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## AMENDED FILING EXPLANATION

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This page is required to be updated/completed any time an amended filing is created.



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# ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

## Medical Mutual of Ohio

NAIC Group Code.....730, 730 (Current Period) (Prior Period)	NAIC Company Code..... 29076	Employer's ID Number..... 34-0648820
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Licensed as Business Type.....Property/Casualty	Is HMO Federally Qualified? Yes [ ] No [ ]	
Incorporated/Organized..... March 30, 1934	Commenced Business..... January 1, 1934	
Statutory Home Office	2060 East Ninth Street..... Cleveland .... OH ..... 44115-1355 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland .... OH ..... 44115-1355 (Street and Number) (City or Town, State and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland .... OH ..... 44115-1355 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland .... OH ..... 44115-1355 (Street and Number) (City or Town, State and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@mmoh.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-687-1579 (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Richard A. Chircosta	President	2. Patrick J. Dugan	Secretary
3. Dennis P. Jancsy	Treasurer	4.	
Jared P. Chaney	EVP	Patrick J. Dugan	EVP
Dennis P. Jancsy	EVP	Kevin S. Lauterjung #	EVP
Kenneth Sidon	EVP	Susan M. Tyler	EVP

### OTHER

### DIRECTORS OR TRUSTEES

Charles A. Bryan	Richard A. Chircosta	Patrick J. Dugan #	Samuel H. Miller
James V. Patton	Dennis J. Roche	Glenna L. Watson	David J. Young

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	a. Is this an original filing?	Yes [ X ] No [ ]
This _____ day of	b. If no 1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

Subscribed and sworn to before me  
This \_\_\_\_\_ day of

2012

a. Is this an original filing?  
b. If no 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF.....Ohio

NAIC Group Code.....730

Address (City, State and Zip Code).....2060 East Ninth Street, Cleveland, Ohio 44115-1355

Person Completing This Exhibit.....Joseph Rolling

NAIC Company Code.....29076

Title.....Director, Actuarial Services.....Telephone Number.....216-687-7299

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			14 Number of Covered Lives	Policies Issued in 2009, 2010 & 2011		
										11 Premiums Earned	Incurred Claims		15 Premiums Earned	Incurred Claims		
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives

**Individual Policies**

....N/A.....	NG8903-W.....	P.....	NO.....	246.....		10/17/1990		.03/01/1990	MediComp.....	.....1,982,604	.....1,315,007	.....66.3	.....561			.....0.0	
....N/A.....	NG8817; CEP84000;.....	P.....	NO.....	246.....		09/02/1988		.01/01/1990	NonGroup Regular Option Medifil.....	.....2,286,258	.....1,650,857	.....72.2	.....407			.....0.0	
....N/A.....	NG8817; CEP84000;.....	P.....	NO.....	246.....		09/02/1988		.01/01/1990	NonGroup Regular High Medifil.....	.....5,215,458	.....3,858,423	.....74.0	.....976			.....0.0	
....N/A.....	NG8903-W; NG8806;.....	P.....	NO.....	246.....		10/17/1990		.12/31/1991	Medifil Ohio.....	.....2,124,111	.....1,382,278	.....65.1	.....550			.....0.0	
....N/A.....	NG8902-W.....	P.....	NO.....	246.....		10/17/1990		.12/31/1991	Medifil Part A Deductible Not Covered	.....118,869	.....113,621	.....95.6	.....45			.....0.0	
....YES.....	NG9200A/W 11/91.....	A.....	NO.....	246.....		11/26/1991		.03/31/2000	Medifil Ohio A.....	.....97,550	.....103,917	.....106.5	.....62			.....0.0	
....YES.....	NG9200C/W.....	C.....	NO.....	246.....		11/26/1991		.03/31/2000	Medifil Ohio C.....	.....4,192,532	.....3,246,613	.....77.4	.....1,555			.....0.0	
....YES.....	NG9200A/R1200.....	A.....	NO.....	246.....		12/28/2000		.01/31/2004	Medifil Ohio A - Attained Age.....	.....96,078	.....68,293	.....71.1	.....49			.....0.0	
....YES.....	NG9200C/R1200.....	C.....	NO.....	246.....		12/28/2000		.01/31/2004	Medifil Ohio C - Attained Age.....	.....1,742,604	.....975,915	.....56.0	.....563			.....0.0	
....YES.....	STMS - NG0000.....	C.....	NO.....	246.....		11/01/2002		.01/31/2004	Medicare Select Plan C.....	.....2,991	.....2,547	.....85.2	.....1			.....0.0	
....YES.....	STM-NG2004-A; R200A.....		NO.....	34.....		12/23/2003		N/A.....	Medicare Supplement Individual Policy - Plan A	.....15,735	.....18,722	.....119.0	.....12	.....38,523	.....22,650	.....58.8	.....28
....YES.....	STM-NG2004-C; R200C.....		NO.....	34.....		12/23/2003		N/A.....	Medicare Supplement Individual Policy - Plan C	.....839,128	.....511,086	.....60.9	.....354	.....1,709,519	.....1,092,145	.....63.9	.....662
....YES.....	STMS-NG2004; R200C.....		NO.....	34.....		12/23/2003		.03/31/2006	Medicare Select Individual Policy - Plan C	.....29,294	.....18,060	.....61.7	.....15				.....0.0
....YES.....	STM-NG2004-F; STM F.....		NO.....	34.....		12/23/2003		N/A.....	Medicare Supplement Individual Policy - Plan F	.....820,638	.....462,344	.....56.3	.....336	.....1,370,623	.....956,166	.....69.8	.....989
....YES.....	STM-NG2010-HI/F....	F.....	NO.....	34.....		12/23/2003		N/A.....	Medicare Supplement Individual Policy - High Ded Plan F	.....7,850	.....490	.....6.2	.....33				.....0.0
....YES.....	STM-NG2010-N.....	N.....	NO.....	34.....		12/23/2003		N/A.....	Medicare Supplement Individual Policy - Plan N	.....22,061	.....13,253	.....60.1	.....45				.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....19,593,761	.....13,741,426	.....70.1	.....5,564	.....3,118,665	.....2,070,961	.....66.4	.....1,679

**Group Policies**

....YES.....	STM-GRP/ASC2900-A.....		NO.....	3467.....		09/29/2008			Medicare Supplement from Medical Mutual - Plan A	.....84,535	.....40,621	.....48.1	.....49				.....0.0
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										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
....YES.....	STM-GRP/ASC2900-C	C.....	NO.....	3467.....	09/29/2008				Medicare Supplement from Medical Mutual - Plan C	.....2,239,112	.....1,864,867	.....83.3	.....823			.....0.0		
....YES.....	STM-GRP/ASC2900-F	F.....	NO.....	3467.....	09/29/2008				Medicare Supplement from Medical Mutual - Plan F	.....1,020,389	.....648,937	.....63.6	.....398			.....0.0		
....YES.....	STM-GRP/ASC2900-H	F.....	NO.....	3467.....	09/29/2008				Medicare Supplement from Medical Mutual - High Ded Plan F	.....60,767	.....69,642	.....114.6	.....70			.....0.0		
....YES.....	STM-GRP/ASC2900-H	H.....	NO.....	3467.....	09/29/2008	05/31/2010			Medicare Supplement from Medical Mutual - Plan H	.....322,568	.....277,449	.....86.0	.....128			.....0.0		
0299999.	Total Policy Experience on Group Policies.....									.....3,727,371	.....2,901,516	.....77.8	.....1,468	.....0	.....0	.....0.0		

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 2060 East Ninth Street Cleveland Ohio 44115-1355
  - 2.2 Contact person and phone number..... Nancy Ross-Bell 216-687-7299
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 2060 East Ninth Street Cleveland Ohio 44115-1355
  - 3.2 Contact person and phone number..... Nancy Ross-Bell 216-687-7299
4. Explain any policies identified as policy type "O".