



HEALTH QUARTERLY STATEMENT
AS OF MARCH 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
PARAMOUNT INSURANCE COMPANY

NAIC Group Code	0730 (Current)	0730 (Prior)	NAIC Company Code	11518	Employer's ID Number	01-0580404
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 (Street and Number)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Main Administrative Office	300 Madison Ave (Street and Number)		419-887-2500 (Area Code) (Telephone Number)			
	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)					
Mail Address	300 Madison Ave (Street and Number or P.O. Box)		Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	300 Madison Ave (Street and Number)		419-887-2500 (Area Code) (Telephone Number)			
	Toledo, OH, US 43604 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.paramounthealthcare.com					
Statutory Statement Contact	Cathy Lumbrezer Ms. (Name)		419-887-2907 (Area Code) (Telephone Number)			
	cathy.lumbrezer@medmutual.com (E-mail Address)		419-887-2020 (FAX Number)			

OFFICERS

CEO	Anthony Michael Helton Mr.
President	Lori Ann Johnston Mrs.

Secretary Patricia Bunn Decensi Ms. #
Treasurer James Edward McNutt Mr.

OTHER

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
14th day of May, 2025

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

JEANNINE FLEMING
Notary Public, State of Ohio
My Commission Expires
November 26, 2028