



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)	NAIC Company Code..... 95828	Employer's ID Number..... 34-1442712
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Licensed as Business Type.....Health Maintenance Organization	Is HMO Federally Qualified? Yes [] No [X]	
Incorporated/Organized..... July 13, 1984	Commenced Business..... January 1, 1985	
Statutory Home Office	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number) (City or Town, State and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number) (City or Town, State and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@mmoh.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-687-1579 (Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

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 This _____ day of _____ 2012	a. Is this an original filing? b. If no	Yes [X] No [] 1. State the amendment number 2. Date filed 3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
City of Cleveland.....	329,589					329,589
Federal Employees Health Benefits Progam	366,408					366,408
0299997. Group subscribers subtotal.....	695,997	0	0	0	0	695,997
0299998. Premiums due and unpaid not individually listed.....	(7,264)					(7,264)
0299999. Total group.....	688,733	0	0	0	0	688,733
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	688,733	0	0	0	0	688,733

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
Medco.....	37,000	.....	.....	.....4,500	41,500	0
0199999. Total Pharmaceutical Rebate Receivables.....	37,000	0	0	4,500	41,500	0
0799999. Total Health Care Receivables.....	37,000	0	0	4,500	41,500	0

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves.....						2,791,000
0799999. Total claims unpaid.....						2,791,000
0899999. Accrued medical incentive pool and bonus amounts.....						1,742

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Medical Mutual of Ohio.....	Expenses paid by Medical Mutual of Ohio on behalf of Medical Health Insuring Corporation of Ohio.....	431,963	431,963	
0199999. Individually listed payables.....		431,963	431,963	0
0399999. Total gross payables.....		431,963	431,963	0

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.....	18,794	0.1	5,079	100.0	.....	.....18,794
4. Total capitation payments.....	18,794	0.1	5,079	100.0	0	18,794
Other Payments:						
5. Fee-for-service.....	270,718	0.9	XXX	XXX	.....	.....270,718
6. Contractual fee payments.....	29,604,280	99.0	XXX	XXX	.....	.....29,604,280
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments.....	1,742	0.0	XXX	XXX	.....	.....1,742
9. Non-contingent salaries.....	0	0.0	XXX	XXX	.....	.....
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX	.....	.....
11. All other payments.....	0	0.0	XXX	XXX	.....	.....
12. Total other payments.....	29,876,740	99.9	XXX	XXX	0	29,876,740
13. Total (Line 4 plus Line 12).....	29,895,534	100.0	XXX	XXX	0	29,895,534

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

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	NONE					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.....	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

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

NAIC Group Code.....730 NAIC Company Code.....95828

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	5,700	36	3,537	18			2,109			
2. First quarter.....	5,020	34	2,972	15			1,999			
3. Second quarter.....	5,242	33	3,231	15			1,963			
4. Third quarter.....	5,135	32	3,164	14			1,925			
5. Current year.....	5,079	32	3,170	14			1,863			
6. Current year member months.....	61,696	399	37,658	178			23,461			
Total Member Ambulatory Encounters for Year:										
7. Physician.....	45,563	585	23,333	350			21,295			
8. Non-physician.....	34,466	383	16,974	149			16,960			
9. Totals.....	80,029	968	40,307	499	0	0	38,255	0	0	0
10. Hospital patient days incurred.....	3,139	120	1,262	146			1,611			
11. Number of inpatient admissions.....	572	12	270	13			277			
12. Health premiums written (b).....	32,303,775	370,665	16,759,724	51,990			15,121,396			
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	32,303,775	370,665	16,759,724	51,990			15,121,396			
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	29,895,534	976,914	14,534,258	38,758			14,345,604			
18. Amount incurred for provision of health care services.....	29,410,276	945,940	14,090,580	33,415			14,340,341			

(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 Health Insuring Corporation of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....730

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	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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Total Member Ambulatory Encounters for Year:										
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8. Non-physician.....	34,466	383	16,974	149			16,960			
9. Totals.....	80,029	968	40,307	499	0	0	38,255	0	0	0
10. Hospital patient days incurred.....	3,139	120	1,262	146			1,611			
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12. Health premiums written (b).....	32,303,775	370,665	16,759,724	51,990			15,121,396			
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	32,303,775	370,665	16,759,724	51,990			15,121,396			
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	29,895,534	976,914	14,534,258	38,758			14,345,604			
18. Amount incurred for provision of health care services.....	29,410,276	945,940	14,090,580	33,415			14,340,341			

(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

Sch. S-Pt. 1-Sn. 2
NONE

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.....			13	41	44
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
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).....	85,814,785		85,814,785
2. Accident and health premiums due and unpaid (Line 15).....	688,733		688,733
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	1,754,335		1,754,335
6. Totals assets (Line 28).....	88,257,853	0	88,257,853
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,791,000		2,791,000
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,742		1,742
9. Premiums received in advance (Line 8).....	265,085		265,085
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).....	1,424,438		1,424,438
13. Total liabilities (Line 24).....	4,482,265	0	4,482,265
14. Total capital and surplus (Line 33).....	83,775,588	XXX	83,775,588
15. Total liabilities, capital and surplus (Line 34).....	88,257,853	0	88,257,853
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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076.....	34-0648820.....	Medical Mutual of Ohio.....	.....	.....	.....	.....	.....182,706,444	(3,570,380)	.....	.....	.....179,136,064	(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.....	.....	.....	.....	.....	.....(2,628,398)	.....	.....	.....	.....(2,628,398)	.....
.....	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

Medical Health Insuring Corporation of Ohio

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing 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:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
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**Overflow Page
NONE**

**Overflow Page
NONE**

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 E. NINTH STREET CLEVELAND OHIO 44115
Person Completing This Exhibit.....MICHELLE CASTILLO

NAIC Company Code.....95828

Title.....COORDINATOR, ACTUARIAL SERVICES.....Telephone Number.....216-687-7183

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.....	HM9001.....	P.....	NO.....	246.....	.03/15/1990	.....	.03/29/1990	.12/31/1991	Medicare Gold.....	51,990	33,415	64.3	14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									51,990	33,415	64.3	14	0	0	0.0	0

360.OH

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 E NINTH STREET CLEVELAND OHIO 44115

2.2 Contact person and phone number..... MICHELLE CASTILLO 216-687-7183
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 2060 E NINTH STREET CLEVELAND OHIO 44115

3.2 Contact person and phone number..... MICHELLE CASTILLO 216-687-7183
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
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	10	11	12	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
									American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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.....	.....