



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Paramount Care, Inc.

NAIC Group Code 0730 0730 NAIC Company Code 95189 Employer's ID Number 34-1549926
(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: Health Maintenance Organization

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

Incorporated/Organized 04/22/1987 Commenced Business 01/01/1988

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, (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

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, (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

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 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals..... Group Subscribers:	22,469	15,585	11,386	73,907	73,907	49,440
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	22,469	15,585	11,386	73,907	73,907	49,440

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Caremark	2,042,334	2,042,333	2,042,333			6,127,000
0199998. Aggregate pharmaceutical rebate receivables not individually listed						
0199999. Total pharmaceutical rebate receivables	2,042,334	2,042,333	2,042,333	0	0	6,127,000
0299998. Aggregate claim overpayment receivables not individually listed	480					480
0299999. Total claim overpayment receivables	480	0	0	0	0	480
0399998. Aggregate loans and advances to providers not individually listed						
0399999. Total loans and advances to providers	0	0	0	0	0	0
0499998. Aggregate capitation arrangement receivables not individually listed						
0499999. Total capitation arrangement receivables	0	0	0	0	0	0
Agilon	610,909					610,909
0599998. Aggregate risk sharing receivables not individually listed						
0599999. Total risk sharing receivables	610,909	0	0	0	0	610,909
Medicare Part D M3PP	1,243	878	537	1,652	1,652	2,658
0699998. Aggregate other health care receivables not individually listed						
0699999. Total other health care receivables	1,243	878	537	1,652	1,652	2,658
0799999 Gross health care receivables	2,654,966	2,043,211	2,042,870	1,652	1,652	6,741,047

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	4,585,075	17,263,902		6,127,000	4,585,075	4,409,232
2. Claim overpayment receivables		3,502		480	0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables				610,909	0	2,556,553
6. Other health care receivables.....	1,814,426	17,033		4,310	1,814,426	0
7. Totals (Lines 1 through 6)	6,399,501	17,284,437	0	6,742,699	6,399,501	6,965,785

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Medical Mutual of Ohio	3,658,506	3,658,506
Paramount Insurance Company, Inc	4,593,573	4,593,573
Paramount Care of Michigan, Inc.	4,952,982	4,952,982
0199999. Individually listed payables		13,205,061	13,205,061	0
0299999. Payables not individually listed		127	127	
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0399999 Total gross payables		13,205,188	13,205,188	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
Capitation Payments:						
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
Other Payments:						
5. Fee-for-service	33,778,355	15.8	XXX	XXX		33,778,355
6. Contractual fee payments	180,264,422	84.2	XXX	XXX		180,264,422
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	214,042,777	100.0	XXX	XXX	0	214,042,777
13. TOTAL (Line 4 plus Line 12)	214,042,777	100%	XXX	XXX	0	214,042,777

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
NONE					
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	8,412,865		16,332	8,409,599	8,409,599	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	8,412,865	0	16,332	8,409,599	8,409,599	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Paramount Care, Inc.

2. Toledo, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		95189	
	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								
Total Members at end of:																					
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First quarter	33																				
3. Second quarter	35																				
4. Third quarter	36																				
5. Current year	42																				
6. Current year member months	363																				
Total Member Ambulatory Encounters for Year:																					
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	0	0	
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b)	367,760																				
13. Life premiums direct	0																				
14. Property/casualty premiums written	0																				
15. Health premiums earned	367,760																				
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services	307,902																				
18. Amount incurred for provision of health care services	328,452																				

(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 \$ 367,760

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Paramount Care, Inc.

2. Toledo, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Kentucky		2025										NAIC Company Code	
		95189		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 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	
Total Members at end of:															
1. Prior year	3	0	0	0	0	0	0	3	0	0	0	0	0	0	0
2. First quarter	10							10							
3. Second quarter	12							12							
4. Third quarter	13							13							
5. Current year	14							14							
6. Current year member months	147							147							
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	0														
9. Total	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)	127,526							127,526							
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	127,526							127,526							
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	112,573							112,573							
18. Amount incurred for provision of health care services	115,776							115,776							

(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 \$ 127,526

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Paramount Care, Inc.

2. Toledo, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2025										NAIC Company Code	
		Ohio		2025										95189	
		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	
1 Total		2 Individual	3 Group												
Total Members at end of:															
1.	Prior year	12,056	0	0	0	0	0	0	12,056	0	0	0	0	0	
2.	First quarter	14,071							14,071						
3.	Second quarter	14,244							14,244						
4.	Third quarter	14,434							14,434						
5.	Current year	14,470							14,470						
6.	Current year member months	171,188							171,188						
Total Member Ambulatory Encounters for Year:															
7.	Physician	54,495							54,495						
8.	Non-physician	9,867							9,867						
9.	Total	64,362	0	0	0	0	0	0	64,362	0	0	0	0	0	
10.	Hospital patient days incurred	23,247							23,247						
11.	Number of inpatient admissions	3,450							3,450						
12.	Health premiums written (b)	215,634,998							215,634,998						
13.	Life premiums direct	0							0						
14.	Property/casualty premiums written	0							0						
15.	Health premiums earned	215,634,998							215,634,998						
16.	Property/casualty premiums earned	0							0						
17.	Amount paid for provision of health care services	213,622,302							213,622,302						
18.	Amount incurred for provision of health care services	214,956,017							214,956,017						

(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 \$215,634,998

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Paramount Care, Inc.

2. Toledo, OH

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	NAIC Company Code	95189
		2	3														
Total	Individual	Group															
Total Members at end of:																	
1. Prior year	12,059	0	0	0	0	0	0	0	12,059	0	0	0	0	0	0	0	
2. First quarter	14,114	0	0	0	0	0	0	0	14,114	0	0	0	0	0	0	0	
3. Second quarter	14,291	0	0	0	0	0	0	0	14,291	0	0	0	0	0	0	0	
4. Third quarter	14,483	0	0	0	0	0	0	0	14,483	0	0	0	0	0	0	0	
5. Current year	14,526	0	0	0	0	0	0	0	14,526	0	0	0	0	0	0	0	
6. Current year member months	171,698	0	0	0	0	0	0	0	171,698	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																	
7. Physician	54,495	0	0	0	0	0	0	0	54,495	0	0	0	0	0	0	0	
8. Non-physician	9,867	0	0	0	0	0	0	0	9,867	0	0	0	0	0	0	0	
9. Total	64,362	0	0	0	0	0	0	0	64,362	0	0	0	0	0	0	0	
10. Hospital patient days incurred	23,247	0	0	0	0	0	0	0	23,247	0	0	0	0	0	0	0	
11. Number of inpatient admissions	3,450	0	0	0	0	0	0	0	3,450	0	0	0	0	0	0	0	
12. Health premiums written (b)	216,130,284	0	0	0	0	0	0	0	216,130,284	0	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	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	0	0	0	
15. Health premiums earned	216,130,284	0	0	0	0	0	0	0	216,130,284	0	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	214,042,777	0	0	0	0	0	0	0	214,042,777	0	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	215,400,245	0	0	0	0	0	0	0	215,400,245	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$216,130,284

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Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

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
23680	47-0698507	01/01/2024	Odyssey Reins Co	CT	SSL/I	MR	(248,749)						
0899999			General Account - authorized U.S. non-affiliates				(248,749)	0	0	0	0	0	0
1099999			Total General Account - authorized non-affiliates				(248,749)	0	0	0	0	0	0
1199999			Total General Account authorized				(248,749)	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				(248,749)	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)				(248,749)	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				(248,749)	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 Care Inc.

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	(249)	(316)	47	49	45
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	0
B. BALANCE SHEET ITEMS					
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
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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

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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	72,829,927		72,829,927
2. Accident and health premiums due and unpaid (Line 15)	5,690,569		5,690,569
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)	15,022,820		15,022,820
6. Total assets (Line 28)	93,543,316	0	93,543,316
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	19,836,908		19,836,908
8. Accrued medical incentive pool and bonus payments (Line 2)	2,313,474		2,313,474
9. Premiums received in advance (Line 8)	133,145		133,145
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		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	34,464,109		34,464,109
15. Total liabilities (Line 24)	56,747,636	0	56,747,636
16. Total capital and surplus (Line 33)	36,795,680	XXX	36,795,680
17. Total liabilities, capital and surplus (Line 34)	93,543,316	0	93,543,316
NET CREDIT FOR CEDED REINSURANCE			
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		

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		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	6 Totals
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 Care Inc.

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	RE	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	IA	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	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Paramount Care Inc.

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
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)
NONE							

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
MARCH FILING	
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
APRIL FILING	
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
JUNE FILING	
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.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
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?.....	NO
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?.....	NO
APRIL FILING	
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
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
24.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
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]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
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]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the Requirements for Audit Committees [Document Identifier 226]



19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]



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]

