



# HEALTH ANNUAL STATEMENT

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

## Superior Dental Care, Inc.

NAIC Group Code 0730 0730 NAIC Company Code 96280 Employer's ID Number 31-1119867  
(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: Dental Service Corporation

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

Incorporated/Organized 11/30/1984 Commenced Business 01/01/1986

Statutory Home Office 100 American Road, Cleveland, OH, US 44144  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 100 American Road  
(Street and Number)  
Cleveland, OH, US 44144, 216-687-7000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 100 American Road, Cleveland, OH, US 44144  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 American Road  
(Street and Number)  
Cleveland, OH, US 44144, 216-687-7000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.SuperiorDental.com

Statutory Statement Contact Debra Gibson, 216-687-2860  
(Name) (Area Code) (Telephone Number)  
Debra.Gibson@medmutual.com, 216-687-4073  
(E-mail Address) (FAX Number)

### OFFICERS

CEO Anthony Michael Helton Treasurer James Edward McNutt  
Secretary Patricia Bunn Decensi President Andrea Marie Hogben

### OTHER

### DIRECTORS OR TRUSTEES

Andrea Marie Hogben Anthony Michael Helton James Edward McNutt  
Patricia Bunn Decensi

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 .....02/28/2026  
3. Number of pages attached.....

Exhibit 2 - A&H Premiums Due and Unpaid

**N O N E**

Exhibit 3 - Health Care Receivables

**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued

**N O N E**





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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>NONE</b>				
0399999 Total gross payables				

**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 .....	160,065	0.3	XXX	XXX		160,065
6. Contractual fee payments .....	57,013,189	99.7	XXX	XXX		57,013,189
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 .....	57,173,254	100.0	XXX	XXX	0	57,173,254
13. TOTAL (Line 4 plus Line 12)	57,173,254	100%	XXX	XXX	0	57,173,254

**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 .....	188,155		188,155			
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	188,155	0	188,155	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Superior Dental Care, Inc.

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

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Indiana		2025										NAIC Company Code	
		96280		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	
<b>Total Members at end of:</b>															
1. Prior year	247					247									
2. First quarter	239					239									
3. Second quarter	241					241									
4. Third quarter	247					247									
5. Current year	246					246									
6. Current year member months	2,932					2,932									
<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
10. Hospital patient days incurred	0														
11. Number of inpatient admissions	0														
12. Health premiums written (b)	71,412					71,412									
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	71,412					71,412									
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	39,806					39,806									
18. Amount incurred for provision of health care services	39,719					39,719									

(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 Superior Dental Care, Inc.

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

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Kentucky		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		96280	
	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 .....	5,723					5,723															
2. First quarter .....	6,414					6,414															
3. Second quarter .....	6,409					6,409															
4. Third quarter .....	6,974					6,974															
5. Current year	6,921					6,921															
6. Current year member months	80,609					80,609															
<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	0	0	0
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b) .....	1,962,152					1,962,152															
13. Life premiums direct .....	0																				
14. Property/casualty premiums written .....	0																				
15. Health premiums earned .....	1,962,152					1,962,152															
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services .....	1,720,443					1,720,443															
18. Amount incurred for provision of health care services	1,716,694					1,716,694															

(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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REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		96280	
	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 .....	206,750					206,750															
2. First quarter .....	217,579					217,579															
3. Second quarter .....	216,076					216,076															
4. Third quarter .....	216,965					216,965															
5. Current year .....	217,296					217,296															
6. Current year member months	2,604,024					2,604,024															
<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	0	0	0
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b) .....	65,600,005					65,600,005															
13. Life premiums direct .....	0																				
14. Property/casualty premiums written .....	0																				
15. Health premiums earned .....	65,600,005					65,600,005															
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services .....	55,413,005					55,413,005															
18. Amount incurred for provision of health care services	55,296,840					55,296,840															

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

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)			
		2025			2025										NAIC Company Code			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
Total	2	3	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	212,720	0	0	0	0	212,720	0	0	0	0	0	0	0	0				
2. First quarter	224,232	0	0	0	0	224,232	0	0	0	0	0	0	0	0				
3. Second quarter	222,726	0	0	0	0	222,726	0	0	0	0	0	0	0	0				
4. Third quarter	224,186	0	0	0	0	224,186	0	0	0	0	0	0	0	0				
5. Current year	224,463	0	0	0	0	224,463	0	0	0	0	0	0	0	0				
6. Current year member months	2,687,565	0	0	0	0	2,687,565	0	0	0	0	0	0	0	0				
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
8. Non-physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
12. Health premiums written (b)	67,633,569	0	0	0	0	67,633,569	0	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				
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
15. Health premiums earned	67,633,569	0	0	0	0	67,633,569	0	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				
17. Amount paid for provision of health care services	57,173,254	0	0	0	0	57,173,254	0	0	0	0	0	0	0	0				
18. Amount incurred for provision of health care services	57,053,254	0	0	0	0	57,053,254	0	0	0	0	0	0	0	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 \$ .....0

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

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

**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) .....	20,927,220		20,927,220
2. Accident and health premiums due and unpaid (Line 15) .....	1,967,042		1,967,042
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) .....	1,227,380		1,227,380
6. Total assets (Line 28)	24,121,642	0	24,121,642
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	3,950,000		3,950,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	1,140,010		1,140,010
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) .....	5,240,895		5,240,895
15. Total liabilities (Line 24) .....	10,330,905	0	10,330,905
16. Total capital and surplus (Line 33) .....	13,790,736	XXX	13,790,736
17. Total liabilities, capital and surplus (Line 34)	24,121,642	0	24,121,642
<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 Superior Dental Care, Inc.

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

Allocated by States and Territories

		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	
States, Etc.							
1. Alabama	AL					0	0
2. Alaska	AK					0	0
3. Arizona	AZ					0	0
4. Arkansas	AR					0	0
5. California	CA					0	0
6. Colorado	CO					0	0
7. Connecticut	CT					0	0
8. Delaware	DE					0	0
9. District of Columbia	DC					0	0
10. Florida	FL					0	0
11. Georgia	GA					0	0
12. Hawaii	HI					0	0
13. Idaho	ID					0	0
14. Illinois	IL					0	0
15. Indiana	IN					0	0
16. Iowa	IA					0	0
17. Kansas	KS					0	0
18. Kentucky	KY					0	0
19. Louisiana	LA					0	0
20. Maine	ME					0	0
21. Maryland	MD					0	0
22. Massachusetts	MA					0	0
23. Michigan	MI					0	0
24. Minnesota	MN					0	0
25. Mississippi	MS					0	0
26. Missouri	MO					0	0
27. Montana	MT					0	0
28. Nebraska	NE					0	0
29. Nevada	NV					0	0
30. New Hampshire	NH					0	0
31. New Jersey	NJ					0	0
32. New Mexico	NM					0	0
33. New York	NY					0	0
34. North Carolina	NC					0	0
35. North Dakota	ND					0	0
36. Ohio	OH					0	0
37. Oklahoma	OK					0	0
38. Oregon	OR					0	0
39. Pennsylvania	PA					0	0
40. Rhode Island	RI					0	0
41. South Carolina	SC					0	0
42. South Dakota	SD					0	0
43. Tennessee	TN					0	0
44. Texas	TX					0	0
45. Utah	UT					0	0
46. Vermont	VT					0	0
47. Virginia	VA					0	0
48. Washington	WA					0	0
49. West Virginia	WV					0	0
50. Wisconsin	WI					0	0
51. Wyoming	WY					0	0
52. American Samoa	AS					0	0
53. Guam	GU					0	0
54. Puerto Rico	PR					0	0
55. U.S. Virgin Islands	VI					0	0
56. Northern Mariana Islands	MP					0	0
57. Canada	CAN					0	0
58. Aggregate other alien	OT					0	0
59. Total		0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Superior Dental 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	RE	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	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			

**NONE**

Asterisk	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Superior Dental 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)
<b>NONE</b>							

# 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? .....	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
<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? .....	NO
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? .....	YES
Explanations:	
10. The data for this supplement is not required to be filed.	
11. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
21. The data for this supplement is not required to be filed.	
22. The data for this supplement is not required to be filed.	

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]



22. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

