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ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

Medical Health Insuring Corporation of Ohio

NAIC Group Code.....730, 730

(Current Period) (Prior Period)

Organized under the Laws of Ohio

NAIC Company Code..... 95828

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

Licensed as Business Type.....Health Maintenance Organization

State of Domicile or Port of Entry Ohio

Country of Domicile US

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

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

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

216-687-7000

(Street and Number) (City or Town, State and Zip Code)

Mail Address

2060 East Ninth Street..... Cleveland OH 44115-1355

(Area Code) (Telephone Number)

(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

216-687-7000

(Street and Number) (City or Town, State and Zip Code)

Internet Web Site Address

www.MedMutual.com

(Area Code) (Telephone Number)

Statutory Statement Contact

Sharon Matonis

216-687-6049

(Name)

Sharon.Matonis@mmoh.com

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

216-687-1579

(Fax Number)

OFFICERS

Name

1. Richard A. Chircosta
3. Dennis P. Jancsy

Title

President
Treasurer

Name

2. Patrick J. Dugan
4.

Title

Secretary

OTHER

DIRECTORS OR TRUSTEES

Jared P. Chaney
Steffany K. Matticola

Richard A. Chircosta

Patrick J. Dugan

Dennis P. Jancsy

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

Subscribed and sworn to before me

This _____ day of

2012

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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	72,999,110		72,999,110	70,888,284
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$....1,685,390, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$....11,130,285, Sch. DA).....	12,815,675		12,815,675	12,135,394
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	85,814,785		85,814,785	83,023,678
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	809,335		809,335	892,297
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	.688,733		.688,733	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.....	1,727,000	782,000	.945,000	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.....	.41,500	.41,500	0	
25. Aggregate write-ins for other than invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	89,081,353	823,500	.88,257,853	.85,082,596
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	89,081,353	823,500	.88,257,853	.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.			0	
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).....	.0	.0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,791,000		2,791,000	3,278,000
2. Accrued medical incentive pool and bonus amounts.....	1,742		1,742	
3. Unpaid claims adjustment expenses.....	.82,100		.82,100	.96,700
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			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.....	265,085		265,085	235,676
9. General expenses due or accrued.....	164,575		164,575	186,885
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....19,600 on realized capital gains (losses)).....	745,800		745,800	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.....	431,963		431,963	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).....	4,482,265	0	4,482,265	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	3,018,425	(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	83,775,588	79,822,283
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	88,257,853	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.	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 thru 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 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Medical Health Insuring Corporation of Ohio
STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	61,696	73,584
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	32,303,775	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
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	32,303,775	36,649,336
Hospital and Medical:			
9. Hospital/medical benefits.....		20,384,672	22,433,065
10. Other professional services.....		1,686,432	1,681,823
11. Outside referrals.....		443,120	722,658
12. Emergency room and out-of-area.....		2,473,720	2,223,666
13. Prescription drugs.....		4,420,590	4,848,983
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,742	
16. Subtotal (Lines 9 to 15).....	0	29,410,276	31,910,195
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	29,410,276	31,910,195
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$....287,023 cost containment expenses.....		827,647	1,047,273
21. General administrative expenses.....		1,444,390	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	31,682,313	34,725,233
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	621,462	1,924,103
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		3,041,722	3,234,207
26. Net realized capital gains or (losses) less capital gains tax of \$....19,600.....		78,644	47,184
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	3,120,366	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	10,000	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.....	3,751,828	5,205,494
31. Federal and foreign income taxes incurred.....	XXX.....	678,297	204,444
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	3,073,531	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
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Other Income.....		10,000	
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	10,000	0

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	79,822,283	74,886,479
34. Net income or (loss) from Line 32.....	3,073,531	5,001,050
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (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.....	(5,436,000)	(1,686,000)
39. Change in nonadmitted assets.....	6,315,774	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
48. Net change in capital and surplus (Lines 34 to 47).....	3,953,305	4,935,804
49. Capital and surplus end of reporting period (Line 33 plus 48).....	83,775,588	79,822,283

DETAILS OF WRITE-INS

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

Medical Health Insuring Corporation of Ohio

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	32,674,946	36,387,017
2. Net investment income.....	3,503,684	3,578,520
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	36,178,630	39,965,537
5. Benefit and loss related payments.....	29,895,534	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.....	2,301,155	2,872,911
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$....9,400 tax on capital gains (losses).....	970,397	2,559,944
10. Total (Lines 5 through 9).....	33,167,086	37,743,050
11. Net cash from operations (Line 4 minus Line 10).....	3,011,544	2,222,487
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	9,983,410	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).....	9,983,410	7,791,340
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	12,372,784	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).....	12,372,784	7,230,421
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(2,389,374)	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).....	58,111	(180,772)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	58,111	(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).....	680,281	2,602,634
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	12,135,394	9,532,760
19.2 End of year (Line 18 plus Line 19.1).....	12,815,675	12,135,394

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income.....	32,303,775	17,130,389	51,990			15,121,396				
2. Change in unearned premium reserves and reserve for rate credit.....	0									
3. Fee-for-service (net of \$.....0 medical expenses).....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
7. Total revenues (Lines 1 to 6).....	32,303,775	17,130,389	51,990	0	0	15,121,396	0	0	0	0
8. Hospital/medical benefits.....	20,384,672	11,119,114	23,909			9,241,649				XXX
9. Other professional services.....	1,686,432	874,762	1,588			810,082				XXX
10. Outside referrals.....	443,120	250,097	5,196			187,827				XXX
11. Emergency room and out-of-area.....	2,473,720	1,391,391	2,722			1,079,607				XXX
12. Prescription drugs.....	4,420,590	1,399,414				3,021,176				XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	1,742	1,742								XXX
15. Subtotal (Lines 8 to 14).....	29,410,276	15,036,520	33,415	0	0	14,340,341	0	0	0	XXX
16. Net reinsurance recoveries.....	0									XXX
17. Total hospital and medical (Lines 15 minus 16).....	29,410,276	15,036,520	33,415	0	0	14,340,341	0	0	0	XXX
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$....287,023 cost containment expenses.....	827,647	517,254	4,939			305,454				
20. General administrative expenses.....	1,444,390	905,438	5,880			533,072				
21. Increase in reserves for accident and health contracts.....	0									XXX
22. Increase in reserve for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	31,682,313	16,459,212	44,234	0	0	15,178,867	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	621,462	671,177	7,756	0	0	(57,471)	0	0	0	0

DETAILS OF WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	17,130,389			17,130,389
2. Medicare supplement.....	51,990			51,990
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....	15,121,396			15,121,396
6. Title XVIII - Medicare.....				0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	32,303,775	0	0	32,303,775
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	32,303,775	0	0	32,303,775

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	29,895,534	15,511,172	38,758			14,345,604				
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	29,895,534	15,511,172	38,758	0	0	14,345,604	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,791,000	1,541,734	9,640			1,239,626				
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	2,791,000	1,541,734	9,640	0	0	1,239,626	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,742	1,742								
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	3,278,000	2,018,128	14,983			1,244,889				
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	3,278,000	2,018,128	14,983	0	0	1,244,889	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	29,408,534	15,034,778	33,415	0	0	14,340,341	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	29,408,534	15,034,778	33,415	0	0	14,340,341	0	0	0	0
13. Incurred medical incentive pools and bonuses	1,742	1,742	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	2,791,000	1,541,734	9,640			1,239,626				
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	2,791,000	1,541,734	9,640	0	0	1,239,626	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	2,791,000	1,541,734	9,640	0	0	1,239,626	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	2,791,000	1,541,734	9,640	0	0	1,239,626	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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).....	1,402,427	14,108,745	152,582	1,389,152	1,555,009	2,018,128
2. Medicare supplement.....	6,412	32,346	.915	8,725	7,327	14,983
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....	997,004	13,348,600	111,660	1,127,966	1,108,664	1,244,889
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	2,405,843	27,489,691	.265,157	2,525,843	2,671,000	3,278,000
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....				1,742	0	
13. Totals (Lines 9 - 10 + 11 + 12).....	2,405,843	27,489,691	.265,157	2,527,585	2,671,000	3,278,000

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

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	7,948	8,903	8,939	8,939	8,924
2. 2007.....	73,327	84,170	84,148	84,155	84,120
3. 2008.....	XXX	77,602	87,098	87,152	87,146
4. 2009.....	XXX	XXX	32,049	35,005	34,966
5. 2010.....	XXX	XXX	XXX	29,294	31,795
6. 2011.....	XXX	XXX	XXX	XXX	27,490

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	7,384	8,875	8,939	8,939	8,924
2. 2007.....	86,137	84,454	84,148	84,155	84,120
3. 2008.....	XXX	88,834	87,240	87,152	87,146
4. 2009.....	XXX	XXX	35,584	35,408	34,966
5. 2010.....	XXX	XXX	XXX	32,168	32,059
6. 2011.....	XXX	XXX	XXX	XXX	30,017

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....	.99,015	84,120	2,460	.2.9	86,580	87.4			86,580	.87.4
2. 2008.....	.96,701	87,146	2,887	.3.3	90,033	93.1			90,033	.93.1
3. 2009.....	.40,951	34,965	1,422	.4.1	36,387	88.9			36,387	.88.9
4. 2010.....	.36,650	31,796	1,022	.3.2	32,818	89.5	.265		33,083	.90.3
5. 2011.....	.32,304	27,490	.731	.2.7	28,221	87.4	.2,528	.82	30,831	.95.4

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	5,834	6,769	6,801	6,801	6,786
2. 2007.....	58,177	67,199	67,190	67,195	67,160
3. 2008.....	XXX.....	61,636	69,354	69,421	69,347
4. 2009.....	XXX.....	XXX.....	20,032	21,852	21,819
5. 2010.....	XXX.....	XXX.....	XXX.....	16,608	18,167
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	14,109

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	5,176	6,745	6,801	6,801	6,786
2. 2007.....	68,833	67,471	67,190	67,195	67,160
3. 2008.....	XXX.....	70,730	69,448	69,421	69,347
4. 2009.....	XXX.....	XXX.....	21,839	22,154	21,819
5. 2010.....	XXX.....	XXX.....	XXX.....	18,201	18,259
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	15,499

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....	82,656	67,160	1,944	2.9	69,104	83.6			69,104	83.6
2. 2008.....	80,825	69,347	2,272	3.3	71,619	88.6			71,619	88.6
3. 2009.....	26,708	21,819	937	4.3	22,756	85.2			22,756	85.2
4. 2010.....	20,497	18,168	579	3.2	18,747	91.5	152		18,899	92.2
5. 2011.....	17,130	14,110	379	2.7	14,489	84.6	1,391	46	15,926	93.0

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	24	.25	25	.25	.25
2. 2007.....	.76	.82	82	.83	.83
3. 2008.....	XXX.....	.43	61	.61	.61
4. 2009.....	XXX.....	XXX.....	64	.70	.74
5. 2010.....	XXX.....	XXX.....	XXX.....	.34	.37
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.32

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	23	.25	25	.25	.25
2. 2007.....	.105	.82	82	.83	.83
3. 2008.....	XXX.....	.55	61	.61	.61
4. 2009.....	XXX.....	XXX.....	87	.70	.74
5. 2010.....	XXX.....	XXX.....	XXX.....	.49	.37
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.41

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....	100	.83	.2	.24	.85	.850			.85	.850
2. 2008.....	108	.61	.2	.33	.63	.583			.63	.583
3. 2009.....	.80	.73	.3	.41	.76	.950			.76	.950
4. 2010.....	.67	.37	.1	.27	.38	.567	.1		.39	.582
5. 2011.....	.52	.32	.1	.31	.33	.635	.9		.42	.808

12.MS

U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	2,090	2,109	2,113	2,113	2,113
2. 2007.....	15,074	16,889	16,876	16,877	16,877
3. 2008.....	XXX.....	15,923	17,683	17,670	17,738
4. 2009.....	XXX.....	XXX.....	11,953	13,083	13,073
5. 2010.....	XXX.....	XXX.....	XXX.....	12,652	13,591
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	13,349

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....	2,185	2,105	2,113	2,113	2,113
2. 2007.....	17,199	16,901	16,876	16,877	16,877
3. 2008.....	XXX.....	18,049	17,731	17,670	17,738
4. 2009.....	XXX.....	XXX.....	13,658	13,184	13,073
5. 2010.....	XXX.....	XXX.....	XXX.....	13,918	13,763
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	14,477

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2007.....	16,259	16,877	514	3.0	17,391	107.0			17,391	107.0
2. 2008.....	15,768	17,738	613	3.5	18,351	116.4			18,351	116.4
3. 2009.....	14,163	13,073	482	3.7	13,555	95.7			13,555	95.7
4. 2010.....	16,086	13,591	442	3.3	14,033	87.2	112		14,145	87.9
5. 2011.....	15,122	13,348	351	2.6	13,699	90.6	1,128	36	14,863	98.3

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE**

**U & I Ex.-Pt.2D
NONE**

Medical Health Insuring Corporation of Ohio
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....	142	51,736	95,676		147,554
2. Salaries, wages and other benefits.....	158,669	334,737	542,839		1,036,245
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			207,273		207,273
4. Legal fees and expenses.....	17,048		18,904		35,952
5. Certifications and accreditation fees.....			858		858
6. Auditing, actuarial and other consulting services.....	1,388	2,500	77,464		81,352
7. Traveling expenses.....	2,221	2,633	25,266		30,120
8. Marketing and advertising.....	.89	.72	65,382		65,543
9. Postage, express and telephone.....	4,867	33,019	13,341		51,227
10. Printing and office supplies.....	2,580	182	17,085		19,847
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....	378	4,215	7,920		12,513
13. Cost or depreciation of EDP equipment and software.....	6,375	52,964	67,302		126,641
14. Outsourced services including EDP, claims, and other services.....	54,675	40,206	97,829		192,710
15. Boards, bureaus and association fees.....	180	166	2,944		3,290
16. Insurance, except on real estate.....			1,617		1,617
17. Collection and bank service charges.....				49,922	49,922
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....			141,987		141,987
23.3 Regulatory authority licenses and fees.....			20,339		20,339
23.4 Payroll taxes.....	9,026	18,194	40,364		67,584
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....				8,464	8,464
25. Aggregate write-ins for expenses.....	29,385	0	0	0	29,385
26. Total expenses incurred (Lines 1 to 25).....	287,023	540,624	1,444,390	58,386	(a).....2,330,423
27. Less expenses unpaid December 31, current year.....	28,472	53,628	158,768	5,807	246,675
28. Add expenses unpaid December 31, prior year.....	30,944	65,756	182,546	3,599	282,845
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	289,495	552,752	1,468,168	56,178	2,366,593

DETAILS OF WRITE-INS

2501. Network Access Fees.....	29,385				29,385
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	29,385	0	0	0	29,385

(a) Includes management fees of \$....1,843,006 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....1,538,050	.....1,484,505
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....1,642,221	.....1,613,209
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....2,798	.....2,394
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....3,183,069	.....3,100,108
11. Investment expenses.....	(g).....58,386	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	.....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....58,386
17. Net investment income (Line 10 minus Line 16).....	.....	.....3,041,722

DETAILS OF WRITE-INS

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$....76,295 accrual of discount less \$....453,087 amortization of premium and less \$....127,192 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....0	.....	.....
1.2 Other bonds (unaffiliated).....	98,244	.....	98,244	.....	.....
1.3 Bonds of affiliates.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....0	.....	.....
2.11 Preferred stocks of affiliates.....0	.....	.....
2.2 Common stocks (unaffiliated).....0	.....	.....
2.21 Common stocks of affiliates.....0	.....	.....
3. Mortgage loans.....0	.....	.....
4. Real estate.....0	.....	.....
5. Contract loans.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....0	.....	.....
7. Derivative instruments.....0	.....	.....
8. Other invested assets.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	98,244	0	98,244	0	0

DETAILS OF WRITE-INS

0901.....	.....	.....	.....0	.....	.....
0902.....	.....	.....	.....0	.....	.....
0903.....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.374
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			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.....	782,000	7,026,500	6,244,500
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
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	.41,500	.112,400	.70,900
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	823,500	7,139,274	6,315,774
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	823,500	7,139,274	6,315,774

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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501.....			0
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	5,700	5,020	5,242	5,135	5,079	61,696
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	5,700	5,020	5,242	5,135	5,079	61,696

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**A. Accounting Practices that depart from NAIC Prescribed Practices**

None

B. Use of Estimates

The preparation of financial statements of insurance companies requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

C. Accounting Policies

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). Such practices vary from U.S. generally accepted accounting principles (GAAP). The more significant variances from GAAP are as follows:

Investments – Investments in bonds are reported at amortized cost or fair value based on their NAIC rating; for GAAP, such fixed maturity investments would be designated at purchase as held-to-maturity, trading, or available-for-sale. Held-to-maturity fixed investments would be reported at amortized cost, and the remaining fixed maturity investments would be reported at fair value with unrealized holding gains and losses reported in operations for those designated as trading and as a separate component of capital and surplus for those designated as available-for-sale.

Nonadmitted Assets – Certain assets designated as "nonadmitted," principally health care receivables and deferred income taxes, are excluded from the accompanying balance sheets and are charged directly to capital and surplus. In accordance with GAAP, such assets are included in the balance sheets. Capital and surplus was reduced by nonadmitted assets of \$823,000 and \$7,139,000 at December 31, 2011 and 2010, respectively.

Deferred Income Taxes – Gross deferred tax assets are reduced by a statutory valuation allowance adjustment if, based on the weight of available evidence, it is more likely than not (a likelihood of more than 50 percent) that some portion or all of the gross deferred tax assets will not be realized. Adjusted deferred tax assets are limited to (1) the amount of federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse by the end of the subsequent calendar year, plus (2) the lesser of the remaining gross deferred tax assets expected to be realized within one year of the balance sheet date or 10% of capital and surplus excluding any net deferred tax assets, electronic data processing equipment and operating software and any net positive goodwill, plus (3) the amount of remaining adjusted gross deferred tax assets that can be offset against existing gross deferred tax liabilities. The remaining adjusted deferred tax assets are nonadmitted. Deferred taxes do not include amounts for state taxes. In accordance with GAAP, a deferred tax asset is recorded for the amount of gross deferred tax assets expected to be realized in future years, and a valuation allowance is established for estimated unrealizable deferred tax assets. For GAAP, state taxes are included in the computation of deferred taxes.

Statements of Cash Flow – Cash and short-term investments in the statements of cash flow represent cash balances and investments with initial maturities of one year or less. In accordance with GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments with initial maturities of three months or less.

Other significant accounting policies are as follows:

Cash and Invested Assets – Short-term investments, principally money market accounts, include investments with remaining maturities of one year or less at the time of acquisition and are principally stated at amortized cost, which approximates fair value.

U.S. government securities and corporate bonds not backed by other assets are recorded at cost adjusted for amortization of premiums and discounts using the interest method. The fair values disclosed for these securities are obtained from independent pricing services.

A realized loss is recorded upon the sale of an investment at a loss or when a decline in the fair value of an investment is determined by management to be other than temporary. Realized capital gains and losses are determined on the first-in, first-out cost method.

Premiums – Premiums are earned pro rata over the terms of the policies. Premium payments received prior to the period of coverage are classified as premiums received in advance.

Unpaid Claims and Claims Adjustment Expenses – Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects of trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

Federal Medical Loss Ratio Rebate – The Company is subject to the Public Health Service Act, which requires the payment of rebates to eligible policyholders or enrollees when the amounts paid for healthcare benefits and quality improvement initiatives fall below specified thresholds. Separate calculations are performed for each state and by employer group size (individual, small group, and large group). The Company does not expect to owe any federal medical loss ratio rebates for 2011.

Premium Deficiency Reserves – The Company considered net investment income in determining the necessity of premium deficiency reserves. No such reserves were required at December 31, 2011 or 2010.

NOTES TO FINANCIAL STATEMENTS

Income Taxes – An election to admit adjusted deferred tax assets in accordance with paragraph 10(e) of Statement of Statutory Accounting Principles No. 10R, *Income Taxes* has not been made in any reported period. Interest and penalty amounts related to tax matters are recorded as income tax expense in the accompanying statutory-basis financial statements.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable

3. BUSINESS COMBINATIONS AND GOODWILL**A. Statutory Purchase Method**

Items (1) - (4) - Not applicable

B. Statutory Merger

Items (1) - (5) - Not applicable

C. Assumption Reinsurance

Items (1) - (4) - Not applicable

D. Impairment Loss

Not applicable

4. DISCONTINUED OPERATIONS

Items (1) - (5) - Not applicable

5. INVESTMENTS**A. Mortgage Loans, including Mezzanine Real Estate Loans**

Items (1) - (12) - Not applicable

B. Debt Restructuring

Items (1) - (4) - Not applicable

C. Reverse Mortgages

Items (1) - (4) - Not applicable

D. Loan-Backed Securities

Items (1) - (4) - Not applicable

E. Repurchase Agreements and/or Securities Lending Transactions

Items (1) - (4) - Not applicable

F. Real Estate

Items (1) - (5) - Not applicable

G. Investments in low-income housing tax credits (LIHTC)

Items (1) - (5) - Not applicable

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Items (A) - (B) - Not applicable

7. INVESTMENT INCOME

Items (A) - (B) - Not applicable

8. DERIVATIVE INSTRUMENTS

Items (A) - (F) - Not applicable

NOTES TO FINANCIAL STATEMENTS**9. INCOME TAXES**

The Company is taxed as a stock property and casualty insurance company and files a consolidated federal income tax return with its Parent, Medical Mutual of Ohio (MMO) and other MMO subsidiaries. Pursuant to a written tax sharing agreement, the Company pays MMO for the amount of taxes determined as if the Company filed a separate return. The Company paid \$970,000 to the Parent in 2011 related to the federal income tax liability accrued at December 31, 2010.

If the Company were to have losses in future years, \$626,000 and \$871,000 of tax payments can be recovered from 2011 and 2010, respectively.

At December 31, 2011, the Company had an AMT credit carryforward of approximately \$1,351,000 which does not expire.

The Company's effective tax rate is different from the statutory rate primarily due to the use of alternative minimum tax credits, determined as if the Company filed a separate return.

The Company is subject to federal income tax examinations by tax authorities for the years 2008 through 2010.

Deferred income taxes reflect the net tax effect of temporary differences between the carrying amount of assets and liabilities for financial statement purposes and the amounts used for income taxes.

Significant components of the Company's deferred tax assets are as follows:

	December 31	
	2011	2010
Adjusted gross deferred ordinary tax assets:		
Claims and other reserves	\$ 48,000	\$ 91,000
AMT credits	1,350,000	6,659,000
Intangibles and other items	329,000	413,000
Total gross deferred ordinary tax assets	<u>1,727,000</u>	<u>7,163,000</u>
Less statutory valuation allowance	-	-
Adjusted gross deferred ordinary tax assets	<u>1,727,000</u>	<u>7,163,000</u>
Less amount not admitted	782,000	7,026,000
Net admitted deferred ordinary tax asset	<u>\$ 945,000</u>	<u>\$ 137,000</u>

Components of the Company's admitted gross deferred ordinary tax asset calculation at December 31, 2011 is as follows:

Adjusted gross deferred ordinary tax assets (DTA)	\$ 1,727,000
Admitted adjusted gross DTA (paragraph 10.a)	\$ -
Admitted adjusted gross DTA (paragraph 10.b)	945,000
Admitted adjusted gross DTA (paragraph 10.c)	-
Total admitted adjusted gross DTA	<u>945,000</u>
Nonadmitted adjusted gross DTA	782,000
Net admitted DTA	945,000
Gross deferred ordinary tax liabilities (DTL)	-
Net admitted DTA/DTL	<u>\$ 945,000</u>

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES AND OTHER RELATED PARTIES

Medical Health Insuring Corporation of Ohio (the Company), is a health maintenance organization wholly-owned by Medical Mutual of Ohio (MMO or Parent), a mutual casualty insurer domiciled in Ohio.

MMO and certain other MMO subsidiaries provide administrative services including billing, accounting, marketing, provider relations, claims adjudication, and management information systems to the Company. In 2011 and 2010, charges to the Company for these services totaled \$1,843,000 and \$2,283,000, respectively. Amounts receivable and payable between the Company and its affiliates are settled within three months.

MMO has guaranteed that the Company will maintain the minimum capital and surplus as required by Ohio law.

11. DEBT

Items (A) - (B) - Not applicable

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

Items (A) - (F) - Not applicable

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

(1) The Company has 25,000 shares of common stock authorized; 10,000 shares are issued and outstanding. All shares have a par value of \$400.

NOTES TO FINANCIAL STATEMENTS

(2) The Company has no preferred stock authorized or outstanding.

(3) The payment of dividends by the Company to MMO is limited and can only be made from earned profits unless prior approval is received from the Ohio Insurance Commissioner. The maximum amount of dividends that may be paid by insurance companies without prior approval of the Ohio Insurance Commissioner is also subject to restrictions relating to statutory surplus and net income. There were no dividends paid by the Company in 2011 or 2010.

(4) Dates dividends were paid out. Not applicable.

(5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) There were no advances to surplus not repaid.

Items (8) - (13) - Not applicable

14. CONTINGENCIES

Items (A) - (E) - Not applicable

15. LEASES

Items (A) - (B) - Not applicable

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Items (1) - (4) - Not applicable

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Items (A) - (C) - Not applicable

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

Items (A) - (C) - 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**A. Extraordinary Items**

Not applicable

B. Troubled Debt Restructuring:

Not applicable

C. Other Disclosures

The Company is subject to certain Risk-Based Capital (RBC) requirements specified by the NAIC and required by the ODI. Under those requirements, the amount of capital and surplus maintained by the Company is determined based on various risk factors. At December 31, 2011, the Company meets the RBC requirements.

The Company has contracts with the Office of Personnel Management (OPM) to provide health coverage to federal employees under the Federal Employees Health Benefits Program (FEHBP). These contracts with OPM and applicable government regulations establish premium ratings requirements for the FEHBP. As of December 31, 2011 and 2010, the Company recorded premiums related to these contracts of \$15,121,000 and \$16,086,000, respectively. These premiums are approximately 46.8% and 43.9% of the Company's total premiums for 2011 and 2010, respectively.

NOTES TO FINANCIAL STATEMENTS

The Company's six largest customers accounted for approximately 90% of premium earned in 2011. The Company's operating results could be adversely affected if these customers terminated their agreements with the Company, or if the customers' financial condition significantly deteriorates. The Company performs ongoing reviews of the financial condition of significant customers.

D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47 Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

Certain assets designated as "nonadmitted," principally health care receivables and deferred income taxes greater than 90 days past due are excluded from the accompanying balance sheets and are charged directly to capital and surplus. At December 31, 2011, no material amounts are deemed uncollectible.

Items (E) - (H) - Not applicable

22. EVENTS SUBSEQUENT

Not applicable

23. REINSURANCE

Items (A) - (C) - Not applicable

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

Items (A) - (C)

The Company has contracts with the Office of Personnel Management (OPM) to provide health coverage to federal employees under the Federal Employees Health Benefits Program (FEHBP). These contracts with OPM and applicable government regulations establish premium ratings requirements for the FEHBP. As of December 31, 2011 and 2010, the Company recorded premiums related to these contracts of \$15,121,000 and \$16,086,000, respectively. These premiums are approximately 46.8% and 43.9% of the Company's total premiums for 2011 and 2010, respectively.

Item (D) - Not applicable

25. CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

A \$607,000 redundancy in the December 31, 2010 reserves emerged in 2011, and a \$257,000 redundancy in the December 31, 2009 reserves emerged in 2010. The redundancies that emerged during 2011 and 2010 resulted from differences in claim severity and utilization as compared to expectations.

26. INTERCOMPANY POOLING ARRANGEMENTS

Not applicable

27. STRUCTURED SETTLEMENTS

Not applicable

28. HEALTH CARE RECEIVABLES

Not applicable

29. PARTICIPATING POLICIES

Not applicable

30. PREMIUM DEFICIENCY RESERVES

Premium Deficiency Reserves – The Company considered net investment income in determining the necessity of premium deficiency reserves. No such reserves were required at December 31, 2011 or 2010.

31. ANTICIPATED SALVAGE AND SUBROGATION

The reserves for unpaid claims and unpaid claim adjustment expense at December 31, 2011 and 2010, have been reduced by \$100,000 and \$140,000, respectively, related to anticipated subrogation claims recoverable.

NOTES TO FINANCIAL STATEMENTS

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1	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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]		
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?			Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]		
1.3	State regulating? <u>OHIO</u>						
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]		
2.2	If yes, date of change:			12/31/2009			
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.			12/31/2009			
3.2	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			
3.3	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).			03/02/2011			
3.4	By what department or departments? <u>OHIO DEPARTMENT OF INSURANCE</u>						
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?			Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]		
3.6	Have all of the recommendations within the latest financial examination report been complied with?			Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]		
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:						
4.11	sales of new business?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]		
4.12	renewals?			Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]		
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:						
4.21	sales of new business?			Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]		
4.22	renewals?			Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]		
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
5.2	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 Co. Code	3 State of Domicile			
6.1	Has the 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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
6.2	If yes, give full information:						
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
7.2	If yes,		%%			
7.21	State the percentage of foreign control						
7.22	State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)						
	1 Nationality		2 Type of Entity				
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
8.4	If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?						
	Ernst & Young, LLP 925 Euclid Avenue, Cleveland, OH 44115-1356						
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
10.2	If the response to 10.1 is yes, provide information related to this exemption:						
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
10.4	If the response to 10.3 is yes, provide information related to this exemption:						
10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?			Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]		
10.6	If the answer to 10.5 is no or n/a, please explain.						
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?						
	Michael J. Cellini, PhD, ASA, MAAA, Senior Manager & Consulting Actuary, Ernst & Young, LLP 5 Times Square, New York, NY 10036						
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
12.11	Name of real estate holding company						
12.12	Number of parcels involved			.....		
12.13	Total book/adjusted carrying value			.....		
12.2	If yes, provide explanation.						

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$.....0
20.12 To stockholders not officers	\$.....0
20.13 Trustees, supreme or grand (Fraternal only)	\$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$.....0
20.22 To stockholders not officers	\$.....0
20.23 Trustees, supreme or grand (Fraternal only)	\$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	.....
21.22 Borrowed from others	.....
21.23 Leased from others	.....
21.24 Other	.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	.....
22.22 Amount paid as expenses	.....
22.23 Other amounts paid	.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)? Yes [X] No []

24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.

24.6 If answer to 24.4 is no, report amount of collateral for other programs.

Medical Health Insuring Corporation of Ohio**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [X] No []
 25.2 If yes, state the amount thereof at December 31 of the current year:
 25.21 Subject to repurchase agreements \$.....0
 25.22 Subject to reverse repurchase agreements \$.....0
 25.23 Subject to dollar repurchase agreements \$.....0
 25.24 Subject to reverse dollar repurchase agreements \$.....0
 25.25 Pledged as collateral \$.....0
 25.26 Placed under option agreements \$.....0
 25.27 Letter stock or securities restricted as to sale \$.....0
 25.28 On deposit with state or other regulatory body \$.....447,987
 25.29 Other \$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes []
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
 27.2 If yes, state the amount thereof at December 31 of the current year:
 28. 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 []

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

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank	5050 Kingsley Drive, Cincinnati, OH 45263

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
 28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisors, brokers/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 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	84,129,395	89,995,677	5,866,282
30.2 Preferred stocks.....			0
30.3 Totals.....	84,129,395	89,995,677	5,866,282

30.4 Describe the sources or methods utilized in determining the fair values:

The fair value of our securities was determined by utilizing prices obtained from our custodian, Fifth Third Bank. Fifth Third Bank utilizes FT Interactive Data for their pricing.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

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

32.2 If no, list exceptions:

Medical Health Insuring Corporation of Ohio**PART 1 - COMMON INTERROGATORIES - OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

NONE

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []
 1.2 If yes, indicate premium earned on U.S. business only \$.....51,990
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....0
 1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$.....0
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....33,415
 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$.....0
 1.62 Total incurred claims \$.....0
 1.63 Number of covered lives0
 All years prior to most current three years:
 1.64 Total premium earned \$.....51,990
 1.65 Total incurred claims \$.....33,415
 1.66 Number of covered lives14

1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$.....0
 1.72 Total incurred claims \$.....0
 1.73 Number of covered lives0
 All years prior to most current three years:
 1.74 Total premium earned \$.....0
 1.75 Total incurred claims \$.....0
 1.76 Number of covered lives0

2. Health test:

1 Current Year	2 Prior Year
2.1 Premium Numerator.....32,303,775	.....36,649,336
2.2 Premium Denominator.....32,303,775	.....36,649,336
2.3 Premium Ratio (2.1/2.2).....100.0	.....100.0
2.4 Reserve Numerator.....2,792,742	.....3,278,000
2.5 Reserve Denominator.....0.0	.....3,278,000
2.6 Reserve Ratio (2.4/2.5).....0.0	.....100.0

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits? Yes [] No [X]
 3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]
 5.2 If no, explain:
Management considered (1) the increasing cost of retaining stop loss coverage, (2) the maximum exposure per enrollee, and (3) the strong surplus position of the Company and its Parent in deciding to forgo stop loss coverage during 2011. Risk retention decisions are regularly reviewed by management.
 5.3 Maximum retained risk (see instructions):
 5.31 Comprehensive medical \$.....0
 5.32 Medical only \$.....0
 5.33 Medicare supplement \$.....0
 5.34 Dental and vision \$.....0
 5.35 Other limited benefit plan \$.....0
 5.36 Other \$.....0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Hold harmless provisions and covered service provisions

7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes [X] No []
 7.2 If no, give details:

8. Provide the following information regarding participating providers:
 8.1 Number of providers at start of reporting year34,780
 8.2 Number of providers at end of reporting year39,236

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
 9.2 If yes, direct premium earned:
 9.21 Business with rate guarantees between 15-36 months
 9.22 Business with rate guarantees over 36 months
 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [] No [X]
 10.2 If yes:
 10.21 Maximum amount payable bonuses
 10.22 Amount actually paid for year bonuses
 10.23 Maximum amount payable withholdings
 10.24 Amount actually paid for year withholdings

Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH INTERROGATORIES

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,
 11.13 An Individual Practice Association (IPA), or
 11.14 A Mixed Model (combination of above)?

Yes [] No [X]
 Yes [] No [X]
 Yes [] No [X]
 Yes [X] No []

11.2. Is the reporting entity subject to Minimum Net Worth Requirements?

\$.....2,221,040
 Yes [] No [X]

11.3. If yes, show the name of the state requiring such net worth. OHIO

11.4. If yes, show the amount required.

11.5. Is this amount included as part of a contingency reserve in stockholder's equity?

11.6. If the amount is calculated, show the calculation:

200% authorized control level risk-based capital

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
OHIO

13.1. Do you act as a custodian for health savings account?

Yes [] No [X]

13.2. If yes, please provide the amount of custodial funds held as of the reporting date.

.....

13.3. Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4. If yes, please provide the balance of the funds administered as of the reporting date.

.....

FIVE-YEAR HISTORICAL DATA

	1 2011	2 2010	3 2009	4 2008	5 2007
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	88,257,853	85,082,596	83,266,440	87,056,260	86,306,189
2. Total liabilities (Page 3, Line 24).....	4,482,265	5,260,313	8,379,961	16,964,442	19,279,951
3. Statutory surplus.....	2,221,040	2,643,708	2,817,134	7,015,685	6,667,600
4. Total capital and surplus (Page 3, Line 33).....	83,775,588	79,822,283	74,886,479	70,091,818	67,026,238
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	32,303,775	36,649,336	40,951,348	96,701,374	98,970,979
6. Total medical and hospital expenses (Line 18).....	29,410,276	31,910,195	33,706,274	87,687,156	84,310,687
7. Claims adjustment expenses (Line 20).....	827,647	1,047,273	1,347,891	3,733,361	3,023,719
8. Total administrative expenses (Line 21).....	1,444,390	1,767,765	2,700,057	5,496,190	6,052,144
9. Net underwriting gain (loss) (Line 24).....	621,462	1,924,103	3,197,126	(215,333)	5,584,429
10. Net investment gain (loss) (Line 27).....	3,120,366	3,281,391	3,421,236	3,826,335	3,526,514
11. Total other income (Lines 28 plus 29).....	10,000				1,743,299
12. Net income or (loss) (Line 32).....	3,073,531	5,001,050	4,951,562	3,377,341	9,257,767
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	3,011,544	2,222,487	(2,530,084)	229,213	8,996,528
Risk-Based Capital Analysis					
14. Total adjusted capital.....	83,775,588	79,822,283	74,886,479	70,091,818	67,026,238
15. Authorized control level risk-based capital.....	1,110,520	1,321,854	1,408,567	3,507,843	3,333,800
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	5,079	5,700	6,831	23,774	26,362
17. Total member months (Column 6, Line 7).....	61,696	73,584	94,204	294,474	318,499
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)...	91.0	87.1	82.3	90.7	100.0
20. Cost containment expenses.....	0.9	0.9	1.3	1.1	0.9
21. Other claims adjustment expenses.....	1.7	1.9	2.0	2.7	2.1
22. Total underwriting deductions (Line 23).....	98.1	94.8	92.2	100.2	94.4
23. Total underwriting gain (loss) (Line 24).....	1.9	5.3	7.8	(0.2)	5.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	2,671,000	3,421,000	9,653,000	12,097,000	8,382,398
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	3,278,000	3,678,000	11,531,000	13,243,900	10,208,398
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
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.	17,182,379			15,121,396			32,303,775	
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	17,182,379	0	0	15,121,396	0	0	32,303,775	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	(a) 1	17,182,379	0	0	15,121,396	0	0	32,303,775	0

DETAILS OF WRITE-INS

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

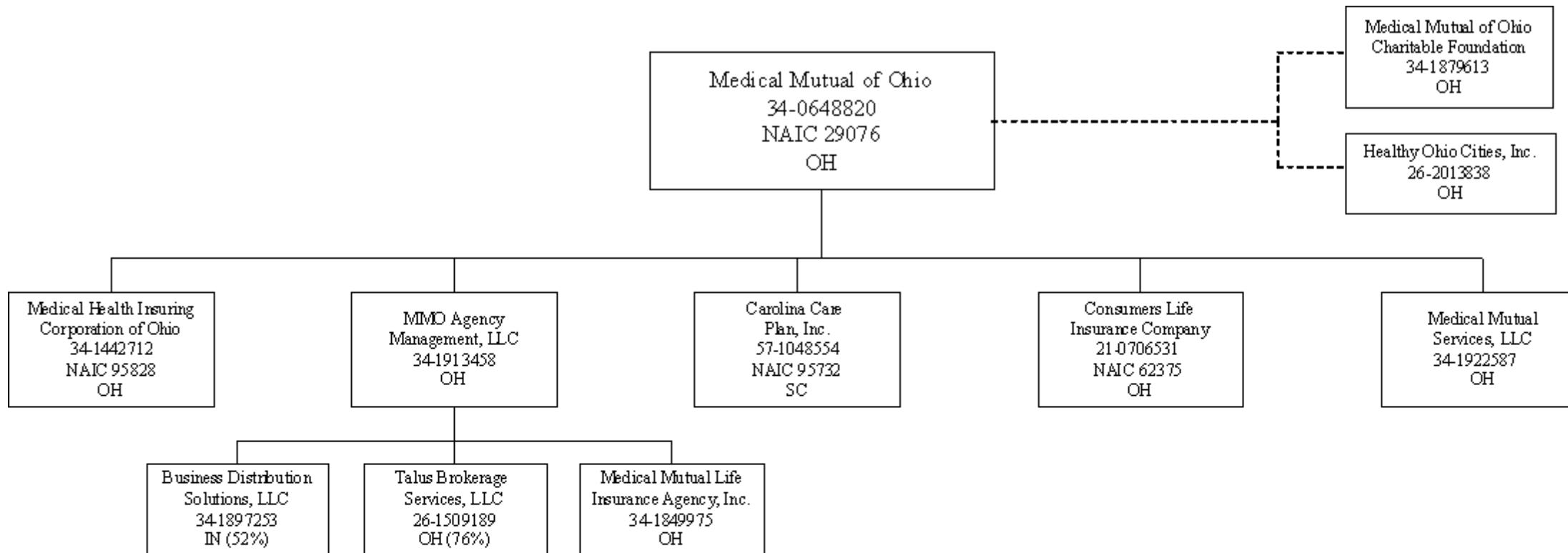
Explanation of basis of allocation by states, premiums by state, etc.

Premiums are allocated based upon the location of the group's home office or the individual's home address.

(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



2011 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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