



HEALTH QUARTERLY STATEMENT

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

NAIC Group Code 0730 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
 Incorporated/Organized 04/22/1987 Commenced Business 01/01/1988
 Statutory Home Office 300 Madison Ave, Toledo, OH, US 43604
 (Street and Number) (City or Town, State, Country and Zip Code)
 Main Administrative Office 300 Madison Ave, Toledo, OH, US 43604
 (Street and Number) (City or Town, State, Country and Zip Code)
 Mail Address 300 Madison Ave, Toledo, OH, US 43604
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
 Primary Location of Books and Records 300 Madison Ave, Toledo, OH, US 43604
 (Street and Number) (City or Town, State, Country and Zip Code)
 Internet Website Address www.paramounthealthcare.com
 Statutory Statement Contact Cathy Lumbrezer Ms., 419-887-2907
 (Name) (Area Code) (Telephone Number)
cathy.lumbrezer@medmutual.com, 419-887-2020
 (E-mail Address) (FAX Number)

OFFICERS
 CEO Anthony Michael Helton Secretary Patricia Bunn Decensi
 President Lori Ann Johnston Treasurer James Edward McNutt

OTHER

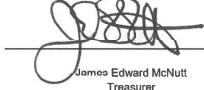
DIRECTORS OR TRUSTEES
 Lori Ann Johnston Anthony Michael Helton Andrea Marie Hogben
 James Edward McNutt Patricia Bunn Decensi Thomas Parke Dewey

State of Ohio SS:
 County of Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with all related exhibits, schedules and explanations, is a full and true statement of 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 disbursements for the period covered, and have been compiled 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) 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
15th day of August 2025
Theresa M Kramer

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



THERESA M KRAMER
 Notary Public
 State of Ohio
 My Comm. Expires
 September 20, 2029