



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/25/2023 8:18 AM
Fee Receipt: \$90.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Paramount Insurance Company
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Ohio

5. The date of organization is 5/30/2002 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
300 Madison Avenue, Ste 270 Toledo Ohio 43604
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See Attached

Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Cynthia M. Zalewski Cynthia M. Zalewski, Authorized Person 5/24/23
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Laura R Broderick Laura R Broderick Asst. Secretary 05/24/2023
Signature of Registered Agent Printed Name Title Date

	Role	Name	Address
	Chair	Mark Wagoner	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Sameh Almadani, MD	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Jim White	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Terry Bawel	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Lisa Burke, DO	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Elaine Canning	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Shraddha Gupta	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Jim Hoffman	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Dr. Shanda Gore	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Larry Peterson	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Joe Sferra, MD	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Zak Vassar	300 Madison Ave., Ste 270, Toledo, OH 43604
	At Large	Dave Waterman	300 Madison Ave., Ste 270, Toledo, OH 43604
	President	Lori Johnston	300 Madison Ave., Ste 270, Toledo, OH 43604
Officers:			
	Chairman:	Mark Wagoner	300 Madison Ave., Ste 270, Toledo, OH 43604
	Treasurer:	Terry Metzger	100 Madison Ave., Toledo, OH 43604
	Secretary:	Steve Sadowski	100 Madison Ave., Toledo, OH 43604
	President:	Lori Johnston	300 Madison Ave., Ste 270, Toledo, OH 43604



Andy Beshear
Governor

Jacqueline Coleman
Lieutenant Governor

PUBLIC PROTECTION CABINET
Kentucky Department of Insurance
500 Mero Street, 2SE11
Frankfort, KY 40601
Phone: (502) 564-3630
Toll Free: (800) 595-6053

Ray A. Perry
Secretary

Sharon P. Clark
Commissioner

April 24, 2023

Lori Ann Johnston
Paramount Insurance Company
1901 Indian Wood Circle
Maumee, OH 43537

RE: Certificate of Authority for Paramount Insurance Company

Dear Lori Ann Johnston:

We are pleased to enclose the original Certificate of Authority permitting your Insurer to transact the business of insurance in the Commonwealth of Kentucky. This once-issued Certificate may be renewed each year by payment of the renewal fee.

We are confident that you accept, along with this Certificate, the responsibility to provide prospective policyholders in the Commonwealth with optimum insurance coverage. We trust that you will work diligently toward our common goal of providing superior service through well-trained and qualified representatives. Please note that all agents, agencies, adjusters, and administrators should be licensed in Kentucky before conducting business for your entity. You can contact our Agent Licensing Division at 502.564.6004 or you can obtain information about licensing on our web site: <http://insurance.ky.gov>.

If we may be of assistance please do not hesitate to contact Financial Standards and Examination, at 502.564.6082.

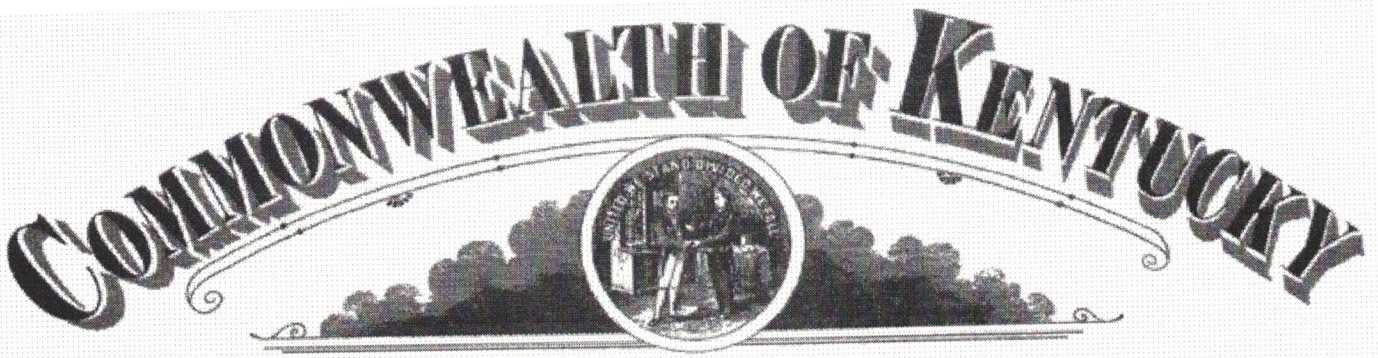
Sincerely,

A handwritten signature in black ink that reads "Sharon P. Clark". The signature is written in a cursive style and is positioned above the printed name.

Sharon P. Clark

cc: Ohio Insurance Department

Enclosures



ANDY BESHEAR

GOVERNOR

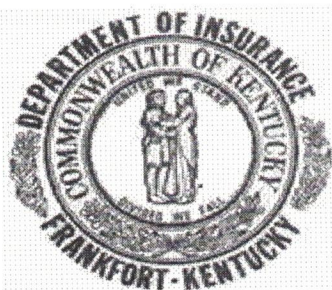
DEPARTMENT OF INSURANCE

CERTIFICATE OF AUTHORITY

Satisfactory evidence has been furnished to me showing that **Paramount Insurance Company** organized in the State of **Ohio**, and having its principal office at **Maumee, OH**, is in sound and solvent condition, and has fully complied with all the provisions of the Insurance Laws of the Commonwealth of Kentucky that are applicable thereto. Now, therefore, on behalf of the Department of Insurance of the Commonwealth of Kentucky, I do hereby authorize the said insurance company to transact the business of

Health Insurance

in this Commonwealth for the period beginning on the date shown below and to continue in force as long as the insurer is entitled thereto.



Sharon P. Clark

Commissioner, Department of Insurance

This Certificate of Authority shall, at all times, be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the insurer shall promptly deliver this Certificate to the Department of Insurance.

CERTIFICATE NO: 01-0580404

DATE: 04/24/2023

EFFECTIVE DATE: 04/24/2023