



# ANNUAL STATEMENT

For the Year Ended December 31, 2012

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 ..... US .... 44115-1355  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 2060 East Ninth Street..... Cleveland ..... OH ..... US .... 44115-1355 216-687-7000  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 2060 East Ninth Street..... Cleveland ..... OH ..... US .... 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 ..... US .... 44115-1355 216-687-7000  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.MedMutual.com

Statutory Statement Contact Sharon Matonis 216-687-6049  
(Name) (Area Code) (Telephone Number) (Extension)  
Sharon.Matonis@medmutual.com 216-360-4073  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	President	2. Patrick Joseph Dugan	Secretary
3. Raymond Karl Mueller #	Chief Financial Officer	4.	

### OTHER

Jared Paul Chaney	EVP	Patrick Joseph Dugan	EVP
Kevin Scott Lauterjung	EVP	Steffany Kirsten Matticola #	EVP
Raymond Karl Mueller #	EVP	Susan Marie Tyler	EVP

### DIRECTORS OR TRUSTEES

Charles Arthur Bryan	Richard Alan Chiricosta	Robert John King Jr. #	Samuel Henry Miller
Dennis John Roche	Greta Jane Russell #	David Joseph 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 Alan Chiricosta	_____ (Signature) Patrick Joseph Dugan	_____ (Signature) Raymond Karl Mueller
_____ 1. (Printed Name) President	_____ 2. (Printed Name) Secretary	_____ 3. (Printed Name) Chief Financial Officer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2013

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
<b>A&amp;H Premiums Due and Unpaid</b>						
0199999. Total individuals.....	21,500					21,500
Consumers Life Insurance Company.....	6,270,102					6,270,102
City of Cleveland.....	3,596,575					3,596,575
United Way.....	1,405,920					1,405,920
0299997. Group subscribers subtotal.....	11,272,597	0	0	0	0	11,272,597
0299998. Premiums due and unpaid not individually listed.....	2,732,211				11,070	2,721,141
0299999. Total group.....	14,004,808	0	0	0	11,070	13,993,738
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	14,026,308	0	0	0	11,070	14,015,238

### 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
<b>Pharmaceutical Rebate Receivables</b>						
Express Scripts.....	2,605,000				2,605,000	.0
0199999. Total Pharmaceutical Rebate Receivables.....	2,605,000	.0	.0	.0	2,605,000	.0
<b>Claim Overpayment Receivables</b>						
0299998. Claim Overpayment Receivables Not Listed Individually.....	2,880,839				1,094,045	1,786,794
0299999. Total Claim Overpayment Receivables.....	2,880,839	.0	.0	.0	1,094,045	1,786,794
<b>Other Receivables</b>						
0699998. Other Receivables Not Listed Individually.....	7,299				7,299	.0
0699999. Total Other Receivables.....	7,299	.0	.0	.0	7,299	.0
0799999. Total Health Care Receivables.....	5,493,138	.0	.0	.0	3,706,344	1,786,794

**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
<b>Claims Unpaid (Reported)</b>						
0599999. Unreported claim and other claim reserves.....						249,712,400
0799999. Total claims unpaid.....						249,712,400
0899999. Accrued medical incentive pool and bonus amounts.....						2,726,230

**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
<b>Amounts Due From Parent, Subsidiaries and Affiliates</b>							
MMO Agency Management, LLC.....	117,022					117,022	
Medical Health Insuring Corporation of Ohio.....	602,523					602,523	
Medical Mutual Services, LLC.....	9,019,677					9,019,677	
Carolina Care Plan, Inc.....	326,324					326,324	
0199999. Individually listed receivables.....	10,065,546	0	0	0	0	10,065,546	0
0399999. Total gross amounts receivable.....	10,065,546	0	0	0	0	10,065,546	0

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Amounts Due To Parent, Subsidiaries and Affiliates</b>				
Consumers Life Insurance Company.....	Revenues collected on behalf of subsidiary.....	176,109	176,109	
0199999. Individually listed payables.....		176,109	176,109	0
0399999. Total gross payables.....		176,109	176,109	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
<b>Capitation Payments:</b>						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	3,100,155	0.2	59,086	5.1		3,100,155
4. Total capitation payments.....	3,100,155	0.2	59,086	5.1	0	3,100,155
<b>Other Payments:</b>						
5. Fee-for-service.....	30,757,314	1.6	XXX	XXX		30,757,314
6. Contractual fee payments.....	1,817,258,409	94.9	XXX	XXX		1,817,258,409
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	1,271,180	0.1	XXX	XXX		1,271,180
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	62,018,247	3.2	XXX	XXX		62,018,247
12. Total other payments.....	1,911,305,150	99.8	XXX	XXX	0	1,911,305,150
13. Total (Line 4 plus Line 12).....	1,914,405,305	100.0	XXX	XXX	0	1,914,405,305

23

**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.....	13,813,232		9,340,527	4,472,707	4,472,707	.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.....	13,813,232	.0	9,340,527	4,472,707	4,472,707	.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 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							
<b>Total Members at end of:</b>										
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									
<b>Total Member Ambulatory Encounters for Year:</b>										
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
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior year.....	1,028,945	110,748	424,198	8,712	42,163	61,283				381,841
2. First quarter.....	1,093,417	114,413	438,474	8,713	56,434	75,877				399,506
3. Second quarter.....	1,106,516	116,756	447,851	8,714	57,427	75,581				400,187
4. Third quarter.....	1,153,430	121,519	464,594	8,846	59,680	76,733				422,058
5. Current year.....	1,159,793	121,773	469,355	9,004	60,566	76,025				423,070
6. Current year member months.....	13,467,058	1,411,581	5,431,927	105,694	695,163	909,901				4,912,792
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	3,207,421	490,787	2,560,996	151,582	95	2,149				1,812
8. Non-physician.....	3,824,872	621,798	3,001,654	118,208	1,711	80,446				1,055
9. Totals.....	7,032,293	1,112,585	5,562,650	269,790	1,806	82,595	0	0	0	2,867
10. Hospital patient days incurred.....	182,574	16,327	123,094	43,038						115
11. Number of inpatient admissions.....	36,041	3,652	28,199	4,173						17
12. Health premiums written (b).....	2,309,701,982	287,196,516	1,891,070,888	25,520,336	1,901,876	16,701,407				87,310,959
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,309,701,982	287,196,516	1,891,070,888	25,520,336	1,901,876	16,701,407				87,310,959
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,914,405,305	233,902,840	1,584,397,081	18,005,957	2,694,994	12,663,842		24,882		62,715,709
18. Amount incurred for provision of health care services.....	1,969,388,083	241,578,063	1,631,437,577	17,911,768	2,695,660	13,013,268		(34,067)		62,785,814

29.GT

(a) For health business: number of persons insured under PPO managed care products.....589,647 and number of persons insured under indemnity only products.....11,117.

(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 INDIANA DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code....29076

29 IN

	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							
<b>Total Members at end of:</b>										
1. Prior year.....	15,618	2,825	11,560		720	513				
2. First quarter.....	17,952	3,075	13,550		758	569				
3. Second quarter.....	18,694	3,300	14,053		769	572				
4. Third quarter.....	19,849	3,469	14,855		870	655				
5. Current year.....	20,165	3,680	14,956		894	635				
6. Current year member months.....	228,093	39,888	171,374		9,719	7,112				
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	75,548	11,493	64,049			6				
8. Non-physician.....	79,471	16,114	63,049			308				
9. Totals.....	155,019	27,607	127,098	0	0	314	0	0	0	0
10. Hospital patient days incurred.....	2,765	180	2,585							
11. Number of inpatient admissions.....	777	65	712							
12. Health premiums written (b).....	64,717,298	8,579,407	56,007,229		51,681	78,981				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	64,717,298	8,579,407	56,007,229		51,681	78,981				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	53,914,557	5,375,036	48,463,050		14,960	61,511				
18. Amount incurred for provision of health care services.....	55,470,903	5,185,754	50,199,837		14,949	70,363				

(a) For health business: number of persons insured under PPO managed care products.....18,636 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 MICHIGAN DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code....29076

29.MI

	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							
<b>Total Members at end of:</b>										
1. Prior year.....	2,617	971	340		264	296				746
2. First quarter.....	2,762	839	614		265	320				724
3. Second quarter.....	2,514	697	507		256	304				750
4. Third quarter.....	2,269	605	391		239	276				758
5. Current year.....	2,169	538	383		222	256				770
6. Current year member months.....	29,807	8,411	5,814		3,043	3,538				9,001
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	3,608	1,646	1,961			1				
8. Non-physician.....	9,190	3,905	5,014			271				
9. Totals.....	12,798	5,551	6,975	0	0	272	0	0	0	0
10. Hospital patient days incurred.....	479	84	395							
11. Number of inpatient admissions.....	83	24	59							
12. Health premiums written (b).....	4,027,558	1,953,397	1,661,520		16,058	76,253				320,330
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	4,027,558	1,953,397	1,661,520		16,058	76,253				320,330
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	3,575,292	1,343,634	2,175,122		4,542	44,729				7,265
18. Amount incurred for provision of health care services.....	3,572,277	1,152,761	2,361,974		4,539	45,738				7,265

(a) For health business: number of persons insured under PPO managed care products.....921 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 NORTH CAROLINA DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code....29076

29.NC

	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							
<b>Total Members at end of:</b>										
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									
<b>Total Member Ambulatory Encounters for Year:</b>										
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

(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 OHIO DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code....29076

29.OH

	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							
<b>Total Members at end of:</b>										
1. Prior year.....	1,010,710	106,952	412,298	8,712	41,179	60,474				381,095
2. First quarter.....	1,072,703	110,499	424,310	8,713	55,411	74,988				398,782
3. Second quarter.....	1,085,308	112,759	433,291	8,714	56,402	74,705				399,437
4. Third quarter.....	1,131,312	117,445	449,348	8,846	58,571	75,802				421,300
5. Current year.....	1,137,459	117,555	454,016	9,004	59,450	75,134				422,300
6. Current year member months.....	13,209,158	1,363,282	5,254,739	105,694	682,401	899,251				4,903,791
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	3,128,265	477,648	2,494,986	151,582	95	2,142				1,812
8. Non-physician.....	3,736,211	601,779	2,933,591	118,208	1,711	79,867				1,055
9. Totals.....	6,864,476	1,079,427	5,428,577	269,790	1,806	82,009	0	0	0	2,867
10. Hospital patient days incurred.....	179,330	16,063	120,114	43,038						115
11. Number of inpatient admissions.....	35,181	3,563	27,428	4,173						17
12. Health premiums written (b).....	2,240,957,126	276,663,712	1,833,402,139	25,520,336	1,834,137	16,546,173				86,990,629
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,240,957,126	276,663,712	1,833,402,139	25,520,336	1,834,137	16,546,173				86,990,629
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,856,915,456	227,184,170	1,533,758,909	18,005,957	2,675,492	12,557,602		24,882		62,708,444
18. Amount incurred for provision of health care services.....	1,910,344,903	235,239,548	1,578,875,766	17,911,768	2,676,172	12,897,167		(34,067)		62,778,549

(a) For health business: number of persons insured under PPO managed care products.....570,090 and number of persons insured under indemnity only products.....11,117.

(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 PENNSYLVANIA DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code....29076

	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							
<b>Total Members at end of:</b>										
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									
<b>Total Member Ambulatory Encounters for Year:</b>										
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 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							
<b>Total Members at end of:</b>										
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									
<b>Total Member Ambulatory Encounters for Year:</b>										
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



## 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 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							
<b>Total Members at end of:</b>										
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									
<b>Total Member Ambulatory Encounters for Year:</b>										
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



## 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 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							
<b>Total Members at end of:</b>										
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									
<b>Total Member Ambulatory Encounters for Year:</b>										
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
<b>Affiliates - U.S. Affiliates</b>											
62375.....	21-0706531....	02/01/2006	Consumers Life Insurance Company.....	OH.....	SSL/A/G.....	57,368,667			6,697,865		
62375.....	21-0706531....	02/01/2006	Consumers Life Insurance Company.....	OH.....	SSL/A/I.....	5,732,615			678,547		
0199999	Total - Affiliates - U.S. Affiliates.....					63,101,282	0	0	7,376,412	0	0
0399999	Total - Affiliates.....					63,101,282	0	0	7,376,412	0	0
0799999	Total - U.S.....					63,101,282	0	0	7,376,412	0	0
0999999	Total.....					63,101,282	0	0	7,376,412	0	0

**Sch. S-Pt. 2  
NONE**

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

**Sch. S-Pt. 4  
NONE**

**Sch. S-Pt. 5  
NONE**

**Sch. S-Pt. 5  
NONE**

**SCHEDULE S - PART 6**

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

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....				782	758
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....				3,269	1,099
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....				2,066	1
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....		XXX	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple beneficiary trust.....		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....		XXX	XXX	XXX	XXX
19. Letters of credit (L).....		XXX	XXX	XXX	XXX
20. Trust agreements (T).....		XXX	XXX	XXX	XXX
21. Other (O).....		XXX	XXX	XXX	XXX

**SCHEDULE S - PART 7**

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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	1,555,173,202		1,555,173,202
2. Accident and health premiums due and unpaid (Line 15).....	14,015,238		14,015,238
3. Amounts recoverable from reinsurers (Line 16.1).....			.0
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	65,165,255		65,165,255
6. Totals assets (Line 28).....	1,634,353,695	.0	1,634,353,695
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	249,712,400		249,712,400
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,726,230		2,726,230
9. Premiums received in advance (Line 8).....	68,442,307		68,442,307
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			.0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			.0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			.0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			.0
14. All other liabilities (balance).....	179,911,948		179,911,948
15. Total liabilities (Line 24).....	500,792,885	.0	500,792,885
16. Total capital and surplus (Line 33).....	1,133,560,810	XXX	1,133,560,810
17. Total liabilities, capital and surplus (Line 34).....	1,634,353,695	.0	1,634,353,695
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	.0		
19. Accrued medical incentive pool.....	.0		
20. Premiums received in advance.....	.0		
21. Reinsurance recoverable on paid losses.....	.0		
22. Other ceded reinsurance recoverables.....	.0		
23. Total ceded reinsurance recoverables.....	.0		
24. Premiums receivable.....	.0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	.0		
26. Unauthorized reinsurance.....	.0		
27. Reinsurance with certified reinsurers.....	.0		
28. Funds held under reinsurance treaties with certified reinsurers.....	.0		
29. Other ceded reinsurance payables/offsets.....	.0		
30. Total ceded reinsurance payables/offsets.....	.0		
31. 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					Totals
	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	
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.....CAN						.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 *
<b>Members</b>														
0730.....	Medical Mutual of Ohio.....	29076.....	34-0648820				Medical Mutual of Ohio.....	OH.....	UDP.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	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.....	...100.000	Medical Mutual of Ohio.....	
0730.....	Medical Mutual of Ohio.....	95732.....	57-1048554				Carolina Care Plan, Inc.....	SC.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	
0730.....	Medical Mutual of Ohio.....	62375.....	21-0706531				Consumers Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	
	Medical Mutual of Ohio.....		34-1922587				Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	
	Medical Mutual of Ohio.....		34-1913458				MMO Agency Management, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	
	Medical Mutual of Ohio.....		34-1897253				Business Distribution Solutions, LLC.....	IN.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...52.000	Medical Mutual of Ohio.....	
	Medical Mutual of Ohio.....		26-1509189				Talus Brokerage Services, LLC.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	
	Medical Mutual of Ohio.....		34-1849975				Medical Mutual Life Insurance Agency, Inc.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	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)
<b>Affiliated Transactions</b>												
29076.....	34-0648820.....	Medical Mutual of Ohio.....					190,323,910	(8,741,716)			181,582,194	(1,106,310)
95828.....	34-1442712.....	Medical Health Insuring Corporation of Ohio.....					(1,487,992)				(1,487,992)	
62375.....	21-0706531.....	Consumers Life Insurance Company.....					(10,673,669)	8,741,716			(1,931,953)	1,106,310
95732.....	57-1048554.....	Carolina Care Plan, Inc.....					(3,182,963)				(3,182,963)	
	34-1913462.....	Medical Mutual Services, LLC.....					(173,934,242)				(173,934,242)	
	34-1913458.....	MMO Agency Management, LLC.....					(1,045,044)				(1,045,044)	
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**

	<b>Responses</b>
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.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.

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

**Overflow Page for Write-Ins**

**Additional Write-ins for Assets:**

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Prepaid Assets.....	9,031,504	9,031,504	0	
2505. State Tax Recoverable.....			0	201
2597. Summary of remaining write-ins for Line 25.....	9,031,504	9,031,504	0	201

**Additional Write-ins for Liabilities:**

	Current Period			4 Prior Year Total
	1 Covered	2 Uncovered	3 Total	
2304. Reinsurance Payable.....	7,376,412		7,376,412	5,477,459
2305. Unclaimed Funds.....	2,929,895		2,929,895	3,149,108
2306. Guaranty Fund Liability.....	7,100,000		7,100,000	5,700,000
2397. Summary of remaining write-ins for Line 23.....	17,406,307	0	17,406,307	14,326,567

## Overflow Page for Write-Ins

**Additional Write-ins for Exhibit 1:**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
0604. Drug Only.....	.....	.....46	.....6	.....6	.....6	.....274
0697. Summary of remaining write-ins for Line 6.....	.....0	.....46	.....6	.....6	.....6	.....274

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(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 2009				Policies Issued in 2010, 2011 & 2012			
										11	12		14	15	16		18
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
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	Incurred Claims Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Percent of Premiums Earned	Number of Covered Lives
<b>Individual Policies</b>																	
.....NA.....	NG8903-W.....	P.....	.....NO.....	.....246.....	.....10/17/1990.....	.....	.....	.....03/01/1990.....	MediComp.....	.....1,663,267.....	.....1,101,818.....	.....66.2.....	.....446.....	.....	.....0.0.....	.....	
.....NA.....	NG8817; CEP84000;.....	P.....	.....NO.....	.....246.....	.....09/02/1988.....	.....	.....	.....01/01/1990.....	NonGroup Regular Option Medifil.....	.....1,776,528.....	.....1,162,308.....	.....65.4.....	.....315.....	.....	.....0.0.....	.....	
.....NA.....	NG8817; CEP84000;.....	P.....	.....NO.....	.....246.....	.....09/02/1988.....	.....	.....	.....01/01/1990.....	NonGroup High Option Medifil.....	.....4,269,562.....	.....2,948,863.....	.....69.1.....	.....784.....	.....	.....0.0.....	.....	
.....NA.....	NG8903-W; NG8806;.....	P.....	.....NO.....	.....246.....	.....10/17/1990.....	.....	.....	.....12/31/1991.....	Medifil Ohio.....	.....1,851,061.....	.....1,379,285.....	.....74.5.....	.....480.....	.....	.....0.0.....	.....	
.....NA.....	NG8902-W.....	P.....	.....NO.....	.....246.....	.....10/17/1990.....	.....	.....	.....12/31/1991.....	Medifil Part A Deductible Not Covered.....	.....98,241.....	.....61,593.....	.....62.7.....	.....36.....	.....	.....0.0.....	.....	
.....Yes.....	NG9200A/W 11/91.....	A.....	.....NO.....	.....246.....	.....11/26/1991.....	.....	.....	.....03/31/2000.....	Medifil Ohio A.....	.....89,301.....	.....75,511.....	.....84.6.....	.....49.....	.....	.....0.0.....	.....	
.....Yes.....	NG9200C/W.....	C.....	.....NO.....	.....246.....	.....11/26/1991.....	.....	.....	.....03/31/2000.....	Medifil Ohio C.....	.....3,900,114.....	.....3,301,054.....	.....84.6.....	.....1,409.....	.....	.....0.0.....	.....	
.....Yes.....	NG9200A/R1200.....	A.....	.....NO.....	.....246.....	.....12/28/2000.....	.....	.....	.....01/31/2004.....	Medifil Ohio A - Attained Age.....	.....93,890.....	.....81,903.....	.....87.2.....	.....42.....	.....	.....0.0.....	.....	
.....Yes.....	NG9200C/R1200.....	C.....	.....NO.....	.....246.....	.....12/28/2000.....	.....	.....	.....01/31/2004.....	Medifil Ohio C - Attained Age.....	.....1,735,722.....	.....1,067,846.....	.....61.5.....	.....517.....	.....	.....0.0.....	.....	
.....Yes.....	STMS - NG0000.....	C.....	.....YES.....	.....246.....	.....11/01/2002.....	.....	.....	.....01/31/2004.....	Medicare Select Plan C.....	.....3,055.....	.....1,594.....	.....52.2.....	.....1.....	.....	.....0.0.....	.....	
.....Yes.....	STM-NG2004-A; R200.....	A.....	.....NO.....	.....34.....	.....12/23/2003.....	.....	.....	.....05/31/2010.....	Medicare Supplement Individual Policy - Plan A.....	.....22,785.....	.....16,075.....	.....70.6.....	.....15.....	.....19,458.....	.....10,950.....	.....56.3.....	.....12.....
.....Yes.....	STM-NG2010-A.....	A.....	.....NO.....	.....34.....	.....06/14/2010.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan A.....	.....	.....	.....0.0.....	.....	.....13,999.....	.....6,195.....	.....44.3.....	.....12.....
.....Yes.....	STM-NG2004-C; R200.....	C.....	.....NO.....	.....34.....	.....12/23/2003.....	.....	.....	.....05/31/2010.....	Medicare Supplement Individual Policy - Plan C.....	.....1,127,562.....	.....696,145.....	.....61.7.....	.....469.....	.....1,197,669.....	.....803,024.....	.....67.0.....	.....387.....
.....Yes.....	STM-NG2010-C.....	C.....	.....NO.....	.....34.....	.....06/14/2010.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan C.....	.....	.....	.....0.0.....	.....	.....197,249.....	.....147,712.....	.....74.9.....	.....133.....
.....Yes.....	STMS-NG2004; R200.....	C.....	.....YES.....	.....34.....	.....12/23/2003.....	.....	.....	.....03/31/2006.....	Medicare Select Individual Policy - Plan C.....	.....26,334.....	.....17,589.....	.....66.8.....	.....13.....	.....	.....0.0.....	.....	
.....Yes.....	STM-NG2004-F; STM.....	F.....	.....NO.....	.....34.....	.....07/14/2004.....	.....	.....	.....05/31/2010.....	Medicare Supplement Individual Policy - Plan F.....	.....1,161,554.....	.....715,445.....	.....61.6.....	.....484.....	.....365,781.....	.....287,158.....	.....78.5.....	.....159.....
.....Yes.....	STM-NG2010-F.....	F.....	.....NO.....	.....34.....	.....06/14/2010.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan F.....	.....	.....	.....0.0.....	.....	.....2,123,641.....	.....1,322,404.....	.....62.3.....	.....1,716.....
.....Yes.....	STM-NG2010-HI/F.....	F.....	.....NO.....	.....34.....	.....01/13/2011.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - High Ded Plan F.....	.....	.....	.....0.0.....	.....	.....35,706.....	.....16,011.....	.....44.8.....	.....82.....
.....Yes.....	STM-NG2010-N.....	N.....	.....NO.....	.....34.....	.....01/13/2011.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan N.....	.....	.....	.....0.0.....	.....	.....98,716.....	.....43,244.....	.....43.8.....	.....119.....
0199999.	Total Policy Experience on Individual Policies.....									.....17,818,976.....	.....12,627,029.....	.....70.9.....	.....5,060.....	.....4,052,219.....	.....2,636,698.....	.....65.1.....	.....2,620.....

360.09

## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(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 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
.....Yes.....	STM-GRP/ASC2900-A	A	.....NO.....	.....3467.....	.....09/29/2008.....			.....05/31/2010.....	Medicare Supplement from Medical Mutual - Plan A	.....87,079.....	.....48,752.....	.....56.0.....	.....47.....			.....0.0.....			
.....Yes.....	STM-GRP/ASC2900-C	C	.....NO.....	.....3467.....	.....09/29/2008.....			.....05/31/2010.....	Medicare Supplement from Medical Mutual - Plan C	.....2,161,383.....	.....1,657,162.....	.....76.7.....	.....731.....			.....0.0.....			
.....Yes.....	STM-GRP/ASC2900-F	F	.....NO.....	.....3467.....	.....09/29/2008.....			.....05/31/2010.....	Medicare Supplement from Medical Mutual - Plan F	.....1,017,387.....	.....632,975.....	.....62.2.....	.....364.....	.....740.....	......67.....	.....9.1.....			
.....Yes.....	STM-GRP/ASC2010-F	F	.....NO.....	.....3467.....	.....06/14/2010.....			N/A.....	Medicare Supplement from Medical Mutual - Plan F			.....0.0.....		.....15,731.....	.....3,732.....	.....23.7.....	.....7.....		
.....Yes.....	STM-GRP/ASC2900-H	F	.....NO.....	.....3467.....	.....09/29/2008.....			.....05/31/2010.....	Medicare Supplement from Medical Mutual - High Ded Plan F	.....56,365.....	.....28,957.....	.....51.4.....	.....65.....	.....2,805.....	.....9,955.....	.....354.9.....	.....3.....		
.....Yes.....	STM-GRP/ASC2900-H	H	.....NO.....	.....3467.....	.....09/29/2008.....			.....05/31/2010.....	Medicare Supplement from Medical Mutual - Plan H	.....307,651.....	.....266,441.....	.....86.6.....	.....107.....			.....0.0.....			
0299999.	Total Policy Experience on Group Policies.....									.....3,629,865.....	.....2,634,287.....	.....72.6.....	.....1,314.....	.....19,276.....	.....13,754.....	.....71.4.....	.....10.....		

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".



**PROPERTY/CASUALTY SUPPLEMENTS**

**NONE**

TO BE FILED IN FEBRUARY BEFORE MARCH 1

For the Year Ended December 31, 2012

Of the.....Medical Mutual of Ohio

ADDRESS .....Cleveland OH 44115-1355

NAIC Group Code.....730

NAIC Company Code.....29076

Employer's ID Number.....34-0648820

**Sch. F-Pt. 1  
NONE**

**Sch. F-Pt. 3  
NONE**

**Sch. P-Pt. 1-Summary  
NONE**

**Sch. P-Pt. 1A  
NONE**

**Sch. P-Pt. 1B  
NONE**

**Sch. P-Pt. 1C  
NONE**

**Sch. P-Pt. 1D  
NONE**

**Sch. P-Pt. 1E  
NONE**

**Sch. P-Pt. 1F-Sn. 1  
NONE**

**Sch. P-Pt. 1F-Sn. 2  
NONE**

**Sch. P-Pt. 1G  
NONE**

**Sch. P-Pt. 1H-Sn. 1  
NONE**

**Sch. P-Pt. 1H-Sn. 2  
NONE**

**Sch. P-Pt. 1I  
NONE**

**Sch. P-Pt. 1J  
NONE**

**Sch. P-Pt. 1K  
NONE**

**Sch. P-Pt. 1L  
NONE**

**Sch. P-Pt. 1M  
NONE**

**Sch. P-Pt. 1N  
NONE**

**Sch. P-Pt. 1O  
NONE**

**Sch. P-Pt. 1P  
NONE**

**Sch. P-Pt. 1R-Sn. 1  
NONE**

**Sch. P-Pt. 1R-Sn. 2  
NONE**

**Sch. P-Pt. 1S  
NONE**

**Sch. P-Pt. 1T  
NONE**

**Sch. P-Pt. 2-Summary  
NONE**

**Sch. P-Pt. 2A  
NONE**

**Sch. P-Pt. 2B  
NONE**

**Sch. P-Pt. 2C  
NONE**

**Sch. P-Pt. 2D  
NONE**

**Sch. P-Pt. 2E  
NONE**

**Sch. P-Pt. 2F-Sn. 1  
NONE**

**Sch. P-Pt. 2F-Sn. 2  
NONE**

**Sch. P-Pt. 2G  
NONE**

**Sch. P-Pt. 2H-Sn. 1  
NONE**

**Sch. P-Pt. 2H-Sn. 2  
NONE**

**Sch. P-Pt. 2I  
NONE**

**Sch. P-Pt. 2J  
NONE**

**Sch. P-Pt. 2K  
NONE**

**Sch. P-Pt. 2L  
NONE**

**Sch. P-Pt. 2M  
NONE**

**Sch. P-Pt. 2N  
NONE**

**Sch. P-Pt. 2O  
NONE**

**Sch. P-Pt. 2P  
NONE**

**Sch. P-Pt. 2R-Sn. 1  
NONE**

**Sch. P-Pt. 2R-Sn. 2  
NONE**

**Sch. P-Pt. 2S  
NONE**

**Sch. P-Pt. 2T  
NONE**

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)**



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

BUSINESS IN GRAND TOTAL DURING THE YEAR

PS33.GT

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A & H (b).....												
15.3 Guaranteed renewable A & H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A & H (b).....												
15.8 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.1 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

**NONE**

**DETAILS OF WRITE-INS**

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

## Overflow Page for Write-Ins

**NONE**

**2012 ALPHABETICAL INDEX  
HEALTH ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 8 – Furniture, Equipment and Supplies Owned	24	Schedule DB – Part C – Section 1	SI12
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part C – Section 2	SI13
Exhibit of Net Investment Income	15	Schedule DB – Part D	E22
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	29	Schedule DL – Part 1	E23
Five-Year Historical Data	28	Schedule DL – Part 2	E24
General Interrogatories	26	Schedule E – Part 1 – Cash	E25
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E26
Liabilities, Capital and Surplus	3	Schedule E – Part 3 – Special Deposits	E27
Notes To Financial Statements	25	Schedule E – Verification Between Years	SI15
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	30
Schedule A – Part 1	E01	Schedule S – Part 2	31
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	32
Schedule A – Part 3	E03	Schedule S – Part 4	33
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	34
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	38
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	39
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14