29076201320100100

ANNUAL STATEMENT

For the Year Ended December 31, 2013

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, Country and Zip Code)*	
Main Administrative Office	2060 East Ninth Street..... Cleveland ..... OH ..... US .... 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-687-7000 *(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, Country and Zip Code)*	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland ..... OH ..... US .... 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-687-7000 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Sharon Matonis *(Name)*	216-687-6049 *(Area Code) (Telephone Number) (Extension)*
	Sharon.Matonis@medmutual.com *(E-Mail Address)*	216-360-4073 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	Chairman, President & CEO	2. Steffany Matticola Larkins #	Secretary
3. Raymond Karl Mueller	Treasurer & CFO	4.	

OTHER

Jared Paul Chaney	EVP	Kathleen Rose Golovan #	EVP
Steffany Matticola Larkins	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)	(Signature)	(Signature)
Richard Alan Chiricosta	Steffany Matticola Larkins	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman, President & CEO	Secretary	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2014

a. Is this an original filing? Yes [X] No [ ]

b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	(9,002)					(9,002)
Consumers Life Insurance Company	2,352,692					2,352,692
City of Cleveland	4,166,480					4,166,480
University of Toledo	2,127,102					2,127,102
0299997. Group subscribers subtotal	8,646,274	0	0	0	0	8,646,274
0299998. Premiums due and unpaid not individually listed	4,378,397				131,364	4,247,033
0299999. Total group	13,024,671	0	0	0	131,364	12,893,307
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	13,015,669	0	0	0	131,364	12,884,305

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	3,774,000	3,774,000	3,774,000	11,591,348	269,349	22,643,999
0199999. Total Pharmaceutical Rebate Receivables	3,774,000	3,774,000	3,774,000	11,591,348	269,349	22,643,999
Claim Overpayment Receivables						
Express Scripts	2,590,000				2,590,000	0
Maximum charge audit receivable	227,352				227,352	0
0299998. Claim Overpayment Receivables Not Listed Individually	2,856,004				1,304,966	1,551,038
0299999. Total Claim Overpayment Receivables	5,673,356	0	0	0	4,122,318	1,551,038
0799999. Gross Health Care Receivables	9,447,356	3,774,000	3,774,000	11,591,348	4,391,667	24,195,037

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						226,355,000
0799999. Total claims unpaid						226,355,000
0899999. Accrued medical incentive pool and bonus amounts						2,980,910

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
MMO Agency Management, LLC	46,051					46,051	
Medical Mutual Services, LLC	5,929,065					5,929,065	
0199999. Individually listed receivables	5,975,116	0	0	0	0	5,975,116	0
0399999. Total gross amounts receivable	5,975,116	0	0	0	0	5,975,116	0

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				
Consumer Life Insurance Company	Revenues collected on behalf of subsidiary	7,329,960	7,329,960	
Carolina Care Plan, Inc	Revenues collected on behalf of subsidiary	983,099	983,099	
Medical Health Insuring Corporation of Ohio	Revenues collected on behalf of subsidiary	859,199	859,199	
0199999. Individually listed payables		9,172,258	9,172,258	0
0399999. Total gross payables		9,172,258	9,172,258	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	3,298,612	0.2	84,858	7.6		3,298,612
4. Total capitation payments	3,298,612	0.2	84,858	7.6	0	3,298,612
Other Payments:						
5. Fee-for-service	36,572,336	1.8	XXX	XXX		36,572,336
6. Contractual fee payments	1,918,555,996	94.4	XXX	XXX		1,918,555,996
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,042,386	0.1	XXX	XXX		3,042,386
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	70,900,044	3.5	XXX	XXX		70,900,044
12. Total other payments	2,029,070,762	99.8	XXX	XXX	0	2,029,070,762
13. Total (Line 4 plus Line 12)	2,032,369,374	100.0	XXX	XXX	0	2,032,369,374

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	14,465,707		10,703,537	3,762,170	3,762,170	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	17,446,048		9,458,527	7,987,520	7,987,520	0
6. Total	31,911,755	0	20,162,064	11,749,690	11,749,690	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,159,793	121,773	469,355	9,004	60,566	76,025				423,070
2. First quarter	1,127,105	121,835	458,096	9,275	48,867	62,892				426,140
3. Second quarter	1,123,648	122,534	458,147	9,405	49,374	62,657				421,531
4. Third quarter	1,112,135	121,745	445,773	9,711	48,223	62,425				424,258
5. Current year	1,111,733	122,414	438,213	9,964	47,142	66,701				427,299
6. Current year member months	13,425,595	1,462,912	5,407,293	114,329	581,173	754,079				5,105,809
Total Member Ambulatory Encounters for Year:										
7. Physician	3,921,530	638,720	3,123,624	155,046	70	1,654				2,416
8. Non-physician	3,949,602	693,206	3,072,066	117,491	1,144	64,236				1,459
9. Totals	7,871,132	1,331,926	6,195,690	272,537	1,214	65,890	0	0	0	3,875
10. Hospital patient days incurred	170,144	15,043	116,945	38,101						55
11. Number of inpatient admissions	35,026	3,567	27,659	3,786						14
12. Health premiums written (b)	2,408,337,893	319,487,707	1,951,451,403	25,707,045	2,025,233	16,943,882				92,722,623
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,408,337,893	319,487,707	1,951,451,403	25,707,045	2,025,233	16,943,882				92,722,623
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,032,369,374	261,374,447	1,666,030,321	18,087,616	2,695,455	12,254,522		166		71,926,847
18. Amount incurred for provision of health care services	1,990,043,488	256,960,544	1,628,344,029	17,990,089	2,648,520	11,986,911		166		72,113,229

30.GT

(a) For health business: number of persons insured under PPO managed care products.....559,446 and number of persons insured under indemnity only products.....12,061.

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	20,165	3,680	14,956		894	635				
2. First quarter	21,883	3,937	16,187		1,083	676				
3. Second quarter	22,369	4,147	16,232		1,246	744				
4. Third quarter	21,427	3,825	15,834		1,112	656				
5. Current year	10,102	2,824	6,001		767	510				
6. Current year member months	237,695	45,569	171,596		12,589	7,941				
Total Member Ambulatory Encounters for Year:										
7. Physician	82,325	14,274	68,043			8				
8. Non-physician	89,744	20,066	69,220			458				
9. Totals	172,069	34,340	137,263	0	0	466	0	0	0	0
10. Hospital patient days incurred	3,353	283	3,070							
11. Number of inpatient admissions	827	86	741							
12. Health premiums written (b)	69,722,131	9,841,534	59,732,615		63,360	84,622				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	69,722,131	9,841,534	59,732,615		63,360	84,622				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	64,436,241	8,791,436	55,548,104		24,319	72,382				
18. Amount incurred for provision of health care services	60,859,268	8,906,853	51,865,838		24,009	62,568				

30.IN

(a) For health business: number of persons insured under PPO managed care products.....8,825 and number of persons insured under indemnity only products.....0.

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	2,169	538	383		222	256				770
2. First quarter	1,761	441	77		224	239				780
3. Second quarter	1,657	356	73		225	238				765
4. Third quarter	1,560	288	83		206	234				749
5. Current year	1,462	214	83		201	215				749
6. Current year member months	21,118	4,210	951		2,617	2,839				10,501
Total Member Ambulatory Encounters for Year:										
7. Physician	1,999	1,519	480							
8. Non-physician	2,758	1,660	826			272				
9. Totals	4,757	3,179	1,306	0	0	272	0	0	0	0
10. Hospital patient days incurred	28	9	19							
11. Number of inpatient admissions	11	6	5							
12. Health premiums written (b)	1,986,396	1,223,309	327,421		11,695	65,379				358,592
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,986,396	1,223,309	327,421		11,695	65,379				358,592
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,155,861	740,501	354,144		4,096	57,120				
18. Amount incurred for provision of health care services	688,256	652,359	(17,877)		4,049	49,725				

(a) For health business: number of persons insured under PPO managed care products.....297 and number of persons insured under indemnity only products.....0.

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.NC

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,137,459	117,555	454,016	9,004	59,450	75,134				422,300
2. First quarter	1,103,461	117,457	441,832	9,275	47,560	61,977				425,360
3. Second quarter	1,099,622	118,031	441,842	9,405	47,903	61,675				420,766
4. Third quarter	1,089,148	117,632	429,856	9,711	46,905	61,535				423,509
5. Current year	1,100,169	119,376	432,129	9,964	46,174	65,976				426,550
6. Current year member months	13,166,782	1,413,133	5,234,746	114,329	565,967	743,299				5,095,308
Total Member Ambulatory Encounters for Year:										
7. Physician	3,837,206	622,927	3,055,101	155,046	70	1,646				2,416
8. Non-physician	3,857,100	671,480	3,002,020	117,491	1,144	63,506				1,459
9. Totals	7,694,306	1,294,407	6,057,121	272,537	1,214	65,152	0	0	0	3,875
10. Hospital patient days incurred	166,763	14,751	113,856	38,101						55
11. Number of inpatient admissions	34,188	3,475	26,913	3,786						14
12. Health premiums written (b)	2,336,629,366	308,422,864	1,891,391,367	25,707,045	1,950,178	16,793,881				92,364,031
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,336,629,366	308,422,864	1,891,391,367	25,707,045	1,950,178	16,793,881				92,364,031
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,966,777,272	251,842,510	1,610,128,073	18,087,616	2,667,040	12,125,020		166		71,926,847
18. Amount incurred for provision of health care services	1,928,495,964	247,401,332	1,576,496,068	17,990,089	2,620,462	11,874,618		166		72,113,229

30.OH

(a) For health business: number of persons insured under PPO managed care products.....550,324 and number of persons insured under indemnity only products.....12,061.

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

NONE

30.PA

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

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

NONE

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

NONE

30.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 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. - Captive											
62375	21-0706531	02/01/2006	Consumers Life Insurance Company	OH	SSL/A/G	58,773,063			4,640,160		
62375	21-0706531	02/01/2006	Consumers Life Insurance Company	OH	SSL/A/I	6,470,227			487,089		
0199999.	Total - Affiliates - U.S. - Captive					65,243,290	0	0	5,127,249	0	0
0399999.	Total - Affiliates - U.S. - Total					65,243,290	0	0	5,127,249	0	0
0799999.	Total Affiliates					65,243,290	0	0	5,127,249	0	0
1199999.	Total - U.S.					65,243,290	0	0	5,127,249	0	0
9999999.	Total					65,243,290	0	0	5,127,249	0	0

Sch. S-Pt. 2
NONE

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

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2013	2 2012	3 2011	4 2010	5 2009
A.	**OPERATIONS ITEMS**					
1.	Premiums					782
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					3,269
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses					2,066
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
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
18.	Funds deposited by and withheld from (F)			XXX	XXX	XXX
19.	Letters of credit (L)			XXX	XXX	XXX
20.	Trust agreements (T)			XXX	XXX	XXX
21.	Other (O)			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)	1,594,470,499		1,594,470,499
2.	Accident and health premiums due and unpaid (Line 15)	12,884,305		12,884,305
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	77,233,444		77,233,444
6.	Totals assets (Line 28)	1,684,588,248	0	1,684,588,248
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	226,355,000		226,355,000
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,980,910		2,980,910
9.	Premiums received in advance (Line 8)	21,082,197		21,082,197
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)	212,365,800		212,365,800
15.	Total liabilities (Line 24)	462,783,907	0	462,783,907
16.	Total capital and surplus (Line 33)	1,221,804,341	XXX	1,221,804,341
17.	Total liabilities, capital and surplus (Line 34)	1,684,588,248	0	1,684,588,248
	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					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada 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 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076	34-0648820	Medical Mutual of Ohio					197,496,704	(13,198,330)			184,298,374	(2,774,558)
95828	34-1442712	Medical Health Insuring Corporation of Ohio					(827,311)				(827,311)	
62375	21-0706531	Consumers Life Insurance Company					(9,458,928)	13,198,330			3,739,402	2,774,558
95732	57-1048554	Carolina Care Plan, Inc					(4,394,640)				(4,394,640)	
	34-1913462	Medical Mutual Services, LLC					(182,489,385)				(182,489,385)	
	34-1913458	MMO Agency Management, LLC					(326,440)				(326,440)	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.
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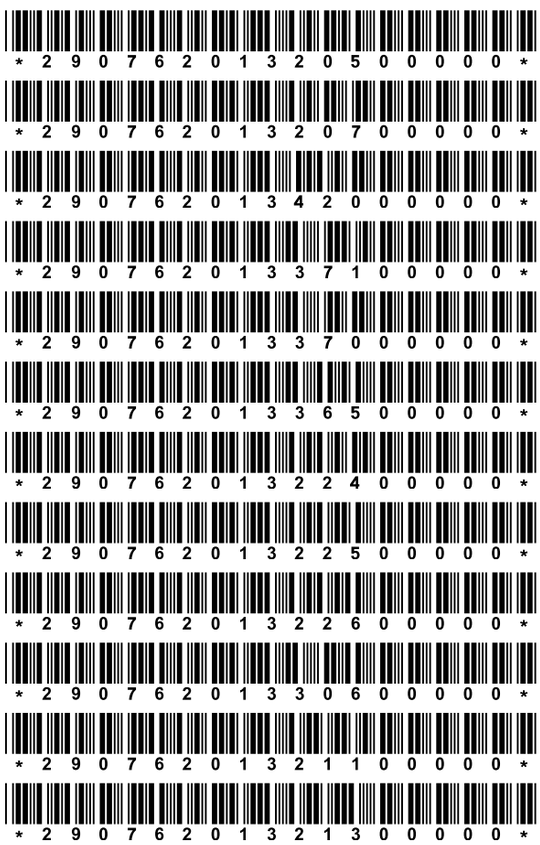

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Prepaid Assets	7,880,458	7,880,458	0	
2505. Other Receivables	1,643,302	945,326	697,976	
2597. Summary of remaining write-ins for Line 25	9,523,760	8,825,784	697,976	0

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable	5,127,249		5,127,249	7,376,412
2305. Unclaimed Funds	3,626,235		3,626,235	2,929,895
2306. Guaranty Fund Liability	5,200,000		5,200,000	7,100,000
2397. Summary of remaining write-ins for Line 23	13,953,484	0	13,953,484	17,406,307

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 1:

Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
0604. Drug Only	6	5	5	5	5	60
0697. Summary of remaining write-ins for Line 6	6	5	5	5	5	60

Supplement for the year 2013 of the **Medical Mutual of Ohio**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

NAIC Group Code.....730
Address (City, State and Zip Code).....Cleveland, OH 44115
Person Completing This Exhibit.....Charles Kuhn

NAIC Company Code.....29076
Title.....Director, Actuarial Services.....Telephone Number.....216-687-6528

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
NA	NG8903-W	P	NO	246	.10/17/1990			.03/01/1990	MediComp	1,278,668	882,087	69.0	340			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup Regular Option Medifil	1,361,728	980,303	72.0	243			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup High Option Medifil	3,392,650	2,334,039	68.8	604			0.0	
NA	NG8903-W; NG8806;	P	NO	246	.10/17/1990			.12/31/1991	Medifil Ohio	1,577,957	1,170,452	74.2	410			0.0	
NA	NG8902-W	P	NO	246	.10/17/1990			.12/31/1991	Medifil Part A Deductible Not Covered	89,353	62,199	69.6	34			0.0	
Yes	NG9200A/W 11/91	A	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio A	85,720	54,564	63.7	46			0.0	
Yes	NG9200C/W	C	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio C	3,585,168	2,910,096	81.2	1,293			0.0	
Yes	NG9200A/R1200	A	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio A - Attained Age	89,387	58,841	65.8	39			0.0	
Yes	NG9200C/R1200	C	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio C - Attained Age	1,662,664	950,032	57.1	473			0.0	
Yes	STMS - NG0000	C	YES	246	.11/01/2002			.01/31/2004	Medicare Select Plan C	3,101	3,349	108.0	1			0.0	
Yes	STM-NG2004-A; R200	A	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan A	44,193	21,737	49.2	26			0.0	
Yes	STM-NG2010-A	A	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan A	2,761	2,076	75.2	2	13,971	1,939	13.9	12
Yes	STM-NG2004-C; R200	C	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan C	2,220,631	1,539,738	69.3	775			0.0	
Yes	STM-NG2010-C	C	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan C	60,334	43,375	71.9	27	255,588	171,336	67.0	162
Yes	STMS-NG2004; R200	C	YES	34	.12/23/2003			.03/31/2006	Medicare Select Individual Policy - Plan C	27,276	10,937	40.1	13			0.0	
Yes	STM-NG2004-F; STM	F	NO	34	.07/14/2004			.05/31/2010	Medicare Supplement Individual Policy - Plan F	1,501,995	925,286	61.6	609			0.0	
Yes	STM-NG2010-F	F	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan F	239,317	172,685	72.2	115	4,484,801	3,100,319	69.1	3,091
Yes	STM-NG2010-HI/F	F	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - High Ded Plan F			0.0		90,207	46,050	51.0	188
Yes	STM-NG2010-N	N	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - Plan N			0.0		239,696	139,387	58.2	257
0199999.	Total Policy Experience on Individual Policies									17,222,903	12,121,796	70.4	5,050	5,084,263	3,459,031	68.0	3,710

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....730
Address (City, State and Zip Code).....Cleveland, OH 44115
Person Completing This Exhibit.....Charles Kuhn

NAIC Company Code.....29076

Title.....Director, Actuarial Services.....Telephone Number.....216-687-6528

360.OH.1

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Group Policies																	
Yes	STM-GRP/ASC2900-A	A	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	89,544	37,918	42.3	44			0.0	
Yes	STM-GRP/ASC2900-C	C	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	1,981,747	1,544,959	78.0	648	5,148	489	9.5	2
Yes	STM-GRP/ASC2900-F	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	975,892	525,702	53.9	341	19,808	40,479	204.4	10
Yes	STM-GRP/ASC2010-F											0.0				0.0	
Yes	STM-GRP/ASC2900-HF	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	58,482	52,328	89.5	60	1,670	72	4.3	2
Yes	STM-GRP/ASC2900-H	H	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	267,588	207,315	77.5	97			0.0	
0299999.	Total Policy Experience on Group Policies									3,373,253	2,368,222	70.2	1,190	26,626	41,040	154.1	14

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".

2013 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK