	88,532,163	2,953,598	0	226,709	0	24,733,439	0	0	0	1,828,807	0				
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0				
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0				
15. Health premiums earned	130,424,722	12,150,006	88,532,163	2,953,598	0	226,709	0	24,733,439	0	0	0	1,828,807	0				
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0				
17. Amount paid for provision of health care services	115,012,015	14,386,169	74,198,460	2,424,743	0	277,594	0	23,230,808	0	0	0	494,241	0				
18. Amount incurred for provision of health care services	114,017,621	12,822,874	71,741,987	3,751,239	0	276,830	0	24,930,450	0	0	0	494,241	0				

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 24,733,439

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**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>NONE</b>						
9999999 Totals - Life, Annuity and Accident and Health						

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - authorized U.S. affiliates				0	0	0	0	0	0	0
0699999			Total General Account - authorized non-U.S. affiliates				0	0	0	0	0	0	0
0799999			Total General Account - authorized affiliates				0	0	0	0	0	0	0
37273	39-1338397	01/01/2025	AXIS INS CO	IL	OTH/G	SLEL	1,252,167						
23680	47-0698507	01/01/2024	ODYSSEY REIN CO	CT	SSL/I	CMM	(90,346)						
23680	47-0698507	01/01/2024	ODYSSEY REIN CO	CT	SSL/G	CMM	(193,552)						
0899999			General Account - authorized U.S. non-affiliates				968,269	0	0	0	0	0	0
1099999			Total General Account - authorized non-affiliates				968,269	0	0	0	0	0	0
1199999			Total General Account authorized				968,269	0	0	0	0	0	0
1499999			Total General Account - unauthorized U.S. affiliates				0	0	0	0	0	0	0
1799999			Total General Account - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
1899999			Total General Account - unauthorized affiliates				0	0	0	0	0	0	0
2199999			Total General Account - unauthorized non-affiliates				0	0	0	0	0	0	0
2299999			Total General Account unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - certified U.S. affiliates				0	0	0	0	0	0	0
2899999			Total General Account - certified non-U.S. affiliates				0	0	0	0	0	0	0
2999999			Total General Account - certified affiliates				0	0	0	0	0	0	0
3299999			Total General Account - certified non-affiliates				0	0	0	0	0	0	0
3399999			Total General Account certified				0	0	0	0	0	0	0
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
4099999			Total General Account - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
4399999			Total General Account - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
4499999			Total General Account reciprocal jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				968,269	0	0	0	0	0	0
4899999			Total Separate Accounts - authorized U.S. affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - authorized non-U.S. affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - authorized affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - authorized non-affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts authorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - unauthorized U.S. affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - unauthorized affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - unauthorized non-affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - certified U.S. affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - certified non-U.S. affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - certified affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - certified non-affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts reciprocal jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified				0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				968,269	0	0	0	0	0	0
9299999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999			Totals				968,269	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	968	2,188	2,638	2,572	2,074
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	0	0	0	0	0
5. Total hospital and medical expenses .....	0	0	0	0	1,413
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	0	0	0	0	0
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	50,523,720		50,523,720
2. Accident and health premiums due and unpaid (Line 15) .....	34,230,638		34,230,638
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	25,405,260		25,405,260
6. Total assets (Line 28)	110,159,618	0	110,159,618
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	14,891,332		14,891,332
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,385,105		1,385,105
9. Premiums received in advance (Line 8) .....	932,737		932,737
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	62,754,858		62,754,858
15. Total liabilities (Line 24) .....	79,964,032	0	79,964,032
16. Total capital and surplus (Line 33) .....	30,195,586	XXX	30,195,586
17. Total liabilities, capital and surplus (Line 34)	110,159,618	0	110,159,618
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total							

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS 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 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	0.000	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	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	62375	21-0706531				MedMutual Life Insurance Company	OH	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	96280	31-1119867				Superior Dental Care, Inc	OH	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	68462	73-0661453				Reserve National Insurance Company	IL	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	95189	34-1549926				Paramount Care, Inc.	OH	IA	Medical Mutual of Ohio	Ownership	100.000	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	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	11518	01-0580404				Paramount Insurance Company	OH	RE	Medical Mutual of Ohio	Ownership	100.000	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	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	17474	88-1112110				Paramount Care of Maryland, Inc.	MD	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	17387	88-1739329				Paramount Care of Pennsylvania	PA	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		61-1739182				Bravo Wellness, LLC	DE	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		22-2762686				Employee Services LLC	NY	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		06-1475071				EAP, LLC	CT	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2001020				MMO Senior Care Ventures, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1281615				Summerset Marketing Company	OK	DS	Reserve National Insurance Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1288167				Rural American Consumers A National Association	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1354019				National Association of Self-Employed Business Owners	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
												0.000			

Asterisk	Explanation
0000001	Non-related entity

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
29076	34-0648820	Medical Mutual of Ohio	136,500,000	(207,332,623)	0	0	392,961,072	(107,877,785)		0	214,250,664	(40,276,394)
95828	34-1442712	Medical Health Insuring Corporation of Ohio	(95,000,000)	18,700,000	0	0	(86,811,722)	107,877,785		0	(55,233,937)	40,276,394
62375	21-0706531	MedMutual Life Insurance Company	0	0	0	0	115,547	0		0	115,547	0
96280	31-1119867	Superior Dental Care, Inc	0	0	0	0	(3,748,194)	0		0	(3,748,194)	0
68462	73-0661453	Reserve National Insurance Company	(30,000,000)	0	0	0	(3,509,516)	0		0	(33,509,516)	0
95189	34-1549926	Paramount Care, Inc.	0	48,141,977	0	0	19,072,406	0		0	67,214,382	0
95566	38-3200310	Paramount Care of Michigan, Inc.	0	8,387,551	0	0	(4,328,212)	0		0	4,059,339	0
11518	01-0580404	Paramount Insurance Company	0	8,639,096	0	0	(24,532,933)	0		0	(15,893,837)	0
16833	36-4956006	Paramount Care of Indiana, Inc	0	0	0	0	0	0		0	0	0
17474	88-1112110	Paramount Care of Maryland, Inc.	0	0	0	0	0	0		0	0	0
17387	88-1739329	Paramount Care of Pennsylvania	0	0	0	0	0	0		0	0	0
	34-1922587	Medical Mutual Services, LLC	0	120,000,000	0	0	(288,935,952)	0		0	(168,935,952)	0
	61-1739182	Bravo Wellness, LLC	0	3,464,000	0	0	1,183,589	0		0	4,647,589	0
	22-2762686	Employee Services LLC	(11,500,000)	0	0	0	(1,466,084)	0		0	(12,966,084)	0
	06-1475071	EAP, LLC	0	0	0	0	0	0		0	0	0
	87-2001020	MMO Senior Care Ventures, LLC	0	0	0	0	0	0		0	0	0
	73-1281615	Summerset Marketing Company	0	0	0	0	0	0		0	0	0
	73-1288167	Rural American Consumers A National Association	0	0	0	0	0	0		0	0	0
	73-1354019	National Association of Self-Employed Business Owners	0	0	0	0	0	0		0	0	0
			0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
<b>NONE</b>							

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.











	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will an Actuarial Opinion be filed by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an Audited Financial Report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

**SUPPLEMENTAL FILINGS**

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	YES
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:	
11.	
12.	
13.	
14.	
16.	
17.	
18.	
20.	
21.	
24.	

Bar Codes:

11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
21. Life Supplement [Document Identifier 211]	
24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	



SUPPLEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....  
 NAIC Group Code 0730 ..... NAIC Company Code 11518 .....  
 ADDRESS (City, State and Zip Code) Toledo, OH 43604 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	MI Medigap A 19	A	NO	0234000	11/18/2018				Paramount Medigap Policy -Plan A			0.0		1,994	111	5.6	1
YES	MI Medigap C 19	C	NO	0234000	11/18/2018				Paramount Medigap Policy -Plan C	2,718	793	29.2	1	8,560	1,591	18.6	3
YES	MI Medigap F 19	F	NO	0234000	11/18/2018				Paramount Medigap Policy -Plan F	80,185	30,671	38.3	30	14,393	5,838	40.6	5
YES	MI Medigap G 19	G	NO	0234000	11/18/2018				Paramount Medigap Policy -Plan G	181,752	61,967	34.1	92	93,056	48,090	51.7	46
YES	MI Medigap N 19	N	NO	0234000	11/18/2018				Paramount Medigap Policy -Plan N			0.0		1,889	196	10.4	1
0199999. Total experience on individual policies										264,655	93,431	35.3	123	119,892	55,826	46.6	56

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: P.O. Box 928 Toledo, OH 43697-0928 .....
- 2.2 Contact Person and Phone Number: Beadle Nicole Ms. 419-887-2959 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: P.O. Box 928 Toledo, OH 43697-0928 .....
- 3.2 Contact Person and Phone Number: Beadle Nicole Ms. 419-887-2959 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....  
 NAIC Group Code 0730..... NAIC Company Code 11518.....  
 ADDRESS (City, State and Zip Code) Toledo, OH 43604.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	Medigap A 01	A	NO	0234000	11/22/2005			06/01/2010	Paramount Medigap Policy A	2,720	5,617	206.5	1			0.0	
YES	Medigap A 2010	A	NO	0234000	05/21/2010				Paramount Medigap Policy A	1,687	519	30.8	1			0.0	
YES	Medigap C 01	C	NO	0234000	11/22/2005			06/01/2010	Paramount Medigap Policy C	174,937	200,856	114.8	46			0.0	
YES	Medigap C 2010	C	NO	0234000	05/21/2010				Paramount Medigap Policy C	148,881	249,937	167.9	45	11,371	7,932	69.8	3
YES	Medigap F 01	F	NO	0234000	11/22/2005			06/01/2010	Paramount Medigap Policy F	112,589	84,068	74.7	31			0.0	
YES	Medigap F 2010	F	NO	0234000	05/21/2010				Paramount Medigap Policy F	1,436,748	2,114,018	147.1	486	114,924	132,228	115.1	36
YES	Medigap N 2010	N	NO	0234000	05/21/2010				Paramount Medigap Policy N	39,304	24,631	62.7	17			0.0	
YES	Select C 01	C	YES	0234000	11/22/2005			06/01/2010	Paramount Select Policy C	32,342	33,273	102.9	10			0.0	
YES	Select C 2010	C	YES	0234000	05/21/2010				Paramount Select Policy C	26,593	38,562	145.0	9			0.0	
YES	Select K 01	K	YES	0234000	11/22/2005			06/01/2010	Paramount Select Policy K			0.0				0.0	
YES	Select L 01	L	YES	0234000	11/22/2005			06/01/2010	Paramount Select Policy L			0.0				0.0	
YES	Select N 2010	N	YES	0234000	05/21/2010				Paramount Select Policy N	2,420	2,869	118.6	1			0.0	
YES	Medigap G 2010	G	NO	0234000	08/30/2017				Paramount Medigap Policy G	244,495	394,275	161.3	111	220,040	313,197	142.3	111
0199999. Total experience on individual policies										2,222,716	3,148,625	141.7	758	346,335	453,357	130.9	150

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: P.O. Box 928 Toledo, OH 43697-0928 .....
- 2.2 Contact Person and Phone Number: Beadle Nicole Ms 419-887-2859 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: P.O. Box 928 Toledo, OH 43697-0928 .....
- 3.2 Contact Person and Phone Number: Beadle Nicole Ms. 419-887-2859 .....
4. Explain any policies identified above as policy type "O". .....

HO.OH



SUPPLEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY  
**MEDICARE PART D COVERAGE SUPPLEMENT**  
 (Net of Reinsurance)

NAIC Group Code 0730

(To Be Filed by March 1)

NAIC Company Code 11518

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage .....		XXX		XXX	0
1.12 Without reinsurance coverage .....		XXX		XXX	0
1.13 Risk-corridor payment adjustments .....		XXX		XXX	0
1.2 Supplemental benefits .....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage .....		XXX		XXX	XXX
2.12 Without reinsurance coverage .....		XXX		XXX	XXX
2.2 Supplemental benefits .....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage .....		XXX		XXX	XXX
3.12 Without reinsurance coverage .....		XXX		XXX	XXX
3.2 Supplemental benefits .....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....		XXX		XXX	XXX
4.2 Payable .....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage .....	0	XXX	0	XXX	XXX
5.12 Without reinsurance coverage .....	0	XXX	0	XXX	XXX
5.13 Risk-corridor payment adjustments .....	0	XXX	0	XXX	XXX
5.2 Supplemental benefits .....	0	XXX	0	XXX	XXX
6. Total premiums .....	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage .....		XXX		XXX	0
7.12 Without reinsurance coverage .....		XXX		XXX	0
7.2 Supplemental benefits .....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage .....		XXX		XXX	XXX
8.12 Without reinsurance coverage .....		XXX		XXX	XXX
8.2 Supplemental benefits .....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage .....		XXX		XXX	XXX
9.12 Without reinsurance coverage .....		XXX		XXX	XXX
9.2 Supplemental benefits .....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage .....	0	XXX	0	XXX	XXX
10.12 Without reinsurance coverage .....	0	XXX	0	XXX	XXX
10.2 Supplemental benefits .....	0	XXX	0	XXX	XXX
11. Total claims .....	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid - net of reimbursements applied .....	XXX		XXX		0
12.2 Reimbursements received but not applied-change .....	XXX		XXX		0
12.3 Reimbursements receivable-change .....	XXX		XXX		XXX
12.4 Health care receivables-change .....	XXX		XXX		XXX
13. Aggregate policy reserves-change .....					XXX
14. Expenses paid .....		XXX		XXX	0
15. Expenses incurred .....		XXX		XXX	XXX
16. Underwriting gain/loss .....	0	XXX	0	XXX	XXX
17. Cash flow result .....	XXX	XXX	XXX	XXX	0



SUPPLEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY  
**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

**FOR THE STATE OF: Michigan**

NAIC Group Code 0730

NAIC Company Code 11518

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income .....	NO
2. Health .....	YES
3. Homeowners .....	NO
4. Individual annuity .....	NO
5. Individual life .....	NO
6. Lender-placed home and auto .....	NO
7. Long-term care .....	NO
8. Other health .....	NO
9. Private flood .....	NO
10. Private passenger auto .....	NO
11. Short-term limited duration health plans .....	NO
12. Travel .....	NO
13. Pet insurance plans	NO



SUPPLEMENT FOR THE YEAR 2025 OF THE PARAMOUNT INSURANCE COMPANY  
**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

**FOR THE STATE OF: Ohio**

NAIC Group Code 0730

NAIC Company Code 11518

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income .....	NO
2. Health .....	YES
3. Homeowners .....	NO
4. Individual annuity .....	NO
5. Individual life .....	NO
6. Lender-placed home and auto .....	NO
7. Long-term care .....	NO
8. Other health .....	NO
9. Private flood .....	NO
10. Private passenger auto .....	NO
11. Short-term limited duration health plans .....	NO
12. Travel .....	NO
13. Pet insurance plans	NO