
AMENDED FILING EXPLANATION

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



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. Chiricosta	President	2. Patrick J. Dugan	Secretary
3. Dennis P. Jancsy	Treasurer	4.	

OTHER

Jared P. Chaney	EVP	Patrick J. Dugan	EVP
Dennis P. Jancsy	EVP	Kevin S. Lauterjung #	EVP
Kenneth Sidon	EVP	Susan M. Tyler	EVP

DIRECTORS OR TRUSTEES

Charles A. Bryan	Richard A. Chiricosta	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. Chiricosta	(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 _____ 2012	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	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; R200.....	A.....	.....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; R200.....	C.....	.....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; R200.....	C.....	.....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.....	A.....NO.....	3467.....09/29/2008.....	Medicare Supplement from Medical Mutual - Plan A.....84,53540,62148.1490.0

360.096

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.....YES.....	STM-GRP/ASC2900-CNO.....3467.....09/29/2008.....	Medicare Supplement from Medical Mutual - Plan C2,239,112.....1,864,867.....83.3.....823.....0.0.....
.....YES.....	STM-GRP/ASC2900-FNO.....3467.....09/29/2008.....	Medicare Supplement from Medical Mutual - Plan F1,020,389.....648,937.....63.6.....398.....0.0.....
.....YES.....	STM-GRP/ASC2900-HNO.....3467.....09/29/2008.....	Medicare Supplement from Medical Mutual - High Ded Plan F60,767.....69,642.....114.6.....70.....0.0.....
.....YES.....	STM-GRP/ASC2900-HNO.....3467.....09/29/2008.....05/31/2010.....	Medicare Supplement from Medical Mutual - Plan H322,568.....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.....0.....

360.OH.1

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".