



ANNUAL STATEMENT

For the Year Ended December 31, 2012
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 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

DIRECTORS OR TRUSTEES

Jared Paul Chaney	Richard Alan Chiricosta	Patrick Joseph Dugan	Steffany Kirsten Matticola
Raymond Karl Mueller #			

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
A&H Premiums Due and Unpaid						
City of Cleveland.....	601,740					601,740
Federal Employees Health Benefits Program	623,901					623,901
0299997. Group subscribers subtotal.....	1,225,641	0	0	0	0	1,225,641
0299998. Premiums due and unpaid not individually listed.....	(56,139)					(56,139)
0299999. Total group.....	1,169,502	0	0	0	0	1,169,502
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	1,169,502	0	0	0	0	1,169,502

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts.....	13,000	4,000		4,000	21,000	0
0199999. Total Pharmaceutical Rebate Receivables.....	13,000	4,000	0	4,000	21,000	0
0799999. Total Health Care Receivables.....	13,000	4,000	0	4,000	21,000	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.....						1,712,000
0799999. Total claims unpaid.....						1,712,000
0899999. Accrued medical incentive pool and bonus amounts.....						29,900

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 Affiliate	2 Description	3 Amount	4 Current	5 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.....	602,523	602,523	0
0199999. Individually listed payables.....		602,523	602,523	0
0399999. Total gross payables.....		602,523	602,523	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.....	12,110	0.1	3,932	99.9		12,110
4. Total capitation payments.....	12,110	0.1	3,932	99.9	0	12,110
Other Payments:						
5. Fee-for-service.....	106,924	0.5	XXX	XXX		106,924
6. Contractual fee payments.....	21,481,145	99.4	XXX	XXX		21,481,145
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	10,768	0.0	XXX	XXX		10,768
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.....	21,598,837	99.9	XXX	XXX	0	21,598,837
13. Total (Line 4 plus Line 12).....	21,610,947	100.0	XXX	XXX	0	21,610,947

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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
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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.....	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



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.....	5,079	36	3,166	14			1,863			
2. First quarter.....	3,330	36	1,761	13			1,520			
3. Second quarter.....	3,977	34	2,418	13			1,512			
4. Third quarter.....	3,973	36	2,437	13			1,487			
5. Current year.....	3,934	34	2,418	13			1,469			
6. Current year member months.....	45,868	421	27,212	158			18,077			
Total Member Ambulatory Encounters for Year:										
7. Physician.....	34,177	414	15,030	263			18,470			
8. Non-physician.....	27,115	361	12,246	106			14,402			
9. Totals.....	61,292	775	27,276	369	0	0	32,872	0	0	0
10. Hospital patient days incurred.....	2,722	39	802	39			1,842			
11. Number of inpatient admissions.....	487	7	188	6			286			
12. Health premiums written (b).....	23,964,203	353,736	10,404,600	46,752			13,159,115			
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	23,964,203	353,736	10,404,600	46,752			13,159,115			
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	21,610,947	299,908	8,007,101	18,762			13,285,176			
18. Amount incurred for provision of health care services.....	20,580,605	279,384	7,266,526	12,976			13,021,719			

29.GT

(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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8. Non-physician.....	27,115	361	12,246	106			14,402			
9. Totals.....	61,292	775	27,276	369	0	0	32,872	0	0	0
10. Hospital patient days incurred.....	2,722	39	802	39			1,842			
11. Number of inpatient admissions.....	487	7	188	6			286			
12. Health premiums written (b).....	23,964,203	353,736	10,404,600	46,752			13,159,115			
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	23,964,203	353,736	10,404,600	46,752			13,159,115			
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	21,610,947	299,908	8,007,101	18,762			13,285,176			
18. Amount incurred for provision of health care services.....	20,580,605	279,384	7,266,526	12,976			13,021,719			

29.OH

(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

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
A. OPERATIONS ITEMS					
1. Premiums.....				13	41
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 due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....		.XXX	.XXX	.XXX	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	88,241,838		88,241,838
2. Accident and health premiums due and unpaid (Line 15).....	1,169,502		1,169,502
3. Amounts recoverable from reinsurers (Line 16.1).....			.0
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	863,724		863,724
6. Totals assets (Line 28).....	90,275,064	.0	90,275,064
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,712,000		1,712,000
8. Accrued medical incentive pool and bonus payments (Line 2).....	29,900		29,900
9. Premiums received in advance (Line 8).....	167,346		167,346
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).....	1,702,668		1,702,668
15. Total liabilities (Line 24).....	3,611,914	.0	3,611,914
16. Total capital and surplus (Line 33).....	86,663,150	XXX	86,663,150
17. Total liabilities, capital and surplus (Line 34).....	90,275,064	.0	90,275,064
NET CREDIT FOR CEDED REINSURANCE			
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 *
Members														
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)
Affiliated Transactions												
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

	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
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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.
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- 25.
- 26.

	
	* 9 5 8 2 8 2 0 1 2 2 0 5 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 2 0 7 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 4 2 0 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 3 7 1 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 3 7 0 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 3 6 5 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 2 2 4 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 2 2 5 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 2 2 6 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 3 0 6 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 2 1 1 0 0 0 0 0 *
	
	* 9 5 8 2 8 2 0 1 2 2 1 3 0 0 0 0 0 *

**Overflow Page
NONE**

**Overflow Page
NONE**

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

NAIC Company Code.....95828

Address (City, State and Zip Code).....2060 EAST NINTH STREET, CLEVELAND, OH 44115

Person Completing This Exhibit.....MICHELLE CASTILLO

Title.....COORDINATOR, ACTUARIAL SERVICES.....Telephone Number.....1-216-687-7183

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		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	HM9001.....	P.....	.....NO.....	.....246.....	.03/15/1990	.....	.03/29/1990	.12/31/1991	MEDICARE GOLD.....	.....46,752	.....12,976	.....27.8	.....13	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....46,752	.....12,976	.....27.8	.....13	.....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 EAST NINTH STREET CLEVELAND OHIO 44115
 - 2.2 Contact person and phone number..... MICHELLE CASTILLO 1-216-687-7183
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 2060 EAST NINTH STREET CLEVELAND OHIO 44115
 - 3.2 Contact person and phone number..... MICHELLE CASTILLO 1-216-687-7183
4. Explain any policies identified as policy type "O".



PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2012

Of the....Medical Health Insuring Corporation of Ohio

ADDRESSCleveland OH 44115-1355

NAIC Group Code.....730

NAIC Company Code.....95828

Employer's ID Number.....34-1442712

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....95828

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

PS34

NONE

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