



HEALTH QUARTERLY STATEMENT
AS OF MARCH 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 419-887-2500
(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 419-887-2500
(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 Mr. Secretary Patricia Bunn Decensi Ms. #
President Lori Ann Johnston Mrs. Treasurer James Edward McNutt Mr.

OTHER

DIRECTORS OR TRUSTEES

Lori Ann Johnston Ms. Anthony Michael Helton Mr. Andrea Marie Hogben Ms.
James Edward McNutt Mr. Patricia Bunn Decensi Ms. #

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
Jennin L Fleming

- 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.....



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