



HEALTH QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 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) 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 Interim 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 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.....

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	3,307,973		3,307,973	1,279,355
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 (\$ 19,888,872), cash equivalents (\$ 23,820,160) and short-term investments (\$)	43,709,032		43,709,032	63,574,021
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			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)	47,017,004	0	47,017,004	64,853,376
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	127,602		127,602	98,678
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	25,235,905	493,978	24,741,927	6,598,727
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 (\$ 3,276,651)	3,276,651		3,276,651	663,595
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	14,881,097	152,750	14,728,347	5,537,115
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			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	4,463,107		4,463,107	0
24. Health care (\$ 4,613,577) and other amounts receivable	4,613,577		4,613,577	3,381,599
25. Aggregate write-ins for other-than-invested assets	3,487,000	0	3,487,000	3,768,136
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	103,101,944	646,728	102,455,216	84,901,226
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	103,101,944	646,728	102,455,216	84,901,226
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. Other AR	3,487,000		3,487,000	3,768,136
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,487,000	0	3,487,000	3,768,136

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	14,718,924		14,718,924	14,786,254
2. Accrued medical incentive pool and bonus amounts	1,454,167		1,454,167	816,667
3. Unpaid claims adjustment expenses	306,000		306,000	342,000
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	8,799,624		8,799,624	8,814,716
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	1,637,979		1,637,979	2,099,191
9. General expenses due or accrued	2,117,734		2,117,734	3,392,345
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	994,000		994,000	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			0	10,492,439
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	20,981,259		20,981,259	18,190,597
23. Aggregate write-ins for other liabilities (including \$ current)	29,044,963	0	29,044,963	5,711,429
24. Total liabilities (Lines 1 to 23)	80,054,650	0	80,054,650	64,645,638
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	30,329,097	30,329,097
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	(8,928,531)	(11,073,509)
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	22,400,566	20,255,588
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	102,455,216	84,901,226
DETAILS OF WRITE-INS				
2301. Assumed Reinsurance	25,155,276		25,155,276	5,711,429
2302. Other Liabilities	3,889,679		3,889,679	
2303. Unclaimed Funds	8		8	
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)	29,044,963	0	29,044,963	5,711,429
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	270,904	372,075	479,657
2. Net premium income (including \$ non-health premium income).....	XXX	116,274,379	94,682,326	131,454,348
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	116,274,379	94,682,326	131,454,348
Hospital and Medical:				
9. Hospital/medical benefits		59,399,689	65,808,684	89,551,075
10. Other professional services		369,110	3,317,904	3,520,567
11. Outside referrals			0	0
12. Emergency room and out-of-area		1,485,469	1,442,313	2,051,571
13. Prescription drugs		16,195,103	13,449,260	20,023,007
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		637,500	174,159	174,159
16. Subtotal (Lines 9 to 15)	0	78,086,871	84,192,320	115,320,379
Less:				
17. Net reinsurance recoveries		(18,570,271)	0	(8,109,070)
18. Total hospital and medical (Lines 16 minus 17)	0	96,657,142	84,192,320	123,429,449
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including \$ 1,513,136 cost containment expenses		1,960,057	2,301,613	3,543,725
21. General administrative expenses		15,964,840	19,270,037	27,196,606
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .			0	3,152,000
23. Total underwriting deductions (Lines 18 through 22).....	0	114,582,039	105,763,970	157,321,780
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,692,340	(11,081,644)	(25,867,432)
25. Net investment income earned		1,504,854	1,525,011	1,907,578
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,504,854	1,525,011	1,907,578
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	957	0	1,050,019
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	3,198,151	(9,556,633)	(22,909,835)
31. Federal and foreign income taxes incurred	XXX	994,000	(2,121,208)	6,002,309
32. Net income (loss) (Lines 30 minus 31)	XXX	2,204,151	(7,435,425)	(28,912,144)
DETAILS OF WRITE-INS				
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 revenue		957		1,050,019
2902.				0
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	957	0	1,050,019

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.....	20,255,588	19,990,281	19,990,281
34. Net income or (loss) from Line 32	2,204,151	(7,435,425)	(28,912,144)
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 \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		(2,508,262)	(2,508,263)
39. Change in nonadmitted assets	138,827	1,211,185	7,173,297
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	0	8,979,079	29,329,097
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	(198,000)	183,320	(4,816,680)
48. Net change in capital & surplus (Lines 34 to 47)	2,144,978	429,897	265,307
49. Capital and surplus end of reporting period (Line 33 plus 48)	22,400,566	20,420,178	20,255,588
DETAILS OF WRITE-INS			
4701. Transfer of Dental business		183,320	183,320
4702. Acquisition adjustment			(5,000,000)
4703. Prior year audit adjustment	(198,000)		
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)	(198,000)	183,320	(4,816,680)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	95,124,890	93,329,540	123,584,714
2. Net investment income	1,472,546	1,582,140	1,986,780
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	96,597,436	94,911,680	125,571,494
5. Benefit and loss related payments	77,875,102	88,780,101	118,014,335
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	25,579,366	26,230,803	25,292,629
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	103,454,468	115,010,904	143,306,964
11. Net cash from operations (Line 4 minus Line 10)	(6,857,032)	(20,099,224)	(17,735,470)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	1,000,000
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	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	1,000,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,025,234	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	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,025,234	0	1,023,086
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)	(2,025,234)	0	(23,086)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	8,979,079	22,546,087
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)	(10,982,723)	(36,992,634)	(13,664,067)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(10,982,723)	(28,013,555)	8,882,020
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	(19,864,989)	(48,112,779)	(8,876,536)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	63,574,021	72,450,557	72,450,557
19.2 End of period (Line 18 plus Line 19.1)	43,709,032	24,337,778	63,574,021

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

20.0001. Change in premium deficiency reserve		0	3,152,000
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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	35,729	2,141	15,831	1,128		989		317					15,323	
2. First Quarter	29,725	2,273	12,790	1,107	0	1,324	0	1,757	0	0	0	0	10,474	0
3. Second Quarter	29,385	2,194	12,645	1,104	0	1,347	0	2,005	0	0	0	0	10,090	0
4. Third Quarter	26,615	2,095	12,467	1,102		1,077		2,164					7,710	
5. Current Year	0													
6. Current Year Member Months	270,904	19,834	114,103	9,956		10,294		17,178					99,539	
Total Member Ambulatory Encounters for Period:														
7 Physician	15,759	2,014	8,799	223				4,723						
8. Non-Physician	2,580	257	1,295	23				1,005						
9. Total	18,339	2,271	10,094	246	0	0	0	5,728	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,401	378	1,921	33				1,069						
11. Number of Inpatient Admissions	636	54	389	7				186						
12. Health Premiums Written (a)	99,061,021	9,856,639	66,945,918	2,232,793		180,532		18,286,068					1,559,071	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	99,061,021	9,856,639	66,945,918	2,232,793		180,532		18,286,068					1,559,071	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	78,864,467	8,482,704	53,603,153	1,843,523		189,912		14,267,497					477,678	
18. Amount Incurred for Provision of Health Care Services	78,086,871	7,527,347	51,252,554	2,454,829		193,689		16,180,774					477,678	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 18,286,068

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	548,718	7,804,933	8,723	1,546,641	557,441	1,743,304
2. Comprehensive (hospital and medical) group	2,976,321	69,251,399	57,936	9,359,727	3,034,257	12,766,094
3. Medicare Supplement	538,170	1,264,322	21,230	845,973	559,400	255,896
4. Vision only					0	0
5. Dental only		189,912	142	13,754	142	10,120
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	26,000	14,241,497	7,370	2,857,428	33,370	10,840
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	132,187	345,491			132,187	0
13. Health subtotal (Lines 1 to 12)	4,221,396	93,097,554	95,401	14,623,523	4,316,797	14,786,254
14. Health care receivables (a)		4,613,577			0	3,381,599
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts			816,667	637,500	816,667	816,667
17. Totals (Lines 13 - 14 + 15 + 16)	4,221,396	88,483,977	912,068	15,261,023	5,133,464	12,221,322

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

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Paramount Insurance Company (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	Sep. 30 2025	Dec. 31 2024
NET (LOSS) INCOME	Ohio		
Paramount Insurance Company state basis		2,204,151	(28,912,144)
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		2,204,151	(28,912,144)
SURPLUS			
Paramount Insurance Company state basis		22,400,566	20,255,588
State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
State Permitted Practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP		22,400,566	20,255,588

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. The Company has no common stock investments.
4. The Company has no 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.
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. The Company began operations on November 2, 2002. Unpaid losses and loss adjustment expenses include an amount from individual case estimates and loss reports and an amount, based on limited past experience, for losses incurred but not reported.

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

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

-NOT APPLICABLE

3. Business Combinations and Goodwill

-NOT APPLICABLE

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. The company does not have any loan-backed securities.

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.

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.

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

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
-NOT APPLICABLE
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant change..
14. Contingencies
-NOT APPLICABLE
15. Leases
-NOT APPLICABLE
16. Off-Balance Sheet Risk
-NOT APPLICABLE
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
-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 Measurement

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

A. NA

C.							
Type of Financial	Aggregate	Admitted				Net Asset	Not Practicable
Instrument	Fair Value	Assets	Level 1	Level 2	Level 3	Value	Carrying Value
Bonds	\$ 3,348,073	\$ 3,307,973		\$ 3,348,073			

21. Other Items

-NOT APPLICABLE

22. Subsequent Events

-NOT APPLICABLE

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

E. Risk Sharing Provisions of the Affordable Care Act

1. PICO writes insured non-individual, individual and uninsured accident and health insurance premium that is subject to the Affordable Care Act.

The company had zero balances for the risk corridors program.

2. Impact of Risk-sharing provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

Description		Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment	2,541,863
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	-
	3. Premium adjustments payable due to ACA Risk Adjustment	(1,225,003)
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	21,488
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	25,443
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	-
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
	Liabilities	-
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	-
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
	Operations (Revenue & Expense)	-
	7. Ceded reinsurance premiums due to ACA Reinsurance	-
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
	9. ACA Reinsurance contributions – not reported as ceded premium	-
c.	Temporary ACA Risk Corridors Program	-
	Assets	-
	1. Accrued retrospective premium due to ACA Risk Corridors	-
	Liabilities	-
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
	Operations (Revenue & Expense)	-
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	-
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	-

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

3. Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	663,595				663,595	-	635,360		A	1,298,955	-
2. Premium adjustments (payable)		(1,157,731)		(1,534,893)		377,162		(377,162)	B		0
3. Subtotal ACA Permanent Risk Adjustment Program											
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid									C		
2. Amounts recoverable for claims unpaid (contra									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium									I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions											
Explanation of Adjustments											
	A. Adjustment per CMS report										
	B. Adjustment per CMS report										

4. Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business written before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments Col 1-3	Prior Year Accrued Less Payments Col 2-4	To Prior Year Balances	To Prior Year Balances		
									Ref	Cumulative Balance from Prior Years Col 1-3+7	Cumulative Balance from Prior Years Col 2-4+8
	1	2	3	4	5	6	7	8	9	10
	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay	Rec	Pay
a. 2014										
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-
b. 2015										
1. Accrued retrospective premium		-			-	-		-	-	-
2. Reserve for rate credits or policy experience rating refunds		-	-	-	-	-		-	-	-
c. 2016										
1. Accrued retrospective premium										
2. Reserve for rate credits or policy experience rating refunds payable	-	-	-	-	-	-	-	-	-	-
d. Total for ACA Risk Sharing Provisions	-	-	-	-	-	-	-	-	-	-

5. ACA Risk Corridors Receivables as of Reporting Date

	Estimated Amount to be Filed or Final Amount Filed with CMS	Non- accrued Amouns for Impairmen t or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non- admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
2014						
2015	-			-		-
2016	-					
Total	-					-

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 \$12,563,322. As of September 30, 2025, \$8,549,768 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years, and \$3,986,372 in health care receivables have been recovered. Reserves remaining for prior years are \$912,068 based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at September 30, 2025. There are no estimated health care receivables remaining to be recovered related to prior years. Therefore, there has been a \$7,087,858 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

27. Structured Settlements

-NOT APPLICABLE

Paramount Insurance Company
Notes to Statutory Financial Statements
September 30, 2025

28. Health Care Receivables
- No significant change.
29. Participating Policies
- NOT APPLICABLE**
30. Premium Deficiency Reserves
1. Liability carried for premium deficiency reserve

\$7,568,000

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.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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 [☒]
- 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 [☒] No [☐]
- 2.2

If yes, date of change:

06/25/2025
- 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 [☒] No [☐]
- 3.2

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

Yes [☐] No [☒]
- 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 [☒]
- 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 [☒]
- 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?

Yes [☐] No [☐] N/A [☒]

If yes, attach an explanation.
- 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.

12/31/2023
- 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).

06/24/2025
- 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 [☒]
- 6.6

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

Yes [☐] No [☐] N/A [☒]
- 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 [☒]
- 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 [☒]
- 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 [☒]
- 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 SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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 [X] No []
- 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 SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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 Kinglsey Drive, Cincinnati, OH 435263

- 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

84.000 %

1.2 A&H cost containment percent

1.000 %

1.3 A&H expense percent excluding cost containment expenses

14.000 %
- 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 [☒]

SCHEDULE S - CEDED REINSURANCE

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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..	541,395						541,395	
16.	Iowa	IA .....	..N..							.....0	
17.	Kansas	KS .....	..N..							.....0	
18.	Kentucky	KY .....	..L..	41,864						41,864	
19.	Louisiana	LA .....	..N..							.....0	
20.	Maine	ME .....	..N..							.....0	
21.	Maryland	MD .....	..L..							.....0	
22.	Massachusetts	MA .....	..N..							.....0	
23.	Michigan	MI .....	..L..	1,561,367	2,035,884					3,597,251	
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..	79,213,586	15,666,925					94,880,511	
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 .....	..L..							.....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.....	80,774,953	18,286,068	.....0	.....0	.....0	.....0	.....0	99,061,021	.....0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX.....								.....0	
61.	Totals (Direct Business)	XXX.....	80,774,953	18,286,068	0	0	0	0	0	99,061,021	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..... 6

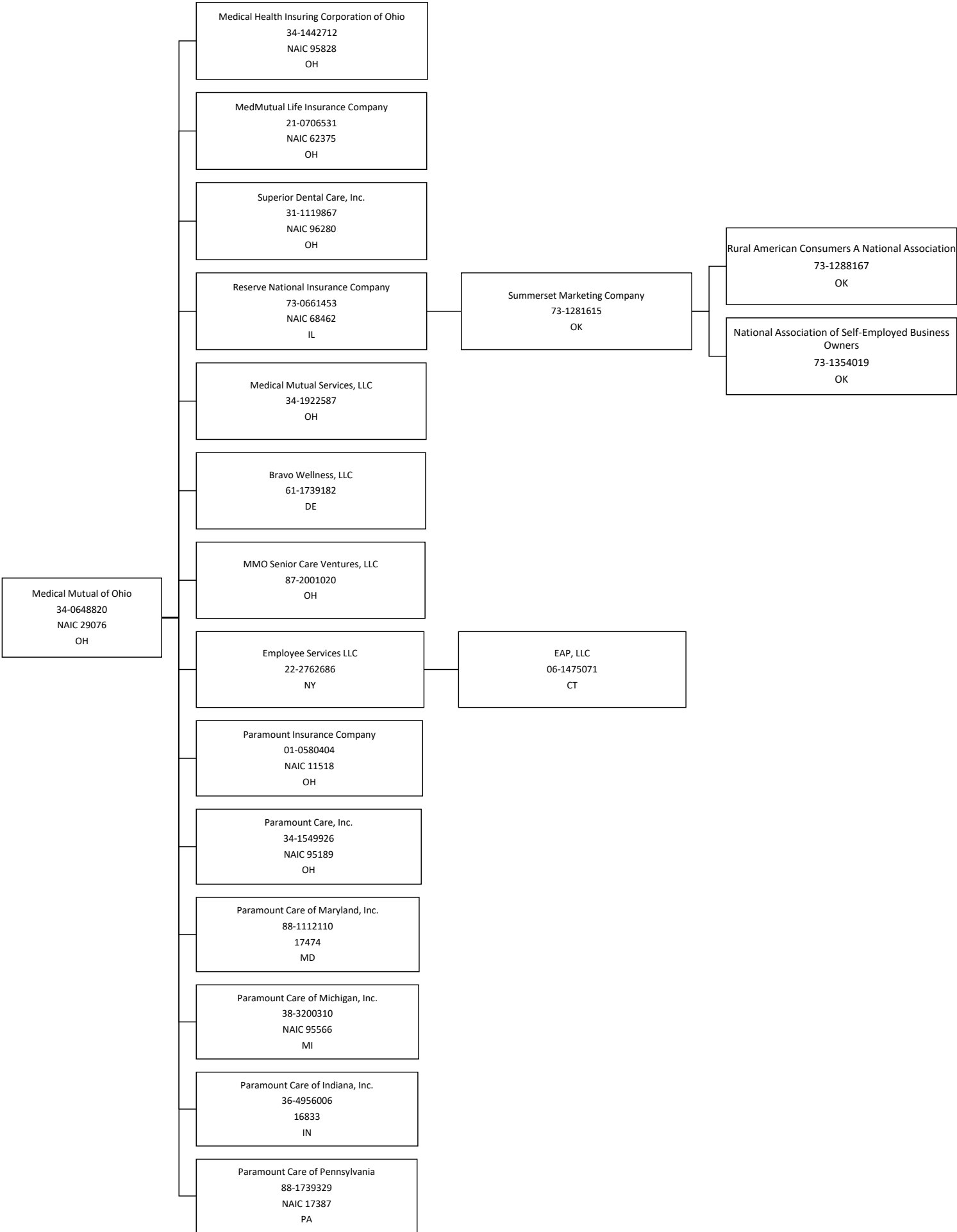
2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 51

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.....	..... IA.....	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.....	..... RE.....	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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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?	YES

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.	N/A
--	-----

Explanation:

Bar Code:

NONE

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 paid 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		
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, depreciation and proportional amortization		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

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	1,279,355	1,244,413
2. Cost of bonds and stocks acquired	2,025,234	1,023,086
3. Accrual of discount	5,786	12,392
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	0	1,000,000
7. Deduct amortization of premium	2,402	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)	3,307,973	1,279,355
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	3,307,973	1,279,355

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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)	2,275,118	0	0	1,287	1,280,391	2,275,118	2,276,406	1,279,355
2. NAIC 2 (a)	0	1,031,640	0	(73)	0	0	1,031,567	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	2,275,118	1,031,640	0	1,214	1,280,391	2,275,118	3,307,973	1,279,355
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	2,275,118	1,031,640	0	1,214	1,280,391	2,275,118	3,307,973	1,279,355

(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	58,956,414	42,810,502
2. Cost of cash equivalents acquired		32,620,324
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	35,136,254	16,474,412
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)	23,820,160	58,956,414
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	23,820,160	58,956,414

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

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
446150-BE-3	HUNTINGTON BANCSHARES INC	09/26/2025	ANCORA ADVISORS		1,031,640	1,000,000	10,837	2.A FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					1,031,640	1,000,000	10,837	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					1,031,640	1,000,000	10,837	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					1,031,640	1,000,000	10,837	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					1,031,640	1,000,000	10,837	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					1,031,640	1,000,000	10,837	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					1,031,640	XXX	10,837	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident- ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	21 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
.....
.....
.....
6009999999 - Totals					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX

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

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Restricted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Huntington Bank Maumee, OH7,805,0758,373,21019,681,066	..XXX.
Bank of America Wilmington, DE354,250997,857207,805	..XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX			1	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	8,159,326	9,371,067	19,888,872	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	8,159,326	9,371,067	19,888,872	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	8,159,326	9,371,067	19,888,872	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE PARAMOUNT INSURANCE COMPANY

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0730

NAIC Company Code 11518

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected		XXX	0	XXX	0
2. Earned Premiums		XXX	0	XXX	XXX
3. Claims Paid		XXX	0	XXX	0
4. Claims Incurred		XXX	0	XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		0
6. Aggregate Policy Reserves - Change		XXX	0	XXX	XXX
7. Expenses Paid		XXX	0	XXX	0
8. Expenses Incurred		XXX	0	XXX	XXX
9. Underwriting Gain or Loss	0	XXX	0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS