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

Subscribed and sworn to before me
This _____ day of _____ 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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	29,733					29,733
Consumers Life Insurance Company	4,387,407					4,387,407
City of Cleveland	3,698,031					3,698,031
0299997. Group subscribers subtotal	8,085,438	0	0	0	0	8,085,438
0299998. Premiums due and unpaid not individually listed	5,486,820			58,151	58,151	5,486,820
0299999. Total group	13,572,258	0	0	58,151	58,151	13,572,258
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	13,601,991	0	0	58,151	58,151	13,601,991

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Medco	2,064,300				2,064,300	0
0199999. Total Pharmaceutical Rebate Receivables	2,064,300	0	0	0	2,064,300	0
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	3,299,279				1,326,567	1,972,712
0299999. Total Claim Overpayment Receivables	3,299,279	0	0	0	1,326,567	1,972,712
Other Receivables						
Medicare Advantage Receivables	1,236,169					1,236,169
Medicare Part D Receivables	478,000					478,000
0699998. Other Receivables Not Listed Individually	9,837				7,299	2,538
0699999. Total Other Receivables	1,724,006	0	0	0	7,299	1,716,707
0799999. Total Health Care Receivables	7,087,585	0	0	0	3,398,166	3,689,419

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						195,104,400
0799999. Total claims unpaid						195,104,400
0899999. Accrued medical incentive pool and bonus amounts						1,289,899

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Consumers Life Insurance Company	186,581					186,581	
MMO Agency Management, LLC	42,329					42,329	
Medical Health Insuring Corporation of Ohio	431,963					431,963	
Medical Mutual Services, LLC	37,752,244					37,752,244	
Carolina Care Plan, Inc.	1,166,936					1,166,936	
0199999. Individually listed receivables	39,580,053	0	0	0	0	39,580,053	0
0399999. Total gross amounts receivable	39,580,053	0	0	0	0	39,580,053	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	2,876,666	0.2	35,811	3.4		2,876,666
4. Total capitation payments	2,876,666	0.2	35,811	3.4	0	2,876,666
Other Payments:						
5. Fee-for-service	65,199,147	3.9	XXX	XXX		65,199,147
6. Contractual fee payments	1,542,980,474	93.2	XXX	XXX		1,542,980,474
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,289,899	0.1	XXX	XXX		1,289,899
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	43,382,520	2.6	XXX	XXX		43,382,520
12. Total other payments	1,652,852,040	99.8	XXX	XXX	0	1,652,852,040
13. Total (Line 4 plus Line 12)	1,655,728,706	100.0	XXX	XXX	0	1,655,728,706

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	13,440,638		8,386,557	5,054,081	5,054,081	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	13,440,638	0	8,386,557	5,054,081	5,054,081	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR (Location)

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.GA

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....730 NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,039,293	90,889	435,630	9,315	43,834	61,572		2,914		395,139
2. First quarter	999,342	94,755	422,605	8,986	37,665	58,162				377,169
3. Second quarter	1,003,112	98,540	417,437	8,831	38,506	58,807				380,991
4. Third quarter	1,029,507	104,015	426,539	8,753	41,146	60,688				388,366
5. Current year	1,028,945	105,638	429,308	8,712	42,163	61,283				381,841
6. Current year member months	12,196,851	1,198,144	5,096,972	106,310	474,773	715,818				4,604,834
Total Member Ambulatory Encounters for Year:										
7. Physician	2,993,106	382,196	2,442,031	161,876	155	2,327		4,521		
8. Non-physician	3,330,662	448,921	2,679,467	128,818	2,141	65,967		5,348		
9. Totals	6,323,768	831,117	5,121,498	290,694	2,296	68,294	0	9,869	0	0
10. Hospital patient days incurred	184,080	10,392	119,255	51,477				2,956		
11. Number of inpatient admissions	35,212	2,436	27,586	4,933				257		
12. Health premiums written (b)	2,060,868,113	214,687,741	1,723,449,057	26,439,797	1,704,993	15,630,062		918,110		78,038,353
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,060,868,113	214,687,741	1,723,449,057	26,439,797	1,704,993	15,630,062		918,110		78,038,353
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,655,728,706	166,680,426	1,411,566,472	19,985,596	1,209,002	8,276,478		4,497,127		43,513,605
18. Amount incurred for provision of health care services	1,650,334,606	175,027,541	1,404,354,349	18,713,903	1,198,158	8,195,291		(686,925)		43,532,289

29.GT

(a) For health business: number of persons insured under PPO managed care products.....531,964 and number of persons insured under indemnity only products.....11,934.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....918,110

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR (Location)

NAIC Group Code.....730 NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	232	51	90		56	35				
2. First quarter	167	44	30		55	38				
3. Second quarter	158	38	28		54	38				
4. Third quarter	14,643	2,683	10,738		710	512				
5. Current year	15,618	2,825	11,560		720	513				
6. Current year member months	88,940	16,427	64,573		4,626	3,314				
Total Member Ambulatory Encounters for Year:										
7. Physician	23,043	3,803	19,239			1				
8. Non-physician	24,388	5,660	18,617			111				
9. Totals	47,431	9,463	37,856	0	0	112	0	0	0	0
10. Hospital patient days incurred	562	61	501							
11. Number of inpatient admissions	192	19	173							
12. Health premiums written (b)	24,906,348	3,641,371	21,214,754		19,420	30,803				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	24,906,348	3,641,371	21,214,754		19,420	30,803				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	15,370,772	2,091,231	13,251,263		7,335	20,943				
18. Amount incurred for provision of health care services	21,336,018	3,130,033	18,177,706		7,335	20,944				

29.IN

(a) For health business: number of persons insured under PPO managed care products.....14,385 and number of persons insured under indemnity only products.....0.

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....730 NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	2,863	1,144	332		284	328				775
5. Current year	2,617	971	340		264	296				746
6. Current year member months	16,834	6,663	1,996		1,705	1,928				4,542
Total Member Ambulatory Encounters for Year:										
7. Physician	568	479	89							
8. Non-physician	4,961	2,614	2,297			50				
9. Totals	5,529	3,093	2,386	0	0	50	0	0	0	0
10. Hospital patient days incurred	122	44	78							
11. Number of inpatient admissions	29	12	17							
12. Health premiums written (b)	2,314,065	1,357,114	764,257		8,024	33,186				151,484
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,314,065	1,357,114	764,257		8,024	33,186				151,484
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,459,366	859,463	430,353		2,544	15,749				151,257
18. Amount incurred for provision of health care services	1,950,330	1,143,290	631,867		2,544	21,372				151,257

29.MI

(a) For health business: number of persons insured under PPO managed care products.....1,187 and number of persons insured under indemnity only products.....124.

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.NC

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR (Location)

NAIC Group Code.....730 NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,039,061	90,838	435,540	9,315	43,778	61,537		2,914		395,139
2. First quarter	999,175	94,711	422,575	8,986	37,610	58,124				377,169
3. Second quarter	1,002,954	98,502	417,409	8,831	38,452	58,769				380,991
4. Third quarter	1,012,001	100,188	415,469	8,753	40,152	59,848				387,591
5. Current year	1,010,710	101,842	417,408	8,712	41,179	60,474				381,095
6. Current year member months	12,091,077	1,175,054	5,030,403	106,310	468,442	710,576				4,600,292
Total Member Ambulatory Encounters for Year:										
7. Physician	2,969,495	377,914	2,422,703	161,876	155	2,326		4,521		
8. Non-physician	3,301,313	440,647	2,658,553	128,818	2,141	65,806		5,348		
9. Totals	6,270,808	818,561	5,081,256	290,694	2,296	68,132	0	9,869	0	0
10. Hospital patient days incurred	183,396	10,287	118,676	51,477				2,956		
11. Number of inpatient admissions	34,991	2,405	27,396	4,933				257		
12. Health premiums written (b)	2,033,647,700	209,689,256	1,701,470,046	26,439,797	1,677,549	15,566,073		918,110		77,886,869
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,033,647,700	209,689,256	1,701,470,046	26,439,797	1,677,549	15,566,073		918,110		77,886,869
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,638,898,568	163,729,732	1,397,884,856	19,985,596	1,199,123	8,239,786		4,497,127		43,362,348
18. Amount incurred for provision of health care services	1,627,048,258	170,754,218	1,385,544,776	18,713,903	1,188,279	8,152,975		(686,925)		43,381,032

29.OH

(a) For health business: number of persons insured under PPO managed care products.....516,392 and number of persons insured under indemnity only products.....11,810.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....918,110

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR (Location)

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.PA

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR (Location)

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.SC

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

* 2 9 0 7 6 2 0 1 1 4 3 0 5 0 0 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR (Location)

NAIC Group Code.....730 NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.WI

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

* 2 9 0 7 6 2 0 1 1 4 3 0 4 9 0 0 0 *

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Mutual of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR (Location)

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0									
2. First quarter	0									
3. Second quarter	0									
4. Third quarter	0									
5. Current year	0									
6. Current year member months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	0									
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	0									
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	0									
18. Amount incurred for provision of health care services	0									

NONE

29.WV

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. Affiliates											
62375	21-0706531	02/01/2006	Consumers Life Insurance Company	OH	A/I	8,248,684			557,842		
62375	21-0706531	02/01/2006	Consumers Life Insurance Company	OH	A/G	53,744,583			4,919,617		
0199999.	Total - Affiliates - U.S. Affiliates					61,993,267	0	0	5,477,459	0	0
0399999.	Total - Affiliates					61,993,267	0	0	5,477,459	0	0
0799999.	Total - U.S.					61,993,267	0	0	5,477,459	0	0
0999999.	Total					61,993,267	0	0	5,477,459	0	0

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1 2011	2 2010	3 2009	4 2008	5 2007
A.	**OPERATIONS ITEMS**					
1.	Premiums			782	758	773
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses			3,269	1,099	538
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses			2,066	1	57
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
12.	Funds deposited by and withheld from (F)					
13.	Letters of credit (L)					
14.	Trust agreements (T)					
15.	Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,430,252,108		1,430,252,108
2.	Accident and health premiums due and unpaid (Line 15)	13,601,991		13,601,991
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	114,855,433		114,855,433
6.	Totals assets (Line 28)	1,558,709,532	0	1,558,709,532
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	195,104,400		195,104,400
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,289,899		1,289,899
9.	Premiums received in advance (Line 8)	62,828,875		62,828,875
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			0
11.	Reinsurance in unauthorized companies (Line 20)			0
12.	All other liabilities (balance)	178,585,104		178,585,104
13.	Total liabilities (Line 24)	437,808,278	0	437,808,278
14.	Total capital and surplus (Line 33)	1,120,901,254	XXX	1,120,901,254
15.	Total liabilities, capital and surplus (Line 34)	1,558,709,532	0	1,558,709,532
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	UDP	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
0730	Medical Mutual of Ohio	95732	57-1048554				Carolina Care Plan, Inc.	SC	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
0730	Medical Mutual of Ohio	62375	21-0706531				Consumers Life Insurance Company	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1913458				MMO Agency Management, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1897253				Business Distribution Solutions, LLC	IN	DS	MMO Agency Management, LLC	Ownership	52.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		26-1509189				Talus Brokerage Services, LLC	OH	DS	MMO Agency Management, LLC	Ownership	76.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1849975				Medical Mutual Life Insurance Agency, Inc.	OH	DS	MMO Agency Management, LLC	Ownership	100.00	Medical Mutual of Ohio	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076	34-0648820	Medical Mutual of Ohio		(5,000,000)			182,706,444	(3,570,380)			174,136,064	(1,090,053)
95828	34-1442712	Medical Health Insuring Corporation of Ohio					(1,843,006)				(1,843,006)	
62375	21-0706531	Consumers Life Insurance Company					(11,710,016)	3,570,380			(8,139,636)	1,090,053
95732	57-1048554	Carolina Care Plan, Inc		5,000,000			(2,628,398)				2,371,602	
	34-1913462	Medical Mutual Services, LLC					(166,408,530)				(166,408,530)	
	34-1913458	MMO Agency Management, LLC					(116,494)				(116,494)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.
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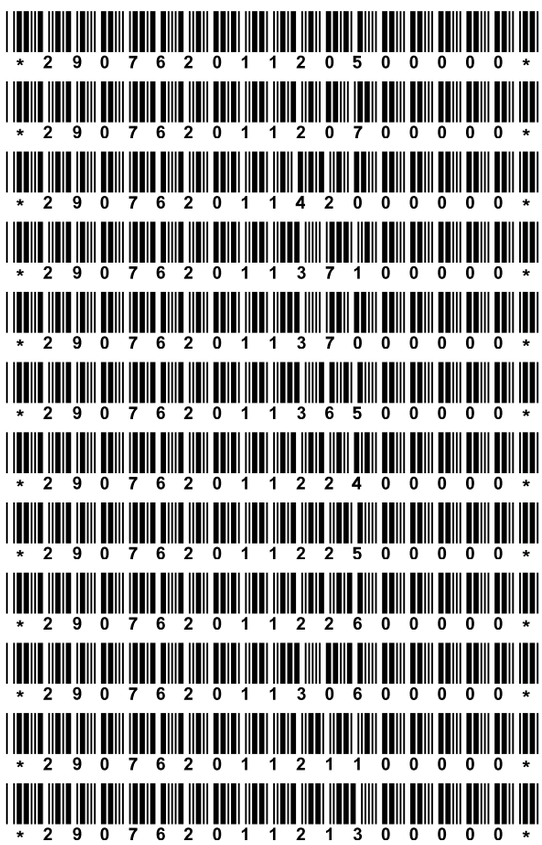

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Prepaid Assets	8,509,094	8,509,094	0	
2505. State Tax Recoverable	201		201	12,330
2597. Summary of remaining write-ins for Line 25	8,509,295	8,509,094	201	12,330

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable	5,477,459		5,477,459	6,293,092
2305. Unclaimed Funds	3,149,108		3,149,108	3,509,123
2306. Guaranty Fund Liability	5,700,000		5,700,000	7,300,000
2397. Summary of remaining write-ins for Line 23	14,326,567	0	14,326,567	17,102,215

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

2 9 0 7 6 2 0 1 1 3 6 0 3 6 1 0 0 *

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....730
NAIC Company Code.....29076
Address (City, State and Zip Code).....2060 East Ninth Street, Cleveland, Ohio 44115-1355
Person Completing This Exhibit.....Joseph Rolling
Title.....Director, Actuarial Services.....Telephone Number.....216-687-7299

360.OH

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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	NG8903-W	P	NO	2,4,6		.10/17/1990		.03/01/1990	MediComp	1,982,604	1,315,007	66.3	561			0.0	
N/A	NG8817; CEP84000; (	P	NO	2,4,6		.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	2,4,6		.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	2,4,6		.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	2,4,6		.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	2,4,6		.11/26/1991		.03/31/2000	Medifil Ohio A	97,550	103,917	106.5	62			0.0	
YES	NG9200C/W	C	NO	2,4,6		.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	2,4,6		.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	2,4,6		.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	2,4,6		.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	3,4	.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	3,4	.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	3,4	.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	3,4	.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	3,4	.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	3,4	.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	3,4,6,7	.09/29/2008				Medicare Supplement from Medical Mutual - Plan A	84,535	40,621	48.1	49			0.0	

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

2 9 0 7 6 2 0 1 1 3 6 0 3 6 1 0 0 *

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....730
NAIC Company Code.....29076
Address (City, State and Zip Code).....2060 East Ninth Street, Cleveland, Ohio 44115-1355
Person Completing This Exhibit.....Joseph Rolling
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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
.....YES.....	STM-GRP/ASC2900-C	C.....	.....NO.....	....3,4,6,7.....	.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.....	....3,4,6,7.....	.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.....	....3,4,6,7.....	.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.....	....3,4,6,7.....	.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	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".

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SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	UDP	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
0730	Medical Mutual of Ohio	95732	57-1048554				Carolina Care Plan, Inc.	SC	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
0730	Medical Mutual of Ohio	62375	21-0706531				Consumers Life Insurance Company	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1913458				MMO Agency Management, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1897253				Business Distribution Solutions, LLC	IN	DS	MMO Agency Management, LLC	Ownership	52.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		26-1509189				Talus Brokerage Services, LLC	OH	DS	MMO Agency Management, LLC	Ownership	76.00	Medical Mutual of Ohio	
	Medical Mutual of Ohio		34-1849975				Medical Mutual Life Insurance Agency, Inc.	OH	DS	MMO Agency Management, LLC	Ownership	100.00	Medical Mutual of Ohio	