



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
Paramount Care, Inc.

NAIC Group Code 0730 (Current) 0730 (Prior) NAIC Company Code 95189 Employer's ID Number 34-1549926

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 (Street and Number) Toledo, OH, US 43604 (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 (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) 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. (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 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

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 Patricia Bunn Decensi James Edward McNutt  
CEO Secretary 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.....

STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	4,501,108		4,501,108	1,524,198
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 4,493,044 ), cash equivalents (\$ ..... 74,077,876 ) and short-term investments (\$ ..... ) .....	78,570,920		78,570,920	42,591,236
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	505,226	505,226	0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	83,577,254	505,226	83,072,028	44,115,434
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	172,915		172,915	162,953
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	279,469	33,299	246,170	283,218
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... 15,114,087 ) .....	15,114,087		15,114,087	4,360,802
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	380,426		380,426	3,080,133
18.1 Current federal and foreign income tax recoverable and interest thereon ....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	4,995,818	4,167,141	828,677	709,876
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	7,421,370	7,421,370	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	570,845
24. Health care (\$ ..... 7,721,475 ) and other amounts receivable .....	7,721,475		7,721,475	6,965,785
25. Aggregate write-ins for other-than-invested assets .....	1,051,672	1,048,843	2,829	26,062,385
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	120,714,486	13,175,879	107,538,607	86,311,431
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	120,714,486	13,175,879	107,538,607	86,311,431
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepays .....	1,043,723	1,043,723	0	0
2502. State income tax recoverable .....	2,829		2,829	42,961
2503. Other .....	5,120	5,120	0	19,424
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	26,000,000
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,051,672	1,048,843	2,829	26,062,385

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	21,334,463		21,334,463	18,702,526
2. Accrued medical incentive pool and bonus amounts .....	4,128,932		4,128,932	3,537,821
3. Unpaid claims adjustment expenses .....	386,000		386,000	320,000
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	17,600,000		17,600,000	17,798,804
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	84,357		84,357	110,128
9. General expenses due or accrued .....	10,456,502		10,456,502	8,277,726
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	13,397,678		13,397,678	0
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	63,437		63,437	62,667
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	67,451,369	0	67,451,369	48,809,672
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	94,995,113	79,995,113
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(54,907,875)	(42,493,354)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	40,087,238	37,501,759
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	107,538,607	86,311,431
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	84,837	72,402	144,582
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	111,896,365	90,018,466	179,480,920
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	111,896,365	90,018,466	179,480,920
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		81,820,861	62,309,012	137,315,513
10. Other professional services .....		6,132,182	4,573,860	9,666,787
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		1,484,289	1,401,101	2,884,193
13. Prescription drugs .....		20,105,464	10,683,632	19,771,710
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		591,112	185,750	3,054,475
16. Subtotal (Lines 9 to 15) .....	0	110,133,908	79,153,355	172,692,678
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	110,133,908	79,153,355	172,692,678
19. Non-health claims (net) .....			0	0
20. Claims adjustment expenses, including \$ ..... 1,331,356 cost containment expenses .....		1,660,815	1,827,257	3,279,925
21. General administrative expenses .....		16,069,306	18,500,566	31,691,124
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .			0	17,600,000
23. Total underwriting deductions (Lines 18 through 22).....	0	127,864,029	99,481,178	225,263,727
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(15,967,664)	(9,462,712)	(45,782,807)
25. Net investment income earned .....		1,647,041	1,554,686	3,218,112
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,647,041	1,554,686	3,218,112
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )].....			0	0
29. Aggregate write-ins for other income or expenses .....	0	30,587	31,666	282,688
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(14,290,036)	(7,876,360)	(42,282,007)
31. Federal and foreign income taxes incurred .....	XXX		(1,653,091)	763,170
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(14,290,036)	(6,223,269)	(43,045,177)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Other .....		30,587	31,666	282,688
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	30,587	31,666	282,688

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	37,501,759	21,770,578	21,770,578
34. Net income or (loss) from Line 32 .....	(14,290,036)	(6,223,269)	(43,045,177)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		20,800	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		(1,340,247)	(1,340,248)
39. Change in nonadmitted assets .....	1,915,647	(10,158,890)	(10,447,311)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	15,000,000	0	55,508,751
45.2 Transferred to capital (Stock Dividend) .....		0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	(40,132)	15,652,325	15,055,166
48. Net change in capital & surplus (Lines 34 to 47) .....	2,585,479	(2,049,281)	15,731,181
49. Capital and surplus end of reporting period (Line 33 plus 48)	40,087,238	19,721,297	37,501,759
DETAILS OF WRITE-INS			
4701. Transfer of Fixed assets .....		15,652,325	15,652,325
4702. Other adjustments .....	(40,132)		(597,159)
4703. ....			0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(40,132)	15,652,325	15,055,166

STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	100,970,797	88,264,707	178,236,839
2. Net investment income .....	1,638,328	1,539,436	3,157,843
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	102,609,125	89,804,143	181,394,682
5. Benefit and loss related payments .....	107,666,550	80,266,093	171,018,843
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	12,754,281	(341,209)	39,334,018
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	19,758	0
10. Total (Lines 5 through 9) .....	120,420,831	79,944,642	210,352,861
11. Net cash from operations (Line 4 minus Line 10) .....	(17,811,706)	9,859,501	(28,958,179)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	502,000	104	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	19,616
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	20,800	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	502,000	20,904	19,616
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	3,480,160	0	1,023,086
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	85,104
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	3,480,160	0	1,108,190
14. Net increase/(decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(2,978,160)	20,904	(1,088,574)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	15,000,000	0	54,758,058
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	41,769,549	(29,804)	(18,304,099)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	56,769,549	(29,804)	36,453,959
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	35,979,684	9,850,601	6,407,206
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	42,591,236	36,184,030	36,184,030
19.2 End of period (Line 18 plus Line 19.1)	78,570,920	46,034,631	42,591,236

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Change in Premium Deficiency Reserve .....			17,600,000
20.0002. ....		0	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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 .....	12,059							12,059						
2. First Quarter .....	14,114	0	0	0	0	0	0	14,114	0	0	0	0	0	0
3. Second Quarter .....	14,291							14,291						
4. Third Quarter .....	0													
5. Current Year	0													
6. Current Year Member Months	84,837							84,837						
Total Member Ambulatory Encounters for Period:														
7 Physician .....	25,521							25,521						
8. Non-Physician .....	4,499							4,499						
9. Total	30,020	0	0	0	0	0	0	30,020	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11,806							11,806						
11. Number of Inpatient Admissions	1,786							1,786						
12. Health Premiums Written (a) .....	111,896,365							111,896,365						
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	111,896,365							111,896,365						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	108,257,661							108,257,661						
18. Amount Incurred for Provision of Health Care Services	110,133,908							110,133,908						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 111,896,365

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)



UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision only .....					0	0
5. Dental only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	6,959,052	100,707,498	1,540,852	19,793,611	8,499,904	18,702,526
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-term care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	6,959,052	100,707,498	1,540,852	19,793,611	8,499,904	18,702,526
14. Health care receivables (a) .....		7,721,475			0	6,965,785
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....			3,179,576	949,356	3,179,576	3,537,821
17. Totals (Lines 13 - 14 + 15 + 16)	6,959,052	92,986,023	4,720,428	20,742,967	11,679,480	15,274,562

(a) Excludes \$ loans or advances to providers not yet expensed.

Paramount Care Inc.  
Notes to Statutory Financial Statements  
June 30, 2025

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Care Inc. (the “Company”) are presented on a basis of accounting practices prescribed by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed practices by the State of Ohio.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	State of Domicile	Jun. 30 2025	Dec. 31 2024
<b>NET(LOSS) INCOME</b>	Ohio		
Paramount Care Inc. state basis		(14,290,036)	(43,045,177)
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		(14,290,036)	(43,045,177)
<b>SURPLUS</b>			
Paramount Care Inc. state basis		40,087,238	37,501,759
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		40,087,238	37,501,759

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts. Expenses incurred in connections with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost.
3. Common stock investments are stated at Fair Market Value.
4. The Company does not have any preferred stock investments.
5. The Company does not invest in mortgage loans.
6. The Company has no investments in loan-backed securities.
7. The Company has no investments in subsidiaries.
8. The Company has no investments in joint ventures.
9. The Company does not invest in derivatives.

Paramount Care Inc.  
Notes to Statutory Financial Statements  
June 30, 2025

10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
11. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from prior period.
13. The Company estimates its pharmaceutical rebate receivables based on historical cash payments and actual prescriptions filled.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

**-NOT APPLICABLE**

5. Investments

- A. The company does not have any Mortgage Loan investments.
- B. The company is not a creditor for any Restructured Debt.
- C. The company does not have any reverse mortgages.
- D.
  1. When necessary the Company uses internal estimates in determining prepayment assumptions and whether an other-than-temporary impairment has occurred.
  2. None
  3. None
  4. None
  5. None
- E. The company does not have any repurchase agreements or security lending transactions.
- F. The company does not have any repurchase agreements.
- G. The company does not have any reverse repurchase agreements.
- H. The company does not have repurchase agreements accounted for as a sale.
- I. The company does not have reverse repurchase agreements accounted for as a sale.
- J. The company does not have any real estate investments
- K. The company does not have any low-income housing tax credits.
- L. Restricted Assets  
No significant change.

Paramount Care Inc.  
Notes to Statutory Financial Statements  
June 30, 2025

- M.      The company does not have any working capital financing investments.
- N.      The company does not have any netting of assets and liabilities relating to derivatives, repurchase and reverse repurchase and securities borrowing and lending.
- O.      The company does not have any 5\* securities.
- P.      The company does not have any short sales.
- Q.      Prepayment Penalty and Acceleration Fees  
            No significant change.
- R.      The company does not participate in a cash pool.
6.      Joint ventures, Partnerships and Limited Liability Companies  
  
            **-NOT APPLICABLE**
7.      Investment Income  
  
            No significant change.
8.      Derivative Instruments  
  
            **-NOT APPLICABLE**
9.      Income Taxes  
  
            No significant change.
10.     Information Concerning Parent, Subsidiaries and Affiliates  
  
            No significant change.
11.     Debt  
  
            **-NOT APPLICABLE**
12.     Retirement Plans, Deferred Compensation, Postemployment Benefits  
  
            No significant change.
13.     Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations  
  
            No significant change.
14.     Contingencies  
  
            **-NOT APPLICABLE**
15.     Leases  
  
            No significant change.
16.     Off-Balance Sheet Risk  
  
            No significant change.
17.     Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Paramount Care Inc.  
Notes to Statutory Financial Statements  
June 30, 2025

-NOT APPLICABLE

18. Gain or loss to the Reporting Entity from Uninsured A&H Plans and the uninsured Portion of partially Insured Plans

No significant change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

-NOT APPLICABLE

20. Fair Value Measurements

A1. NA

B. NA

C.							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value	Not Practicable Carrying Value
Bonds	\$ 4,571,986	\$ 4,501,108		\$ 4,571,986			
Cash Equivalents	74,077,876	74,077,876	74,077,876				

D. NA

21. Other Items

-NOT APPLICABLE

22. Subsequent Events

-NOT APPLICABLE

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

-NOT APPLICABLE

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for unpaid claims and claims adjustments expenses net of health care receivables as of December 31, 2024 were \$15,594,562. As of June 30, 2025, \$11,950,308 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years, and \$4,671,257 in health care receivables have been recovered. Reserves remaining for prior years are \$4,720,428 based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at June 30, 2025. There are no estimated health care receivables remaining to be recovered related to prior years. Therefore, there has been a \$3,595,083 favorable prior year development since December 31, 2024. The redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

26. Intercompany Pooling Arrangements

-NOT APPLICABLE

Paramount Care Inc.  
Notes to Statutory Financial Statements  
June 30, 2025

27. Structured Settlements

-NOT APPLICABLE

28. Health Care Receivables

No significant change.

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve	\$17,600,000
2. Date of the most recent evaluation of this liability	12/31/24
3. Was anticipated investment income utilized in the calculation?	yes

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ] No [ X ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ] No [ ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ X ] No [ ]

2.2

If yes, date of change:

07/10/2025

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ X ] No [ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ] No [ X ]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ] No [ X ]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ] No [ ] N/A [ X ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2023

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2020

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/13/2022

6.4

By what department or departments?  
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ ] No [ X ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....

\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....
14.26 All Other .....	\$ .....0	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.  
.....

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ .....0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ .....0

16.3

Total payable for securities lending reported on the liability page. ....

\$ .....0



STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank .....	5050 Kingsley Drive, Cincinnati, OH 45263 .....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
James Cellura .....	I.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions: .....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

100.000 %

1.2 A&H cost containment percent

1.000 %

1.3 A&H expense percent excluding cost containment expenses

15.000 %
- 2.1

Do you act as a custodian for health savings accounts?

Yes [ ☐ ] No [ ☒ ]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$
- 2.3

Do you act as an administrator for health savings accounts?

Yes [ ☐ ] No [ ☒ ]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$
3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ ☒ ] No [ ☐ ]
- 3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ☐ ] No [ ☒ ]

STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

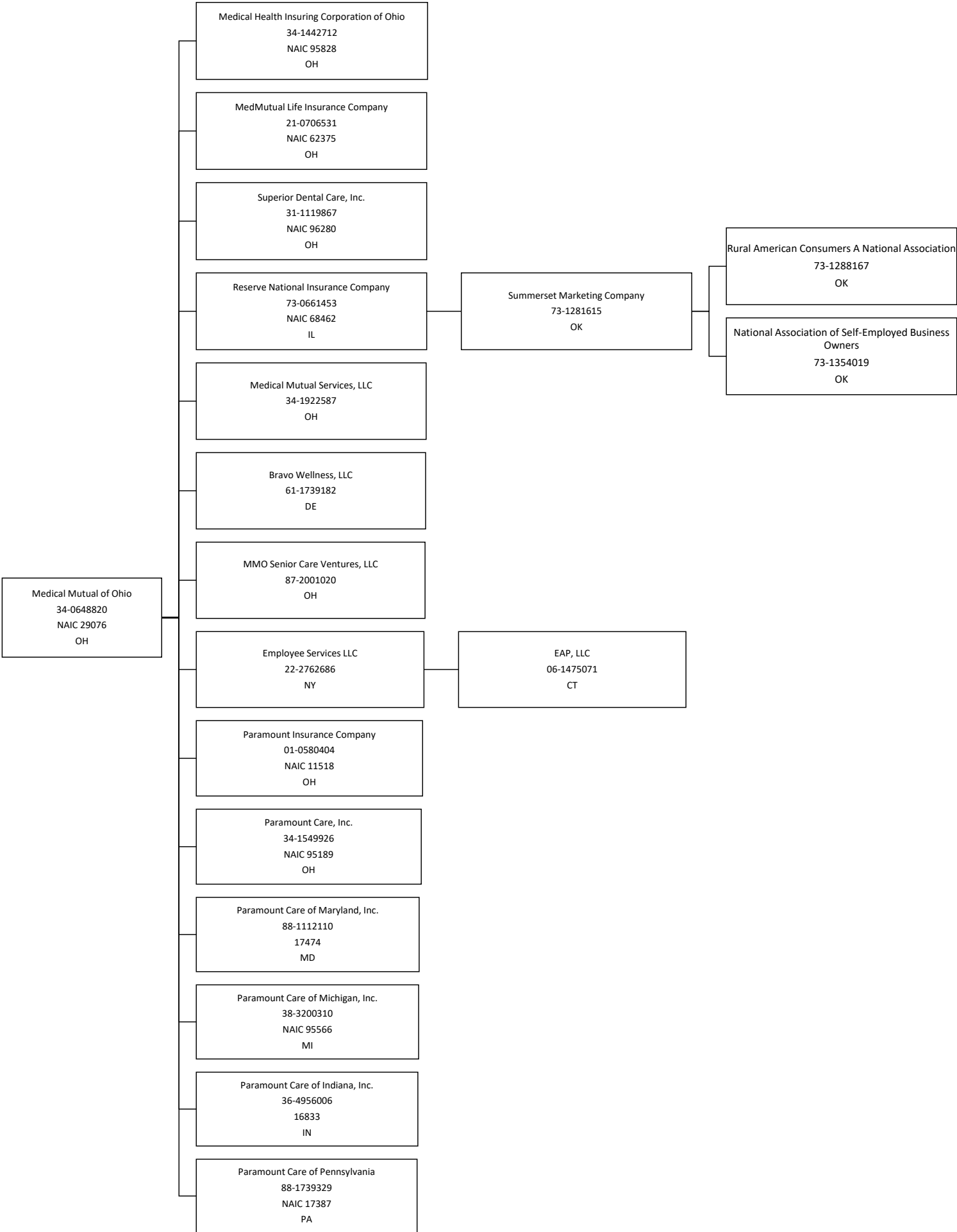
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
		1	Direct Business Only								
		Active Status (a)	2	3	4	5	6	7	8	9	10
States, etc.			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama .....	AL ..N.								0	
2.	Alaska .....	AK ..N.								0	
3.	Arizona .....	AZ ..N.								0	
4.	Arkansas .....	AR ..N.								0	
5.	California .....	CA ..N.								0	
6.	Colorado .....	CO ..N.								0	
7.	Connecticut .....	CT ..N.								0	
8.	Delaware .....	DE ..N.								0	
9.	District of Columbia	DC ..N.								0	
10.	Florida .....	FL ..N.								0	
11.	Georgia .....	GA ..N.								0	
12.	Hawaii .....	HI ..N.								0	
13.	Idaho .....	ID ..N.								0	
14.	Illinois .....	IL ..N.								0	
15.	Indiana .....	IN ..L.		169,185						169,185	
16.	Iowa .....	IA ..N.								0	
17.	Kansas .....	KS ..N.								0	
18.	Kentucky .....	KY ..L.		59,533						59,533	
19.	Louisiana .....	LA ..N.								0	
20.	Maine .....	ME ..N.								0	
21.	Maryland .....	MD ..N.								0	
22.	Massachusetts .....	MA ..N.								0	
23.	Michigan .....	MI ..N.								0	
24.	Minnesota .....	MN ..N.								0	
25.	Mississippi .....	MS ..N.								0	
26.	Missouri .....	MO ..N.								0	
27.	Montana .....	MT ..N.								0	
28.	Nebraska .....	NE ..N.								0	
29.	Nevada .....	NV ..N.								0	
30.	New Hampshire .....	NH ..N.								0	
31.	New Jersey .....	NJ ..N.								0	
32.	New Mexico .....	NM ..N.								0	
33.	New York .....	NY ..N.								0	
34.	North Carolina .....	NC ..N.								0	
35.	North Dakota .....	ND ..N.								0	
36.	Ohio .....	OH ..L.		111,667,647						111,667,647	
37.	Oklahoma .....	OK ..N.								0	
38.	Oregon .....	OR ..N.								0	
39.	Pennsylvania .....	PA ..N.								0	
40.	Rhode Island .....	RI ..N.								0	
41.	South Carolina .....	SC ..N.								0	
42.	South Dakota .....	SD ..N.								0	
43.	Tennessee .....	TN ..N.								0	
44.	Texas .....	TX ..N.								0	
45.	Utah .....	UT ..N.								0	
46.	Vermont .....	VT ..N.								0	
47.	Virginia .....	VA ..N.								0	
48.	Washington .....	WA ..N.								0	
49.	West Virginia .....	WV ..N.								0	
50.	Wisconsin .....	WI ..N.								0	
51.	Wyoming .....	WY ..N.								0	
52.	American Samoa .....	AS ..N.								0	
53.	Guam .....	GU ..N.								0	
54.	Puerto Rico .....	PR ..N.								0	
55.	U.S. Virgin Islands .....	VI ..N.								0	
56.	Northern Mariana Islands .....	MP ..N.								0	
57.	Canada .....	CAN ..N.								0	
58.	Aggregate Other Aliens .....	OT ..XXX.	0	0	0	0	0	0	0	0	0
59.	Subtotal .....	XXX.	0	111,896,365	0	0	0	0	0	111,896,365	0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX.								0	
61.	Totals (Direct Business) .....	XXX.	0	111,896,365	0	0	0	0	0	111,896,365	0
DETAILS OF WRITE-INS											
58001.	.....	XXX.									
58002.	.....	XXX.									
58003.	.....	XXX.									
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX.	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX.	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	3	4. Q - Qualified - Qualified or accredited reinsurer.....	0
2. R - Registered - Non-domiciled RRGs.....	0	5. N - None of the above - Not allowed to write business in the state.....	54
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. ....	0		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0730 ...	Medical Mutual of Ohio .....	..... 29076 ....	34-0648820 ..	.....	.....	.....	Medical Mutal of Ohio .....	.. OH.....	UDP.....	.....	Board of Directors.....	.. 0.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 95828 ....	34-1442712 ..	.....	.....	.....	Medical Health Insuring Corporation of Ohio .....	.. OH.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 62375 ....	21-0706531 ..	.....	.....	.....	MedMutual Life Insurance Company .....	.. OH.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 96280 ....	31-1119867 ..	.....	.....	.....	Superior Dental Care, Inc .....	.. OH.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 68462 ....	73-0661453 ..	.....	.....	.....	Reserve National Insurance Company .....	.. IL.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 95189 ....	34-1549926 ..	.....	.....	.....	Paramount Care, Inc. ....	.. OH.....	RE.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 95566 ....	38-3200310 ..	.....	.....	.....	Paramount Care of Michigan, Inc. ....	.. MI.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 11518 ....	01-0580404 ..	.....	.....	.....	Paramount Insurance Company .....	.. OH.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 16833 ....	36-4956006 ..	.....	.....	.....	Paramount Care of Indiana, Inc .....	.. IN.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 17474 ....	88-1112110 ..	.....	.....	.....	Paramount Care of Maryland, Inc. ....	.. MD.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 17387 ....	88-1739329 ..	.....	.....	.....	Paramount Care of Pennsylvania .....	.. PA.....	IA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	34-1922587 ..	.....	.....	.....	Medical Mutual Services, LLC .....	.. OH.....	NIA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	61-1739182 ..	.....	.....	.....	Bravo Wellness, LLC .....	.. DE.....	NIA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	22-2762686 ..	.....	.....	.....	Employee Services LLC .....	.. NY.....	NIA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	06-1475071 ..	.....	.....	.....	EAP, LLC .....	.. CT.....	NIA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	87-2001020 ..	.....	.....	.....	MMO Senior Care Ventures, LLC .....	.. OH.....	NIA.....	Medical Mutal of Ohio .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1281615 ..	.....	.....	.....	Summerset Marketing Company .....	.. OK.....	NIA.....	Reserve National Insurance Company .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1288167 ..	.....	.....	.....	Rural American Consumers A National Association .....	.. OK.....	NIA.....	Summerset Marketing Company .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1354019 ..	.....	.....	.....	National Association of Self-Employed Business Owners .....	.. OK.....	NIA.....	Summerset Marketing Company .....	Ownership.....	.. 100.000 ....	Medical Mutal of Ohio .....	.... NO.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....	YES
--	-----

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
2504. Contribution receivable .....			0	26,000,000
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	26,000,000



SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	505,226	439,738
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		85,104
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		19,616
8. Deduct amortization of premium, depreciation and proportional amortization .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other than temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	505,226	505,226
12. Deduct total nonadmitted amounts .....	505,226	505,226
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,524,198	499,529
2. Cost of bonds and stocks acquired .....	3,480,160	1,023,086
3. Accrual of discount .....	624	2,119
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	502,000	0
7. Deduct amortization of premium .....	1,873	536
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	4,501,108	1,524,198
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	4,501,108	1,524,198

STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a) .....	1,529,583	2,972,238	0	(713)	1,529,583	4,501,108	0	1,524,198
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total ICO	1,529,583	2,972,238	0	(713)	1,529,583	4,501,108	0	1,524,198
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1 .....	0	0	0	0	0	0	0	0
16. NAIC 2 .....	0	0	0	0	0	0	0	0
17. NAIC 3 .....	0	0	0	0	0	0	0	0
18. NAIC 4 .....	0	0	0	0	0	0	0	0
19. NAIC 5 .....	0	0	0	0	0	0	0	0
20. NAIC 6 .....	0	0	0	0	0	0	0	0
21. Total Preferred Stock .....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	1,529,583	2,972,238	0	(713)	1,529,583	4,501,108	0	1,524,198

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	39,554,268	23,489,555
2. Cost of cash equivalents acquired .....	34,523,608	16,098,997
3. Accrual of discount .....		0
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		34,284
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	74,077,876	39,554,268
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	74,077,876	39,554,268

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
57636Q-BB-9 .....	MASTERCARD INCORPORATED .....	.....06/03/2025 .....	ANCORA ADVISORS .....		985,050	1,000,000	16,796	1.E FE .....
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					985,050	1,000,000	16,796	XXX
91282C-NF-4 .....	UNITED STATES TREAS NTS .....	.....06/03/2025 .....	MORGAN STANLEY & CO INC .....		1,987,188	2,000,000	902	1.A .....
0269999999. Subtotal - Issuer Credit Obligations - Other Issuer Credit Obligations (Unaffiliated)					1,987,188	2,000,000	902	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					2,972,238	3,000,000	17,697	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					2,972,238	3,000,000	17,697	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					2,972,238	3,000,000	17,697	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					0	0	0	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3					0	0	0	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					0	0	0	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					2,972,238	3,000,000	17,697	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 - Totals					2,972,238	XXX	17,697	XXX

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

## SCHEDULE E - PART 1 - CASH

[illegible]



STATEMENT AS OF JUNE 30, 2025 OF THE Paramount Care Inc.

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

[illegible]