



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Paramount Care of Michigan, Inc.

NAIC Group Code 0730 0730 NAIC Company Code 95566 Employer's ID Number 38-3200310
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/16/1993 Commenced Business 06/07/1996

Statutory Home Office 214 E.Elms Ave. Ste 107, Monroe, MI, US 48162
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 214 E.Elms Ave. Ste 107
(Street and Number)
Monroe, MI, US 48162
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 214 E.Elms Ave. Ste 107, Monroe, MI, US 48162
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 Madison Ave
(Street and Number)
Toledo, OH, US 43604
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.paramounthealthcare.com

Statutory Statement Contact Cathy Lumbrezer Ms., 419-887-2907
(Name) (Area Code) (Telephone Number)
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(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 Thomas Frank Sieler
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 Micheal Helton
CEO

Patricia Bunn Decensi
Secretary

James Edward McNutt
Treasurer

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

- 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.....



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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan

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 | | | 0 | 0 |
| 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 (\$ 3,753,249), cash equivalents (\$ 13,081,148) and short-term investments (\$) | 16,834,397 | | 16,834,397 | 10,011,558 |
| 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) | 16,834,397 | 0 | 16,834,397 | 10,011,558 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | | | 0 | 0 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 67,329 | 21,168 | 46,161 | 90,296 |
| 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 (\$ 1,044,438) | 1,044,438 | | 1,044,438 | 779,493 |
| 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 | 147,906 | | 147,906 | 557,246 |
| 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 | 1,084,606 | | 1,084,606 | 2,299,283 |
| 24. Health care (\$ 1,744,719) and other amounts receivable | 1,744,719 | | 1,744,719 | 1,378,391 |
| 25. Aggregate write-ins for other-than-invested assets | 187,481 | 0 | 187,481 | 7,187,481 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 21,110,876 | 21,168 | 21,089,708 | 22,303,748 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 21,110,876 | 21,168 | 21,089,708 | 22,303,748 |
| 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. State Income Tax recoverable | 187,481 | | 187,481 | 187,481 |
| 2502. Contribution Receivable | | | 0 | 7,000,000 |
| 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) | 187,481 | 0 | 187,481 | 7,187,481 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 4,653,479 | | 4,653,479 | 3,639,965 |
| 2. Accrued medical incentive pool and bonus amounts | 795,909 | | 795,909 | 621,133 |
| 3. Unpaid claims adjustment expenses | 70,000 | | 70,000 | 52,000 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | 7,116,470 | | 7,116,470 | 6,964,881 |
| 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 | 120,954 | | 120,954 | 79,344 |
| 9. General expenses due or accrued | 205,468 | | 205,468 | 242,271 |
| 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 | | | 0 | 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 | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 12,962,280 | 0 | 12,962,280 | 11,599,594 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 10,000 | 10,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 21,592,998 | 21,592,998 |
| 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 | (13,475,570) | (10,898,844) |
| 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 | 8,127,428 | 10,704,154 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 21,089,708 | 22,303,748 |
| 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 | 30,780 | 28,129 | 37,668 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 30,856,002 | 27,826,906 | 36,192,278 |
| 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 | 30,856,002 | 27,826,906 | 36,192,278 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 22,673,645 | 19,888,324 | 26,952,660 |
| 10. Other professional services | | 1,645,933 | 1,371,851 | 1,924,435 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 517,936 | 397,919 | 568,063 |
| 13. Prescription drugs | | 4,539,950 | 3,359,350 | 3,689,760 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 174,776 | 54,450 | 565,629 |
| 16. Subtotal (Lines 9 to 15) | 0 | 29,552,240 | 25,071,894 | 33,700,547 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 29,552,240 | 25,071,894 | 33,700,547 |
| 19. Non-health claims (net) | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$376,781 cost containment expenses | | 487,588 | 422,110 | 670,082 |
| 21. General administrative expenses | | 3,470,666 | 3,882,278 | 4,769,668 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) . | | | 0 | 6,628,000 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 33,510,494 | 29,376,282 | 45,768,297 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (2,654,492) | (1,549,376) | (9,576,019) |
| 25. Net investment income earned | | 68,148 | 0 | 0 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 68,148 | 0 | 0 |
| 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 | 6,126 | 0 | 0 |
| 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 | (2,580,218) | (1,549,376) | (9,576,019) |
| 31. Federal and foreign income taxes incurred | XXX | | (325,369) | 1,562,919 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (2,580,218) | (1,224,007) | (11,138,938) |
| 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 | | 6,126 | | |
| 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 | 6,126 | 0 | 0 |

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..... | 10,704,154 | 9,964,050 | 9,964,050 |
| 34. Net income or (loss) from Line 32 | (2,580,218) | (1,224,007) | (11,138,938) |
| 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 | | (53,813) | (53,813) |
| 39. Change in nonadmitted assets | 3,492 | (9,663) | (15,781) |
| 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 | 1,985,188 | 16,148,636 |
| 45.2 Transferred to capital (Stock Dividend) | | 0 | 0 |
| 45.3 Transferred from capital | | 0 | 0 |
| 46. Dividends to stockholders | | (4,200,000) | (4,200,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | (2,576,726) | (3,502,295) | 740,104 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 8,127,428 | 6,461,755 | 10,704,154 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | 0 |
| 4702. | | | |
| 4703. | | | |
| 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) | 0 | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan

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 | 30,831,883 | 27,920,776 | 36,068,883 |
| 2. Net investment income | 68,148 | 0 | 0 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 30,900,031 | 27,920,776 | 36,068,883 |
| 5. Benefit and loss related payments | 28,730,278 | 25,528,488 | 33,488,231 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 3,561,591 | 4,311,593 | 6,185,544 |
| 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) | 32,291,869 | 29,840,081 | 39,673,775 |
| 11. Net cash from operations (Line 4 minus Line 10) | (1,391,838) | (1,919,305) | (3,604,892) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 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 | 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 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 0 | 0 |
| 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) | 0 | 0 | 0 |
| 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) | 0 | 0 | 0 |
| 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 | 1,985,188 | 14,574,096 |
| 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 | 4,200,000 | 4,200,000 |
| 16.6 Other cash provided (applied) | 8,214,677 | 627,858 | (7,174,714) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 8,214,677 | (1,586,954) | 3,199,382 |
| 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) | 6,822,839 | (3,506,259) | (405,510) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 10,011,558 | 10,417,068 | 10,417,068 |
| 19.2 End of period (Line 18 plus Line 19.1) | 16,834,397 | 6,910,809 | 10,011,558 |

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

| | | | |
|---|--|---|-----------|
| 20.0001. Change in Premium Deficiency Reserve | | | 6,628,000 |
| 20.0002. | | 0 | |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|--|------------|---------------------------------------|------------|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|---------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 3,213 | | 874 | | | | | 2,339 | | | | | | |
| 2. First Quarter | 3,405 | 0 | 798 | 0 | 0 | 0 | 0 | 2,607 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 3,430 | 0 | 813 | 0 | 0 | 0 | 0 | 2,617 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 3,459 | | 828 | | | | | 2,631 | | | | | | |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 30,780 | | 7,245 | | | | | 23,535 | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | 7,972 | | 788 | | | | | 7,184 | | | | | | |
| 8. Non-Physician | 1,082 | | 91 | | | | | 991 | | | | | | |
| 9. Total | 9,054 | 0 | 879 | 0 | 0 | 0 | 0 | 8,175 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 2,710 | | 174 | | | | | 2,536 | | | | | | |
| 11. Number of Inpatient Admissions | 435 | | 35 | | | | | 400 | | | | | | |
| 12. Health Premiums Written (a) | 30,851,585 | | 2,662,629 | | | | | 28,188,956 | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | 30,851,585 | | 2,662,629 | | | | | 28,188,956 | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 28,905,054 | | 3,555,891 | | | | | 25,349,163 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 29,552,240 | | 3,675,897 | | | | | 25,876,343 | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 28,188,956

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 | 75,220 | 3,480,671 | 2,179 | 657,778 | 77,399 | 542,461 |
| 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 | 1,022,421 | 24,151,966 | 89,472 | 3,904,050 | 1,111,893 | 3,097,504 |
| 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) | 1,097,641 | 27,632,637 | 91,651 | 4,561,828 | 1,189,292 | 3,639,965 |
| 14. Health care receivables (a) | | 1,744,719 | | | 0 | 1,378,391 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | | | 557,913 | 237,996 | 557,913 | 621,133 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 1,097,641 | 25,887,918 | 649,564 | 4,799,824 | 1,747,205 | 2,882,707 |

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

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

The Michigan Department of Insurance and Financial Services recognizes only statutory accounting practices prescribed by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan 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 Michigan.

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

| | State of Domicile Michigan | Sep. 30 2025 | Dec. 31 2024 |
|--|----------------------------------|-----------------|-----------------|
| NET (LOSS) INCOME | | | |
| Paramount Care of Michigan state basis | | (2,580,218) | (11,138,938) |
| State Prescribed Practices that increase/(decrease) NAIC SAP | | - | - |
| State Permitted Practices that increase/(decrease) NAIC SAP | | - | - |
| NAIC SAP | | (2,580,218) | (11,138,938) |
| SURPLUS | | | |
| Paramount Care of Michigan state basis | | 8,127,428 | 10,704,154 |
| State Prescribed Practices that increase/(decrease) NAIC SAP | | - | - |
| State Permitted Practices that increase/(decrease) NAIC SAP | | - | - |
| NAIC SAP | | 8,127,428 | 10,704,154 |

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.

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

C. Accounting Policies

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 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. 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

-NOT APPLICABLE

3. Business Combinations and Goodwill

-NOT APPLICABLE

4. Discontinued Operations

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

-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.

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

- 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
-NOT APPLICABLE

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

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

-NOT APPLICABLE

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

-NOT APPLICABLE

20. Fair Value Measurement

-NOT APPLICABLE

21. Other Items

-NOT APPLICABLE

22. Subsequent Events

No significant change.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts

E. Risk Sharing Provisions of the Affordable Care Act

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

Paramount Care of Michigan
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 | |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment | - |
| 3. Premium adjustments payable due to ACA Risk Adjustment | (488,470) |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | 838,498 |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) | 871 |
| 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 Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

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

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 | Ref | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | |
| 1. Premium adjustments receivable | | | | | | | | | A | | |
| 2. Premium adjustments (payable) | | (301,266) | | (651,294) | | 350,028 | | (350,028) | 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. Coded 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. | | | | | | | | | | | |
| B. Adjustment per final CMS report. | | | | | | | | | | | |

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

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

| Risk Corridors Program Year | 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 (Co11-3) | Prior Year Accrued Less Payments (Co12-4) | To Prior Year Balances | To Prior Year Balances | | Cumulative Balance from Prior Years (Co11-3+7) | Cumulative Balance from Prior Years (Co12-4+8) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Ref | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | A | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | B | | |
| b. 2015 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | C | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | D | | |
| c. 2016 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | E | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | F | | |
| d. Total for risk corridors | | | | | | | | | | | |

5. ACA Risk Corridors Receivables as of Reporting Date

| Risk Corridors Program Year | Estimated Amount to be Filed or Final Amount Filed with CMS | Non-Accrued Amounts for Impairment 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total (a+b+c) | | | | | | |

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 \$2,934,707. As of September 30, 2025, \$2,299,080 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years, and \$1,149,439 in health care receivables have been recovered. Reserves remaining for prior years are \$649,564 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 \$1,135,502 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

Paramount Care of Michigan
Notes to Statutory Financial Statements
September 30, 2025

-NOT APPLICABLE

28. Health Care Receivables

No significant change.

29. Participating Policies

-NOT APPLICABLE

30. Premium Deficiency Reserves

| | |
|--|-------------|
| Liability carried for premium deficiency reserve : | \$6,628,000 |
| Date of most recent evaluation of this liability: | 12/31/24 |
| 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 Care of Michigan
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 [X]
- 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 [X]
- 2.2 If yes, date of change:
- 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? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.
- 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 [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 Name of Entity | 2 NAIC Company Code | 3 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 [X]
 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. 12/31/2025
- 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). 06/30/2025
- 6.4 By what department or departments?
 Michigan Department of Insurance and Financial Services
- 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 [X] 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 [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 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan
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? Yes [X] No []
- (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.
- 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 Prior Year-End Book/Adjusted Carrying Value | 2 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 Care of Michigan
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 |
|---------------------------|------------------------|
| | |

- 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 |
|---------------------------------|------------------|
| Jim 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 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | 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]

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent 97.000 %
 - 1.2 A&H cost containment percent 1.000 %
 - 1.3 A&H expense percent excluding cost containment expenses 12.000 %
- 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 T - PREMIUMS AND OTHER CONSIDERATIONS

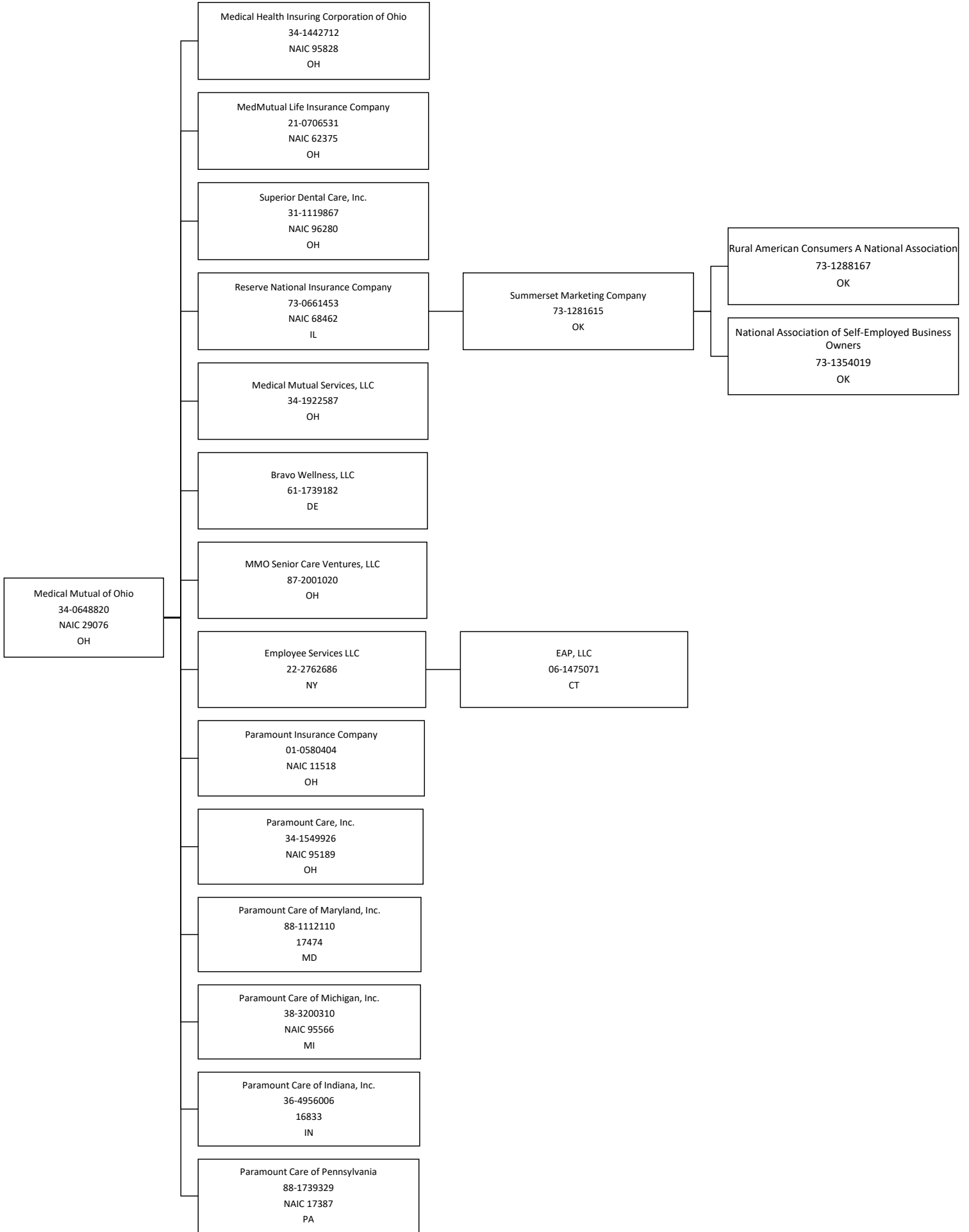
Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | | |
|--|------------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|---|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 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 | N | | | | | | | | 0 | |
| 16. Iowa | IA | N | | | | | | | | 0 | |
| 17. Kansas | KS | N | | | | | | | | 0 | |
| 18. Kentucky | KY | N | | | | | | | | 0 | |
| 19. Louisiana | LA | N | | | | | | | | 0 | |
| 20. Maine | ME | N | | | | | | | | 0 | |
| 21. Maryland | MD | N | | | | | | | | 0 | |
| 22. Massachusetts | MA | N | | | | | | | | 0 | |
| 23. Michigan | MI | L | 2,662,629 | 28,188,956 | | | | | | 30,851,585 | |
| 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 | N | | | | | | | | 0 | |
| 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 | 2,662,629 | 28,188,956 | 0 | 0 | 0 | 0 | 0 | 30,851,585 | 0 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | | |
| 61. Totals (Direct Business) | XXX | 2,662,629 | 28,188,956 | 0 | 0 | 0 | 0 | 0 | 30,851,585 | 0 | 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 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1
- 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..... 56

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



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan

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

Explanation:

1.

Bar Code:

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



NONE

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

Schedule BA - Verification - Other Long-Term Invested Assets

N O N E

Schedule D - Verification - Bonds and Stock

N O N E

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

N O N E

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 | 0 | 0 |
| 2. Cost of cash equivalents acquired | 13,081,148 | 0 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase/(decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | | 0 |
| 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) | 13,081,148 | 0 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 13,081,148 | 0 |

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 - Long-Term Bonds and Stocks Acquired

N O N E

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



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE Paramount Care of Michigan
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0730

NAIC Company Code 95566

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

NONE

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