



HEALTH QUARTERLY STATEMENT

As of March 31, 2011
of the Condition and Affairs of the

Medical Health Insuring Corporation of Ohio

NAIC Group Code.....730, 730
(Current Period) (Prior Period)

NAIC Company Code..... 95828

Employer's ID Number..... 34-1442712

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as Business Type Health Maintenance Organization

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

Incorporated/Organized..... July 13, 1984

Commenced Business..... January 1, 1985

Statutory Home Office

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number) (City or Town, State and Zip Code)

216-687-7000
(Area Code) (Telephone Number)

Mail Address

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number) (City or Town, State and Zip Code)

216-687-7000
(Area Code) (Telephone Number)

Internet Web Site Address

www.MedMutual.com

Statutory Statement Contact

Sharon Matonis
(Name)
Sharon.Matonis@mmoh.com
(E-Mail Address)

216-687-6049
(Area Code) (Telephone Number) (Extension)
216-687-1579
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard A. Chiricosta	President	2. Patrick J. Dugan	Secretary
3. Dennis P. Jancsy	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

Jared P. Chaney	Richard A. Chiricosta	Patrick J. Dugan	Dennis P. Jancsy
Steffany K. Matticola			

State of..... Ohio
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.

(Signature)	(Signature)	(Signature)
Richard A. Chiricosta	Patrick J. Dugan	Dennis P. Jancsy
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

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
	1	2	3	December 31 Prior Year Net Admitted Assets
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	73,037,827		73,037,827	70,888,284
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....292,753), cash equivalents (\$.....0) and short-term investments (\$.....10,462,023).....	10,754,776		10,754,776	12,135,394
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	83,792,603	0	83,792,603	83,023,678
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	907,540		907,540	892,297
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	491,193	55	491,138	1,030,121
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	6,787,000	6,650,500	136,500	136,500
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			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	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....	112,400	112,400	0	
25. Aggregate write-ins for other than invested assets.....	750,000	0	750,000	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	92,840,736	6,762,955	86,077,781	85,082,596
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	92,840,736	6,762,955	86,077,781	85,082,596

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Estimated FEP Contingent Premium Receivable.....	750,000		750,000	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	750,000	0	750,000	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,974,000		2,974,000	3,278,000
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....	86,000		86,000	96,700
4. Aggregate health policy reserves.....			.0	
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	449,483		449,483	235,676
9. General expenses due or accrued.....	228,438		228,438	186,885
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	1,247,600		1,247,600	1,018,300
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
13. Remittances and items not allocated.....			.0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	307,901		307,901	444,752
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			.0	
20. Reinsurance in unauthorized companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.0	.0	.0	.0
24. Total liabilities (Lines 1 to 23).....	5,293,422	.0	5,293,422	5,260,313
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.0	.0
26. Common capital stock.....	XXX	XXX	4,000,000	4,000,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	76,757,163	76,757,163
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	27,196	(934,880)
32. Less treasury stock, at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	80,784,359	79,822,283
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	86,077,781	85,082,596

DETAILS OF WRITE-INS

2301.			.0	
2302.			.0	
2303.			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.0	.0	.0	.0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	.0	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

Medical Health Insuring Corporation of Ohio
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.....	15,100.....	19,493.....	73,584.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	8,127,225.....	8,559,281.....	36,649,336.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	.....	.....
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....	.....	.....	.....
5. Risk revenue.....	XXX.....	.....	.....	.....
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.....	8,127,225.....	8,559,281.....	36,649,336.....
Hospital and Medical:				
9. Hospital/medical benefits.....	.....	5,069,399.....	5,626,018.....	22,433,065.....
10. Other professional services.....	.....	370,611.....	427,520.....	1,681,823.....
11. Outside referrals.....	.....	102,340.....	110,242.....	722,658.....
12. Emergency room and out-of-area.....	.....	577,262.....	670,696.....	2,223,666.....
13. Prescription drugs.....	.....	1,078,441.....	1,432,649.....	4,848,983.....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	.....	.....
16. Subtotal (Lines 9 to 15).....	0.....	7,198,053.....	8,267,125.....	31,910,195.....
Less:				
17. Net reinsurance recoveries.....	.....	.....	.....	.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	7,198,053.....	8,267,125.....	31,910,195.....
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....67,075 cost containment expenses.....	.....	196,691.....	261,728.....	1,047,273.....
21. General administrative expenses.....	.....	380,651.....	451,066.....	1,767,765.....
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....	.....	.....	.....	.....
23. Total underwriting deductions (Lines 18 through 22).....	0.....	7,775,395.....	8,979,919.....	34,725,233.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	351,830.....	(420,638).....	1,924,103.....
25. Net investment income earned.....	.....	774,117.....	829,354.....	3,234,207.....
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	65,111.....	.....	47,184.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	839,228.....	829,354.....	3,281,391.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.....	.....	.....	.....
29. Aggregate write-ins for other income or expenses.....	0.....	0.....	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.....	1,191,058.....	408,716.....	5,205,494.....
31. Federal and foreign income taxes incurred.....	XXX.....	229,300.....	88,200.....	204,444.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	961,758.....	320,516.....	5,001,050.....

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 thru 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 thru 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 thru 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....	0.....
2901. ....	.....	.....	.....	.....
2902. ....	.....	.....	.....	.....
2903. ....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0.....	0.....	0.....
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0.....	0.....	0.....	0.....

Medical Health Insuring Corporation of Ohio
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	79,822,283	74,886,479	74,886,479
34. Net income or (loss) from Line 32.....	961,758	320,516	5,001,050
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	(376,000)	(8,692,300)	(1,686,000)
39. Change in nonadmitted assets.....	376,318	8,681,545	1,620,754
40. Change in unauthorized reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	962,076	309,761	4,935,804
49. Capital and surplus end of reporting period (Line 33 plus 48).....	80,784,359	75,196,240	79,822,283

DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

Medical Health Insuring Corporation of Ohio
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.....	8,880,334	8,729,529	36,387,017
2. Net investment income.....	840,832	931,853	3,578,520
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	9,721,166	9,661,382	39,965,537
5. Benefit and loss related payments.....	7,502,053	8,386,125	32,310,195
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	546,489	672,897	2,872,911
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			2,559,944
10. Total (Lines 5 through 9).....	8,048,542	9,059,022	37,743,050
11. Net cash from operations (Line 4 minus Line 10).....	1,672,624	602,360	2,222,487
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	2,092,410	1,000,000	7,791,340
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,092,410	1,000,000	7,791,340
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	4,258,800	4,106,755	7,230,421
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,258,800	4,106,755	7,230,421
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(2,166,390)	(3,106,755)	560,919
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(886,852)	(121,882)	(180,772)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(886,852)	(121,882)	(180,772)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(1,380,618)	(2,626,277)	2,602,634
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	12,135,394	9,532,760	9,532,760
19.2 End of period (Line 18 plus Line 19.1).....	10,754,776	6,906,483	12,135,394

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	5,700	44	3,529	18			2,109			
2. First Quarter.....	5,020	38	2,968	15			1,999			
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	15,100	115	8,903	48			6,034			
Total Member Ambulatory Encounters for Period:										
7. Physician.....	11,502	154	6,081	97			5,170			
8. Non-Physician.....	8,454	106	4,291	38			4,019			
9. Total.....	19,956	260	10,372	135	0	0	9,189	0	0	0
10. Hospital Patient Days Incurred.....	772	37	389	34			312			
11. Number of Inpatient Admissions.....	156	6	82	5			63			
12. Health Premiums Written (a).....	8,127,225	99,995	4,084,612	13,884			3,928,734			
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	8,127,225	99,995	4,084,612	13,884			3,928,734			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	7,502,053	405,346	3,768,359	13,164			3,315,184			
18. Amount Incurred for Provision of Health Care Services.....	7,198,053	386,006	3,614,720	7,368			3,189,959			

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported Claims and Other Claim Reserves.....						2,974,000
0799999. Total Claims Unpaid.....						2,974,000

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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	1,564,133	2,609,572	324,517	1,460,093	1,888,650	1,957,590
2. Medicare Supplement.....	4,333	8,831	460	8,727	4,793	14,983
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....	1,014,393	2,300,791	109,164	1,071,039	1,123,557	1,305,427
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	2,582,859	4,919,194	434,141	2,539,859	3,017,000	3,278,000
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	2,582,859	4,919,194	434,141	2,539,859	3,017,000	3,278,000

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

Medical Health Insuring Corporation of Ohio (the Company), is a for-profit health maintenance organization which is wholly-owned by Medical Mutual of Ohio (MMO or Parent), a mutual casualty insurance organization. The Company operates in Ohio and provides health insurance and health care management services.

The accompanying statutory-basis financial statements of the Company have been prepared in conformity with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* as prescribed by the Ohio Department of Insurance (ODI). No permitted practices have been utilized in the preparation of these statements.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

D. At March 31, 2011, the Company holds no loan-backed securities.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

During the first three months of 2011, commission expense includes \$8,000 of net commissions paid to and retained by wholesale insurance agencies that are affiliates of the Company. For the comparable period in 2010, commissions amounted to \$11,000, and for the year ended 12/31/10, these commissions amounted to \$34,000.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. The Company executed no wash sales during the first quarter of 2011.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

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

No significant change.

Note 20 - Fair Value

Not applicable.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid claims and claims adjustment expenses as of December 31, 2010 were \$3.4 million. As of March 31, 2011, \$2.7 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.4 million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0.3 million favorable prior year development since December 31, 2010. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

Medical Health Insuring Corporation of Ohio
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 [☐]

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.

Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y-Part 1 - Organizational chart.

Yes [☐]

No [☒ X]

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 name of 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?
If yes, attach an explanation.

Yes [☐]

No [☐]

N/A [☒ X]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2009.....

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.

12/31/2009.....

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).

3/2/2011.....

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 [☒ X]

6.6

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

Yes [☐]

No [☐]

N/A [☒ X]

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 the 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 Office of Thrift Supervision (OTS), 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	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

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]

Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

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 [] No [X]

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: \$.0

13. Amount of real estate and mortgages held in short-term investments: \$.0

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	Current Quarter
	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$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.....	\$0	\$0

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 []
If no, attach a description with this statement.

16. 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 3, III. Conducting Examinations, F-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
FIFTH THIRD BANK	5050 KINGSLEY DRIVE, CINCINNATI, OH 45263

16.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

17.2 If no, list exceptions:

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		89.4 %
1.2	A&H cost containment percent		0.8 %
1.3	A&H expense percent excluding cost containment expenses		6.3 %
2.1	Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Is Insurer Authorized? (YES or NO)

NONE

Medical Health Insuring Corporation of Ohio
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 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	...N							0	
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	4,198,491			3,928,734			8,127,225	
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.....CN	...N							0	
58. Aggregate Other alien.....OT	...XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	...XXX	4,198,491	0	0	3,928,734	0	0	8,127,225	0
60. Reporting entity contributions for Employee Benefit Plans.....	...XXX							0	
61. Total (Direct Business).....	(a).....1	4,198,491	0	0	3,928,734	0	0	8,127,225	0

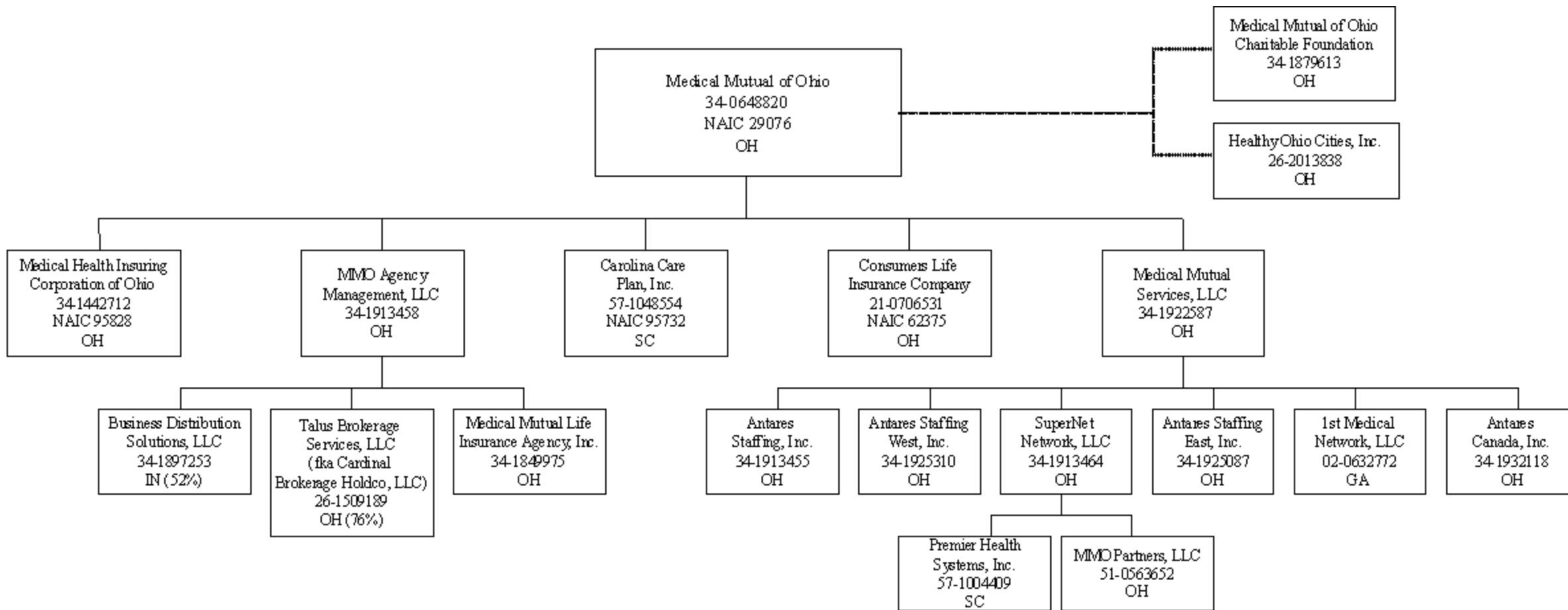
DETAILS OF WRITE-INS

5801.								0	
5802.								0	
5803.								0	
5898. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above).....		0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



Medical Health Insuring Corporation of Ohio

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

Explanation:
1.

Bar Code:



* 9 5 8 2 8 2 0 1 1 3 6 5 0 0 0 0 1 *

Medical Health Insuring Corporation of Ohio
Overflow Page for Write-Ins

NONE

Medical Health Insuring Corporation of Ohio
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	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

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	0	
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 points 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)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

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	0	
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 depreciation		
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)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	70,888,284	71,701,663
2. Cost of bonds and stocks acquired	4,258,800	7,230,421
3. Accrual of discount	18,788	82,231
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	65,111	47,184
6. Deduct consideration for bonds and stocks disposed of	2,092,410	7,791,340
7. Deduct amortization of premium	100,746	381,875
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	73,037,827	70,888,284
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	73,037,827	70,888,284

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

QS102

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	82,761,860	5,735,904	4,915,956	(81,958)	83,499,850			82,761,860
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	82,761,860	5,735,904	4,915,956	(81,958)	83,499,850	0	0	82,761,860
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	82,761,860	5,735,904	4,915,956	(81,958)	83,499,850	0	0	82,761,860

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated 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

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals.....	10,462,023	XXX.....	10,462,023	1,317	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	11,873,576	9,522,510
2. Cost of short-term investments acquired.....	1,477,104	9,383,055
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	2,888,657	7,031,989
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other than temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	10,462,023	11,873,576
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	10,462,023	11,873,576

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

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	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
313371 NQ 5	FEDERAL HOME LOAN BANKS.....		...01/26/2011	ANCORA SECURITIES.....		963,750	1,000,000	3,938	1FE.....
0599999.	Total - Bonds - U.S. Government.....					963,750	1,000,000	3,938	XXX.....
Bonds - Industrial and Miscellaneous									
792860 AJ 7	ST PAUL TRAVELERS INC.....		...03/24/2011	MORGAN KEEGAN.....		2,275,260	2,000,000	34,375	1FE.....
883556 AS 1	THERMO FISHER SCIENTIFIC INC.....		...02/03/2011	ANCORA SECURITIES.....		1,019,790	1,000,000	8,622	1FE.....
3899999.	Total - Bonds - Industrial & Miscellaneous.....					3,295,050	3,000,000	42,997	XXX.....
8399997.	Total - Bonds - Part 3.....					4,258,800	4,000,000	46,935	XXX.....
8399999.	Total - Bonds.....					4,258,800	4,000,000	46,935	XXX.....
9999999.	Total - Bonds, Preferred and Common Stocks.....					4,258,800	XXX.....	46,935	XXX.....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

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	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	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	Maturity Date	NAIC Desig- nation or Market Indicator (a)

Bonds - U.S. Government

3128X2	ZQ	1	FEDERAL HOME LOAN MORTGAGE CORP.....	02/24/2011	MATURITY.....	1,000,000	1,000,000	1,023,016	1,001,452	(1,452)	(1,452)	1,000,000	0	20,625	02/24/2011	1FE.....
0599999.			Total - Bonds - U.S. Government.....			1,000,000	1,000,000	1,023,016	1,001,452	0	(1,452)	0	0	20,625	XXX...	..XXX....

Bonds - U.S. Special Revenue and Special Assessment

66285W	CZ	7	NORTH TEXAS TOLLWAY AUTHORITY.....	.....	02/10/2011	ANCORA SECURITIES.....	.....	.....1,092,410	1,000,000	1,040,440	1,027,825	.....	.....(526)	.....	.....(526)	.....	.....1,027,298	.....	.....65,112	65,112	35,778	01/01/2038	1FE.....
3199999.			Total - Bonds - U.S. Special Revenue & Assessment.....					1,092,410	1,000,000	1,040,440	1,027,825	0	(526)	0	(526)	0	1,027,298	0	65,112	65,112	35,778	XXX.....	XXX.....
8399997.			Total - Bonds - Part 4.....					2,092,410	2,000,000	2,063,456	2,029,277	0	(1,978)	0	(1,978)	0	2,027,298	0	65,112	65,112	56,403	XXX.....	XXX.....
8399999.			Total - Bonds.....					2,092,410	2,000,000	2,063,456	2,029,277	0	(1,978)	0	(1,978)	0	2,027,298	0	65,112	65,112	56,403	XXX.....	XXX.....
9999999.			Total - Bonds, Preferred and Common Stocks.....					2,092,410	XXX.....	2,063,456	2,029,277	0	(1,978)	0	(1,978)	0	2,027,298	0	65,112	65,112	56,403	XXX.....	XXX.....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt A-Sn 1-Footer
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1-Footer
NONE

Sch. DB-Pt B-Sn 1B-Broker List
NONE

Sch. DB-Pt D
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

FIFTH THIRD BANK..... CINCINNATI, OHIO.....	.....	N/A.....	.....	.....	.....1	.....	.....1	XXX..
PNC BANK..... CLEVELAND, OHIO.....	.....	N/A.....	.....	.....	.....50	50	41,109	XXX..
HUNTINGTON BANK..... CLEVELAND, OHIO.....	.....	.....0.400	188	.....	.....251,557	251,601	251,643	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	188	0	251,608	251,651	292,753	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	188	0	251,608	251,651	292,753	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	188	0	251,608	251,651	292,753	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE