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HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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

President Lori Ann Johnston

Secretary Patricia Bunn Decensi

Treasurer James Edward McNutt

OTHER

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Cuyahoga SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Anthony Michael Helton
CEO

Patricia Bunn Decensi
Secretary

James Edward McNutt
Treasurer

Subscribed and sworn to before me this 4th day of October 2025

Thomas M. Kramer

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

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.....