



ANNUAL STATEMENT

For the Year Ended December 31, 2014

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.....Property/Casualty	Is HMO Federally Qualified? Yes [] No []	
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, 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) Sharon.Matonis@medmutual.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-360-4073 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chircosta	CEO	2. Steffany Matticola Larkins	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Jared Paul Chaney	Richard Alan Chircosta	Steffany Matticola Larkins
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 Chircosta	(Signature) Steffany Matticola Larkins	(Signature) Raymond Karl Mueller
1. (Printed Name) CEO (Title)	2. (Printed Name) Secretary (Title)	3. (Printed Name) Treasurer (Title)
Subscribed and sworn to before me	a. Is this an original filing? b. If no	Yes [X] No []
This _____ day of _____ 2015	1. State the amendment number 2. Date filed 3. Number of pages attached	_____ _____ _____

Medical Health Insuring Corporation of Ohio

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	..68,464,847		..68,464,847	..77,687,460
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....1,792,240, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....11,401,441, Schedule DA).....	13,193,681		13,193,681	12,192,229
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	81,658,528	0	81,658,528	89,879,689
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	600,938		600,938	708,321
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,586,265		1,586,265	828,133
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	30,371,468		30,371,468	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	119,983
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	797,569
24. Health care (\$....4,403,180) and other amounts receivable.....	4,567,758	164,578	4,403,180	32,652
25. Aggregate write-ins for other than invested assets.....	38,731	12,651	26,080	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	118,823,688	177,229	118,646,459	92,366,347
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	118,823,688	177,229	118,646,459	92,366,347

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Assets.....	11,955	11,955	0	
2502. Other Receivables.....	26,776	696	26,080	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	38,731	12,651	26,080	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....4,419,400 reinsurance ceded).....	26,073,100		26,073,100	1,348,000
2. Accrued medical incentive pool and bonus amounts.....	39,900		39,900	14,870
3. Unpaid claims adjustment expenses.....	721,272		721,272	28,560
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	76,000
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	6,361,064		6,361,064	1,689,767
9. General expenses due or accrued.....	3,423,902		3,423,902	134,687
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	1,751,500		1,751,500	429,309
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	10,819,698		10,819,698	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	49,190,436	0	49,190,436	3,721,193
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	3,302,000	0
26. Common capital stock.....	XXX	XXX	4,000,000	4,000,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	79,066,417	76,757,163
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(16,912,394)	7,887,991
32. Less treasury stock at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	69,456,023	88,645,154
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	118,646,459	92,366,347

DETAILS OF WRITE-INS

2301. Other Liabilities.....			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501. Estimated 2015 Health Insurance Fee.....	XXX	XXX	3,302,000	
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	3,302,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Medical Health Insuring Corporation of Ohio
STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	394,555	31,698
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	159,756,026	12,338,266
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	76,000	(76,000)
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	159,832,026	12,262,266
Hospital and Medical:			
9. Hospital/medical benefits.....		130,178,906	8,547,567
10. Other professional services.....		9,277,721	734,795
11. Outside referrals.....		1,052,569	270,503
12. Emergency room and out-of-area.....		17,179,358	1,283,337
13. Prescription drugs.....		31,332,693	416,606
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		48,308	(2,614)
16. Subtotal (Lines 9 to 15).....	0	189,069,555	11,250,194
Less:			
17. Net reinsurance recoveries.....		34,790,868	
18. Total hospital and medical (Lines 16 minus 17).....	0	154,278,687	11,250,194
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$....2,248,541 cost containment expenses.....		5,931,405	418,336
21. General administrative expenses.....		19,494,474	735,168
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	0	179,704,566	12,403,698
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(19,872,540)	(141,432)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		2,165,490	2,554,993
26. Net realized capital gains or (losses) less capital gains tax of \$....36,700.....		68,147	2,625
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	2,233,637	2,557,618
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	0	(1,158,851)	(2,306)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(18,797,754)	2,413,880
31. Federal and foreign income taxes incurred.....	XXX.....	1,503,310	461,528
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(20,301,064)	1,952,352

DETAILS OF WRITE-INS

0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Other Expense.....		(1,158,851)	(2,306)
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(1,158,851)	(2,306)

Medical Health Insuring Corporation of Ohio
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	88,645,154	86,663,150
34. Net income or (loss) from Line 32.....	(20,301,064)	1,952,352
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		(9,017)
39. Change in nonadmitted assets.....	(141,898)	38,669
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	774,573	
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	479,258	0
48. Net change in capital and surplus (Lines 34 to 47).....	(19,189,131)	1,982,004
49. Capital and surplus end of reporting period (Line 33 plus 48).....	69,456,023	88,645,154

DETAILS OF WRITE-INS

4701. Correction of Error - Paid in Surplus.....	1,534,681	
4702. Correction of Error - Unassigned Funds (Surplus).....	(1,055,423)	
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	479,258	0

Medical Health Insuring Corporation of Ohio

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	163,669,191	14,202,056
2. Net investment income.....	2,905,698	3,259,321
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	166,574,889	17,461,377
5. Benefit and loss related payments.....	164,403,650	11,672,357
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	22,602,531	11,133,962
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		990,319
10. Total (Lines 5 through 9).....	187,006,181	13,796,638
11. Net cash from operations (Line 4 minus Line 10).....	(20,431,292)	3,664,739
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	11,345,549	10,893,961
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	11,345,549	10,893,961
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	2,651,186	17,917,237
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,651,186	17,917,237
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	8,694,363	(7,023,276)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	12,738,381	(1,403,942)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	12,738,381	(1,403,942)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	1,001,452	(4,762,479)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	12,192,229	16,954,708
19.2 End of year (Line 18 plus Line 19.1).....	13,193,681	12,192,229

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income.....	159,756,026	159,716,146	39,880							
2. Change in unearned premium reserves and reserve for rate credit.....	76,000	76,000								
3. Fee-for-service (net of \$.....0 medical expenses).....	0									XXX.
4. Risk revenue.....	0									XXX.
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	159,832,026	159,792,146	39,880	0	0	0	0	0	0	0
8. Hospital/medical benefits.....	130,178,906	130,188,815	13,836			(23,745)				XXX.
9. Other professional services.....	9,277,721	9,277,327	1,273			(879)				XXX.
10. Outside referrals.....	1,052,569	1,052,218	.500			(149)				XXX.
11. Emergency room and out-of-area.....	17,179,358	17,178,480	1,864			(986)				XXX.
12. Prescription drugs.....	31,332,693	31,331,920	0	0	0	.773				XXX.
13. Aggregate write-ins for other hospital and medical.....	0	0				0			0	XXX.
14. Incentive pool, withhold adjustments and bonus amounts.....	48,308	49,848				(1,540)				XXX.
15. Subtotal (Lines 8 to 14).....	189,069,555	189,078,608	17,473	0	0	(26,526)	0	0	0	XXX.
16. Net reinsurance recoveries.....	34,790,868	34,790,868								XXX.
17. Total hospital and medical (Lines 15 minus 16).....	154,278,687	154,287,740	17,473	0	0	(26,526)	0	0	0	XXX.
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$....2,248,541 cost containment expenses.....	5,931,405	5,928,266	3,139							
20. General administrative expenses.....	19,494,474	19,480,200	14,274							
21. Increase in reserves for accident and health contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.
22. Increase in reserve for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	179,704,566	179,696,206	34,886	0	0	(26,526)	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	(19,872,540)	(19,904,060)	4,994	0	0	26,526	0	0	0	0

DETAILS OF WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	161,360,866		1,644,720	159,716,146
2. Medicare supplement.....	39,880			39,880
3. Dental only.....				0
4. Vision only.....				0
5. Federal employees health benefits plan.....				0
6. Title XVIII - Medicare.....				0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	161,400,746	0	1,644,720	159,756,026
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	161,400,746	0	1,644,720	159,756,026

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	164,380,372	164,385,179	19,357			(24,164)				
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	164,380,372	164,385,179	19,357	0	0	(24,164)	0	0	0	0
2. Paid medical incentive pools and bonuses	23,278	23,278								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	30,492,500	30,503,522	4,944			(15,966)				
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	4,419,400	4,419,400								
3.4 Net	26,073,100	26,084,122	4,944	0	0	(15,966)	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	39,900	39,900								
6. Net healthcare receivables (a)	4,503,625	4,510,111	136			(6,622)				
7. Amounts recoverable from reinsurers December 31, current year	30,371,468	30,371,468								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,348,000	1,349,830	6,692			(8,522)				
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	1,348,000	1,349,830	6,692	0	0	(8,522)	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	14,870	13,330				1,540				
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	189,021,247	189,028,760	17,473	0	0	(24,986)	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	34,790,868	34,790,868	0	0	0	0	0	0	0	0
12.4 Net	154,230,379	154,237,892	17,473	0	0	(24,986)	0	0	0	0
13. Incurred medical incentive pools and bonuses	48,308	49,848	0	0	0	(1,540)	0	0	0	0

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	30,492,500	30,503,522	4,944			(15,966)				
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	4,419,400	4,419,400								
2.4 Net.....	26,073,100	26,084,122	4,944	0	0	(15,966)	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	30,492,500	30,503,522	4,944	0	0	(15,966)	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	4,419,400	4,419,400	0	0	0	0	0	0	0	0
4.4 Net.....	26,073,100	26,084,122	4,944	0	0	(15,966)	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	837,077	133,176,634	(14,534)	26,098,656	822,543	1,349,830
2. Medicare supplement.....	2,749	16,608	(2)	4,946	2,747	6,692
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....	(17,542)	(6,622)	(15,966)		(33,508)	(8,522)
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	822,284	133,186,620	(30,502)	26,103,602	791,782	1,348,000
10. Healthcare receivables (a).....		2,590,141		1,977,617	0	64,133
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	5,271	18,007		39,900	5,271	14,870
13. Totals (Lines 9 - 10 + 11 + 12).....	827,555	130,614,486	(30,502)	24,165,885	797,053	1,298,737

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	3,017	2,922	2,944	2,944	2,944
2. 2010.....	29,294	31,795	31,749	31,733	31,733
3. 2011.....	XXX	27,490	29,666	29,601	29,582
4. 2012.....	XXX	XXX	19,459	21,405	21,398
5. 2013.....	XXX	XXX	XXX	9,808	10,662
6. 2014.....	XXX	XXX	XXX	XXX	133,204

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	(257)	(755)	(733)	(733)	(733)
2. 2010.....	32,168	32,059	31,749	31,733	31,733
3. 2011.....	XXX	30,017	29,644	29,601	29,582
4. 2012.....	XXX	XXX	21,202	21,348	21,398
5. 2013.....	XXX	XXX	XXX	11,163	10,630
6. 2014.....	XXX	XXX	XXX	XXX	154,781

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....	.36,650	31,733	1,022	.3.2	32,755	89.4			32,755	.89.4
2. 2011.....	.32,304	29,582	.826	.2.8	30,408	94.1			30,408	.94.1
3. 2012.....	.23,964	21,398	.657	.3.1	22,055	92.0			22,055	.92.0
4. 2013.....	.12,338	10,662	.894	.8.4	11,556	93.7	(31)		11,525	.93.4
5. 2014.....	159,756	133,204	4,702	.3.5	137,906	86.3	26,144	722	164,772	.103.1

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	1,892	1,735	1,716	1,716	1,713
2. 2010.....	16,608	18,167	18,121	18,107	18,107
3. 2011.....	XXX.....	14,109	15,371	15,296	15,292
4. 2012.....	XXX.....	XXX.....	7,110	8,135	8,130
5. 2013.....	XXX.....	XXX.....	XXX.....	9,424	10,278
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	133,195

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	.293	-(166)	(185)	(185)	(188)
2. 2010.....	18,201	18,319	18,121	18,107	18,107
3. 2011.....	XXX.....	15,499	15,361	15,296	15,292
4. 2012.....	XXX.....	XXX.....	7,883	8,094	8,130
5. 2013.....	XXX.....	XXX.....	XXX.....	10,770	10,263
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	154,767

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2010.....	20,497	18,107	579	3.2	18,686	91.2			18,686	91.2
2. 2011.....	17,130	15,292	415	2.7	15,707	91.7			15,707	91.7
3. 2012.....	10,758	8,130	288	3.5	8,418	78.2			8,418	78.2
4. 2013.....	11,821	10,278	854	8.3	11,132	94.2	-(15)		11,117	94.0
5. 2014.....	159,716	133,195	4,702	3.5	137,897	86.3	26,139	722	164,758	103.2

12.HM

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	7	11	11	.11	11
2. 2010.....	.34	.37	.37	.37	.37
3. 2011.....	XXX.	.32	.33	.33	.33
4. 2012.....	XXX.	XXX.	.18	.24	.24
5. 2013.....	XXX.	XXX.	XXX.	.25	.28
6. 2014.....	XXX.	XXX.	XXX.	XXX.	.16

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	(16)	(12)	(12)	(12)	(12)
2. 2010.....	.49	.37	.37	.37	.37
3. 2011.....	XXX.	.41	.32	.33	.33
4. 2012.....	XXX.	XXX.	.22	.23	.24
5. 2013.....	XXX.	XXX.	XXX.	.31	.27
6. 2014.....	XXX.	XXX.	XXX.	XXX.	.20

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2010.....	.67	.37	.1	.2.7	.38	.56.7			.38	.56.7
2. 2011.....	.52	.33	.1	.3.0	.34	.65.4			.34	.65.4
3. 2012.....	.47	.24	.1	.4.2	.25	.53.2			.25	.53.2
4. 2013.....	.44	.28	.1	.3.6	.29	.65.9			.29	.65.9
5. 2014.....	.40	.16	.1	.6.3	.17	.42.5	.5		.22	.55.0

12.MS

U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	1,118	1,176	1,217	1,217	1,220
2. 2010.....	12,652	13,591	13,591	13,589	13,589
3. 2011.....	XXX.....	13,349	14,262	14,272	14,257
4. 2012.....	XXX.....	XXX.....	12,331	13,246	13,244
5. 2013.....	XXX.....	XXX.....	XXX.....	359	356
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	(7)

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....	(534)	(577)	(536)	(536)	(533)
2. 2010.....	13,918	13,703	13,591	13,589	13,589
3. 2011.....	XXX.....	14,477	14,251	14,272	14,257
4. 2012.....	XXX.....	XXX.....	13,297	13,231	13,244
5. 2013.....	XXX.....	XXX.....	XXX.....	362	340
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	(6)

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2010.....	16,086	13,589	442	3.3	14,031	87.2			14,031	.87.2
2. 2011.....	15,122	14,257	410	.2.9	14,667	.97.0			14,667	.97.0
3. 2012.....	13,159	13,244	368	.2.8	13,612	103.4			13,612	103.4
4. 2013.....	473	356	39	.11.0	395	.83.5	(16)		379	.80.1
5. 2014.....		(7)	(1)	14.3	(8)	0.0			(8)	0.0

12.FE

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE**

**U & I Ex.-Pt.2D
NONE**

Medical Health Insuring Corporation of Ohio
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....	.....319	.....189,834	.....404,393		.....594,546
2. Salaries, wages and other benefits.....	.....978,566	.....2,475,259	.....2,698,899		.....6,152,724
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			.....6,351,427		.....6,351,427
4. Legal fees and expenses.....	.....17	.....84	.....33,069		.....33,170
5. Certifications and accreditation fees.....	.....36,162				.....36,162
6. Auditing, actuarial and other consulting services.....	.....89,349	.....15,015	.....239,562		.....343,926
7. Traveling expenses.....	.....8,890	.....13,885	.....55,895		.....78,670
8. Marketing and advertising.....	.....248	.....138	.....180,991		.....181,377
9. Postage, express and telephone.....	.....31,218	.....169,719	.....59,007		.....259,944
10. Printing and office supplies.....	.....4,602	.....30,696	.....62,767		.....98,065
11. Occupancy, depreciation and amortization.....					.....0
12. Equipment.....	.....3,654	.....9,507	.....18,951		.....32,112
13. Cost or depreciation of EDP equipment and software.....	.....26,272	.....271,569	.....325,601		.....623,442
14. Outsourced services including EDP, claims, and other services.....	.....661,301	.....356,235	.....454,498		.....1,472,034
15. Boards, bureaus and association fees.....	.....1,269	.....695	.....12,807		.....14,771
16. Insurance, except on real estate.....			.....12,094		.....12,094
17. Collection and bank service charges.....				.....46,454	.....46,454
18. Group service and administration fees.....					.....0
19. Reimbursements by uninsured plans.....					.....0
20. Reimbursements from fiscal intermediaries.....					.....0
21. Real estate expenses.....					.....0
22. Real estate taxes.....					.....0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					.....0
23.2 State premium taxes.....			.....2,196,794		.....2,196,794
23.3 Regulatory authority licenses and fees.....	.....3	.....31	.....6,216,973		.....6,217,007
23.4 Payroll taxes.....	.....57,480	.....150,197	.....114,597		.....322,274
23.5 Other (excluding federal income and real estate taxes).....					.....0
24. Investment expenses not included elsewhere.....				.....5,117	.....5,117
25. Aggregate write-ins for expenses.....	.....349,191	.....0	.....56,149	.....0	.....405,340
26. Total expenses incurred (Lines 1 to 25).....	.....2,248,541	.....3,682,864	.....19,494,474	.....51,571	(a).....25,477,450
27. Less expenses unpaid December 31, current year.....	.....273,428	.....447,844	.....3,419,040	.....4,862	.....4,145,174
28. Add expenses unpaid December 31, prior year.....	.....10,523	.....18,037	.....129,553	.....5,134	.....163,247
29. Amounts receivable relating to uninsured plans, prior year.....					.....0
30. Amounts receivable relating to uninsured plans, current year.....					.....0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	.....1,985,636	.....3,253,057	.....16,204,987	.....51,843	.....21,495,523

DETAILS OF WRITE-INS

2501. Network Access Fees.....	.....349,191				.....349,191
2502. Other.....			.....56,149		.....56,149
2503. ....					.....0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0	.....0	.....0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....349,191	.....0	.....56,149	.....0	.....405,340

(a) Includes management fees of \$....8,825,129 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....1,091,968	.....1,056,895
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....1,230,445	.....1,158,082
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....2,031	.....2,084
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....2,324,444	.....2,217,061
11. Investment expenses.....	.....	(g).....51,571
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....51,571
17. Net investment income (Line 10 minus Line 16).....	.....	.....2,165,490

DETAILS OF WRITE-INS

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

(a) Includes \$....64,894 accrual of discount less \$....697,991 amortization of premium and less \$....18,098 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....104,847	.....	.....104,847	.....	.....
1.3 Bonds of affiliates.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....0	.....	.....
2.11 Preferred stocks of affiliates.....0	.....	.....
2.2 Common stocks (unaffiliated).....0	.....	.....
2.21 Common stocks of affiliates.....0	.....	.....
3. Mortgage loans.....0	.....	.....
4. Real estate.....0	.....	.....
5. Contract loans.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....0	.....	.....
7. Derivative instruments.....0	.....	.....
8. Other invested assets.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....104,847	.....0	.....104,847	.....0	.....0

DETAILS OF WRITE-INS

0901.....	.....	.....	.....0	.....	.....
0902.....	.....	.....	.....0	.....	.....
0903.....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	164,578	31,481	(133,097)
25. Aggregate write-ins for other than invested assets.....	12,651	3,850	(8,801)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	177,229	35,331	(141,898)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	177,229	35,331	(141,898)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Assets.....	11,955	3,850	(8,105)
2502. Other Receivables.....	.696		(696)
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	12,651	3,850	(8,801)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	1 Prior Year	2 First Quarter	Total Members at End of			6 Current Year Member Months
			3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	2,746	2,514	865	820	820	15,131
2. Provider service organizations.....						
3. Preferred provider organizations.....		19,495	36,810	39,711	40,317	379,412
4. Point of service.....						
5. Indemnity only.....		1	1	1	1	12
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	2,746	22,010	37,676	40,532	41,138	394,555

DETAILS OF WRITE-INS

0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Dollars are in thousands

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

	State of Domicile	2014	2013
NET INCOME			
(1) Medical Health Insuring Corporation of Ohio state basis (Page 4, Line 32, Columns 2 & 3)	OH	\$ (20,301)	\$ 1,952
(2) State Prescribed Practices that increase/(decrease) NAIC SAP			
(3) State Permitted Practices that increase/(decrease) NAIC SAP			
(4) NAIC SAP (1 2 3 = 4)	OH	\$ (20,301)	\$ 1,952
SURPLUS			
(5) Medical Health Insuring Corporation of Ohio state basis (Page 3, line 33, Columns 3 & 4)	OH	\$ 69,456	\$ 88,645
(6) State Prescribed Practices that increase/(decrease) NAIC SAP			
(7) State Permitted Practices that increase/(decrease) NAIC SAP			
(8) NAIC SAP (5 6 7 = 8)	OH	\$ 69,456	\$ 88,645

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of the financial statements requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

C. Accounting Policy

The accompanying statutory-basis financial statements of Medical Health Insuring Corporation of Ohio (the Company) have been prepared in conformity with the National Association of Insurance Commissioners (NAIC) *Accounting Practices and Procedures Manual* as prescribed by the Ohio Department of Insurance (ODI). Such practices vary from U.S. generally accepted accounting principles (GAAP). The more significant variances from GAAP are as follows:

Investments Investments in bonds are reported at amortized cost or fair value based on their NAIC rating; for GAAP, such fixed maturity investments would be designated at purchase as held-to-maturity, trading, or available-for-sale. Held-to-maturity fixed investments are reported at amortized cost, and the remaining fixed maturity investments are reported at fair value with unrealized holding gains and losses reported in operations for those designated as trading and as a separate component of capital and surplus for those designated as available-for-sale.

A realized loss is recorded upon the sale of an investment at a loss or when a decline in the fair value of an investment is determined by management to be other than temporary. Realized capital gains and losses are determined on the first-in, first-out cost method.

For GAAP, when a decline in the fair value is other than temporary, the difference between the security's fair value and carrying value (amortized cost) must be realized in earnings if the Company has the intent to sell the security or does not have the intent and ability to hold the security until recovery of the carrying value. If the Company does not intend to sell the security and it is more likely than not that the Company will be required to sell the security before recovery of its amortized cost basis, the other-than-temporary impairment (OTTI) would be separated into (a) the amount representing the credit loss and (b) the amount related to all other factors. The amount of the total OTTI related to the credit loss would be recognized in earnings. The amount of the total OTTI related to other factors would be recognized in other comprehensive income.

Nonadmitted Assets Certain assets designated as nonadmitted, principally certain health care receivables and prepaid expenses, are excluded from the accompanying balance sheets and are charged directly to capital and surplus. In accordance with GAAP, such assets are included in the balance sheets. Capital and surplus was reduced by nonadmitted assets of \$177 and \$35 at December 31, 2014 and 2013, respectively.

Deferred Income Taxes The Company computes deferred income taxes in accordance with Statement of Statutory Accounting Principle (SSAP) No. 101, *Income Taxes, A Replacement of SSAP No. 10R and SSAP No. 10*. Under SSAP 101, gross deferred tax assets are reduced by a statutory valuation allowance adjustment if, based on the weight of available evidence, it is more-likely-than-not that some portion or all of the gross deferred tax assets will not be realized to calculate the adjusted gross deferred tax assets. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including: (1) the nature of the deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of reversal; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be used; (6) unique tax rules that would impact the utilization of the deferred tax assets; (7) any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused.

Admitted adjusted deferred income tax assets are limited to 1) the amount of federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with the Internal Revenue Service tax loss carryback provisions, not to exceed three years, plus 2) the amount of adjusted gross deferred income tax assets expected to be realized within three years limited to an amount that is no greater than 15% of current period's adjusted statutory capital and surplus, plus 3) the amount of remaining adjusted gross deferred income tax assets that can be offset against existing gross deferred income tax liabilities after considering the character (i.e., ordinary versus capital) and reversal patterns of the deferred tax assets and liabilities. The remaining adjusted deferred income tax assets are nonadmitted. Deferred income taxes do not include amounts for state taxes.

Under GAAP, state taxes are included in the computation of deferred income taxes, a deferred income tax asset is recorded for the amount of gross deferred income tax assets expected to be realized in all future years, and a valuation allowance is established for deferred income tax assets not realizable.

NOTES TO FINANCIAL STATEMENTS

Transitional Reinsurance Unpaid claim liabilities ceded to U.S. Department of Health and Human Services (HHS) in accordance with the ACA's Transitional Reinsurance Program have been reported as reductions of the related reserves rather than as assets as would be required under GAAP.

Health Insurer Fee – The estimated liability and corresponding expense for the mandatory annual nondeductible assessment imposed by the ACA (the Health Insurer Fee) are both recognized in full on January 1 of the applicable calendar year in which the assessment is paid. In accordance with GAAP, the liability is recognized in full on January 1 with a corresponding deferred cost that is amortized to expense using a straight-line method of allocation.

Statements of Cash Flow – Cash and short-term investments in the statements of cash flow represent cash balances and investments with initial maturities of one year or less. In accordance with GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments with initial maturities of three months or less.

Other significant accounting policies are as follows:

Cash and Invested Assets Short-term investments, principally money market accounts, include investments with remaining maturities of one year or less at the time of acquisition and are principally stated at amortized cost, which approximates fair value.

Investments U.S. government securities and corporate bonds not backed by other assets are recorded at cost adjusted for amortization of premiums and discounts using the interest method. The fair values disclosed for these securities are obtained from independent pricing services.

Other-Than-Temporary Impairment The Company reviews the values of the Company's investments on a quarterly basis. If the value of the investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been less than the amortized cost basis.
- The Company's ability and intent to hold the security long enough for it to recover its value.
- A significant deterioration in the earning performance, credit rating, asset quality or business prospects of the investee.
- A significant adverse change in the regulatory, economic, or technological environment of the investee.
- Factors that raise significant concerns about the investee's ability to continue as a going concern such as negative cash flows from operations, working capital deficiencies, or noncompliance with statutory capital requirements or debt covenants.

Premiums – Premiums are earned and recorded, net of amounts assumed and ceded under reinsurance agreements, pro rata over the period for which coverage is provided. Uncollected premiums include uncollected amounts from insured individuals and groups and are reported net of an allowance for amounts deemed uncollectible. Premium payments received prior to the period of coverage are classified as Advance Premiums.

Unpaid Claims and Claims Adjustment Expenses – Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects of trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

Federal Medical Loss Ratio Rebate – The Company is subject to the ACA, which requires the payment of rebates to eligible policyholders or enrollees when the amounts paid for healthcare benefits and quality improvement initiatives fall below specified thresholds. Separate calculations are performed by employer group size (individual, small group, and large group). At December 31, 2014, no liability is recognized on the accompanying balance sheets as the calculated amounts exceeded the applicable thresholds. At December 31, 2013, a liability of \$76 was accrued for small group business underwritten in Ohio; however, ultimately no amounts were paid out in 2014 based on achieving the medical loss ratio requirements in the final calculations.

Income Taxes – Changes to liabilities for uncertain tax positions are recorded as income tax expense in the accompanying statement of operations. The total liability for uncertain tax positions at December 31, 2014 and 2013, was \$1,751 and \$35, respectively. The Company does not expect any significant changes in its uncertain tax positions in 2015.

Premium Subsidy and Cost Sharing Subsidy Under regulations established by the ACA, HHS pays the Company a portion of the premium (Premium Subsidy) and/or a portion of the health care costs (Cost Sharing Subsidy) for qualifying individual members. The Company recognizes monthly premiums received from members and the Premium Subsidy as premium revenue ratably over the contract period. The Premium Subsidy totaled \$85,852 in 2014 and is included in net premiums earned. The Cost Sharing Subsidy offsets health care costs when incurred. The Company records a liability if the Cost Sharing Subsidy is paid in advance or a receivable if incurred health care costs exceed the Cost Sharing Subsidy received to date. Qualified individuals incurred \$12,780 of claims covered by the Cost Sharing Subsidy in 2014. This amount is reported as reduction of the claims incurred and claims adjustment expense on the statement of operations. At December 31, 2014, a receivable of \$2,334 is included in health care receivable on the accompanying balance sheet related to the Cost Sharing Subsidy.

Health Insurer Fee Beginning in 2014, the Company is subject to a mandatory annual nontax deductible assessment on health insurers imposed by the ACA. The Company estimates the expense for the Health Insurer Fee based upon the preceding year's ratio of the Company's applicable net written premium compared to the U.S. health insurance industry total applicable net written premium. The Company reclassifies from unassigned surplus to special surplus the estimated assessment amount for the subsequent year.

NOTES TO FINANCIAL STATEMENTS

Premium Stabilization Programs Effective January 1, 2014, the ACA authorized three programs designed to stabilize health insurance markets (Premium Stabilization Programs): a transitional reinsurance program; a temporary risk corridors program; and a permanent risk adjustment program. The Company accounts for the Premium Stabilization Programs in accordance with SSAP No. 107, Accounting for the Risk-Sharing Provisions of the Affordable Care Act (SSAP No. 107). Details about each program are as follows:

Transitional Reinsurance Program The transitional reinsurance program, effective for policy years 2014, 2015 and 2016, requires all issuers of major medical commercial insurance products and self-insured plan sponsors to contribute funding in amounts set by HHS. Funds collected will be distributed by HHS to reimburse issuers high claims costs incurred for qualified individual members.

Expenses related to the funding of the transitional reinsurance program are reflected in general administrative expenses for all insurance products with the exception of products associated with qualified individual members, which are reflected as reduction of premiums earned. When annual claim costs incurred by qualified individual members exceed a specified attachment point, the Company is entitled to certain reimbursements from this program. Estimated recoveries are included in other admitted assets and as a reduction to claims incurred on the accompanying financial statements.

Temporary Risk Corridors Program The temporary risk corridors program, effective for policy years 2014, 2015 and 2016, is intended to limit the gains and losses of qualified individual and small group health plans offered for sale on federal or state healthcare exchanges. Plans are required to calculate the ratio of allowable costs (defined as medical claims plus quality improvement costs adjusted for the impact of reinsurance recoveries and the risk adjustment program) to the defined target amount (defined as actual premiums less defined allowable administrative costs inclusive of taxes and profits). Qualified health plans with ratios below 97% are required to make payments to HHS, while plans with ratios greater than 103% are expected to receive funds from HHS.

The Company considered in its measurement of the receivable from the risk corridor programs the fact that HHS will only be obligated to reimburse risk corridor payments up to the funds collected from qualified health plan that are required to make payments to HHS for the program, regardless of the potential gross receivable estimated. As a result, the Company did not record the risk corridor receivable as of December 31, 2014, based on the uncertainty regarding HHS ability to fund the program.

Permanent Risk Adjustment Program – The permanent risk adjustment program is designed to transfer funds from qualified individual and small group plans with below average risks scores to those respective plans with above average risk scores.

SSAP No. 107 requires that estimates of amounts owed or due for the Permanent Risk Adjustment Program be reflected as an adjustment to earned premium if sufficient data is available to make an estimate. Since sufficient data is not available, no amounts have been recognized in the accompanying financial statements related to the Permanent Risk Adjustment Program.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

In 2014, the Company identified an error in the calculation of the federal income tax expenses and settlement of taxes with the Parent. The effect of the error was to understate total assets by \$49, overstate total liabilities by \$430 and understate total capital and surplus by \$479 at December 31, 2013. For the year ended December 31, 2013, net income was overstated by \$332. In accordance with SSAP No. 3, the Company recorded the correction of this error directly in capital and surplus in 2014.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

Items (A) (D) Not applicable

NOTE 4 – DISCONTINUED OPERATIONS

Items (1) (5) Not applicable

NOTE 5 – INVESTMENTS

Items (A) (G) Not applicable

H. **Restricted Assets**

At December 31, 2014 and 2013, a bond with an admitted asset value of \$411 and \$423, respectively, was on deposit with the ODI to satisfy regulatory requirements.

Items (I) (K) Not applicable

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Items (A) (B) Not applicable

NOTE 7 – INVESTMENT INCOME

Items (A) (B) Not applicable

NOTE 8 – DERIVATIVE INSTRUMENTS

Items (A) (F) Not applicable

NOTE 9 – INCOME TAXES

The Company is taxed as a stock property and casualty insurance company and files a consolidated federal income tax return with Medical Mutual of Ohio (MMO or Parent) and other affiliates. The Company has a written tax-sharing agreement with its Parent and other affiliates such that the tax liability of the group is apportioned among the members based upon the ratio to which the member's taxable income bears to the consolidated group's taxable income. A member generating a taxable loss is compensated for the loss in the year the loss is absorbed by the consolidated group. There were no amounts due to MMO for federal income taxes at December 31, 2014 or 2013. To the extent that the amount of income tax expense incurred calculated based on a regular federal income tax rate of 35% varies from the amount of the ultimate cash settlement with MMO, as required by the tax sharing agreement, a deemed capital contribution or distribution is recorded directly in capital and surplus.

NOTES TO FINANCIAL STATEMENTS

Deferred income tax assets (DTAs) and liabilities (DTLs) represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in Statement of SSAP No. 101. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Current income tax payables include all current income taxes, including interest, expected to be paid in a subsequent accounting period. Any current tax (excluding the liability for uncertain tax positions) owed or due from the Parent are included in amounts due to Parent. The Company had a receivable from the Parent of \$293 for federal income taxes at December 31, 2014.

The Company paid no federal income taxes during 2014 and 2013, respectively. The Company cannot recover any income tax incurred relating to 2014 and 2013 if the Company has losses in future years. At December 31, 2014, the Company had \$5,091 net operating loss carryforwards expiring through 2034. The Company has no capital loss carryforwards to utilize in future years at December 31, 2014 and 2013.

The Company is subject to federal income tax examinations by tax authorities for the years 2011 through 2014.

A. Deferred Tax Assets/(Liabilities)

1. At December 31, 2014 and 2013, there were no capital DTAs or DTLs. Components of ordinary DTAs and DTLs are as follows:

Description	Ordinary		
	December 31 2014	2013	Change
Gross deferred tax assets	\$ 6,607	\$ 2,773	\$ 3,714
Statutory valuation allowance	(6,607)	(2,773)	(3,834)
Adjusted gross deferred tax assets	—	120	(120)
Deferred tax assets nonadmitted	—	—	—
Subtotal net admitted deferred tax asset	—	120	(120)
Deferred tax liabilities	—	—	—
Net admitted deferred tax asset	\$ —	\$ 120	\$ (120)

2. The admission calculation components of ordinary deferred tax assets are as follows:

	December 31		
	2014	2013	Change
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ —	\$ 120	\$ (120)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from above) after application of the threshold limitation (the lesser of i. and ii. below):			
i. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	—	—	—
ii. Adjusted gross deferred tax assets allowed per limitation threshold	—	—	—
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from (a) and (b) above) offset by gross deferred tax liabilities	—	—	—
Deferred tax assets admitted as the result of application of SSAP No. 101	—	120	(120)
Deferred tax liability	—	—	—
Net admitted deferred tax assets	\$ —	\$ 120	\$ (120)
Nonadmitted deferred tax assets	\$ —	\$ —	\$ —

3. Other admissibility criteria for the Company are as follows:

	2014	2013
Ratio percentage used to determine recovery period and threshold limitation amounts	1061%	11214%
Amount of adjusted capital and surplus used to determine recovery period and threshold limitation	\$ 69,456	\$ 88,525

4. Impact of Tax Planning Strategies

Tax planning strategies had no impact on adjusted gross DTAs and net admitted DTAs.

B. Deferred Tax Liabilities Not Recognized

There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2014 and 2013.

NOTES TO FINANCIAL STATEMENTS**C. Current and Deferred Income Taxes****1. Current Income Tax**

Description	December 31			Change
	2014	2013		
Current income tax expense	\$ 1,386	\$ 398	\$ 988	
Prior year under accrual	117	64	53	
Tax on capital gains	37	1	36	
Federal income taxes incurred	\$ 1,540	\$ 463	\$ 1,077	

2. Deferred Tax Assets

Description	December 31			Change
	2014	2013		
Ordinary DTAs				
Net operating loss and AMT credit carryforwards	\$ 5,091	\$ 2,669	\$ 2,422	
Accrued premium taxes	769	35	734	
Intangible assets	106	153	(47)	
Unearned premiums	445	1	444	
Claims and other reserves	99	5	94	
Nonadmitted assets	62	12	50	
Other	35	18	17	
Gross ordinary DTAs	6,607	2,893	3,714	
Statutory valuation allowance	(6,607)	(2,773)	(3,834)	
Nonadmitted ordinary DTAs	—	—	—	
Total admitted DTAs	\$ —	\$ 120	\$ (120)	

3. Deferred Tax Liabilities

Not applicable

4. Net Deferred Income Taxes

The change in net deferred income taxes is zero in 2014 as the net deferred tax assets of \$120 at December 31, 2013 were recorded in the prior period adjustment directly to capital and surplus in 2014.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

Description	December 31, 2014			December 31, 2013		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
(Loss) income before taxes	\$ (18,761)	\$ (6,566)	35.0%	\$ 2,415	\$ 845	35.0%
Change in valuation allowance	10,954	3,834	(20.4)	1,297	454	18.8
DTA adjustments	7,819	2,737	(14.6)			
Change in other reserves	4,904	1,716	(9.1)			
Other	(682)	(239)	1.3	(152)	(52)	(2.2)
Permanent adjustments	167	58	(0.3)			
Tax-sharing benefit	—	—	—	(2,213)	(775)	(32.1)
	\$ 4,401	\$ 1,540	(8.2)%	\$ 1,347	\$ 472	19.5%
Federal income taxes incurred		\$ 1,503	(8.0)%		\$ 462	19.1%
Federal income tax on net capital gains		37	(0.2)		1	0.0
Change in net deferred income taxes		—	—		9	0.4
Total statutory income taxes		\$ 1,540	(8.2)%		\$ 472	19.5%

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

The Company is a stock casualty company with a health insuring corporation license which is wholly-owned by MMO, a mutual casualty insurance organization. The Company operates in Ohio and provides accident and health insurance and health care management services.

MMO provides administrative services including billing, accounting, marketing, provider relations, claims adjudication, and management information systems to the Company. In 2014 and 2013, charges to the Company for these services totaled \$8,825 and \$827, respectively. Amounts receivable and payable between the Company and MMO are settled within three months.

MMO has guaranteed that the Company will maintain the minimum capital and surplus as required by Ohio law.

NOTES TO FINANCIAL STATEMENTS**NOTE 11 – DEBT**

Items (A) (B) Not applicable

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

Items (A) (I) Not applicable

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

1. The Company has 25,000 shares of common stock authorized; 10,000 shares issued and outstanding. All shares have a par value of \$400.
2. The Company has no preferred stock authorized or outstanding.
3. The payment of dividends by the Company to MMO is limited and can only be made from earned profits unless prior approval is received from the Ohio Insurance Commissioner. The maximum amount of dividends that may be paid by insurance companies without prior approval of the Ohio Insurance Commissioner is also subject to restrictions relating to statutory surplus and net income. There were no dividends paid by the Company in 2014 or 2013.
4. Dates dividends were paid out. Not applicable.
5. Within the limitations of (3) above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
6. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
7. There were no advances to surplus not repaid.

Items (8) (13) Not applicable

NOTE 14 – CONTINGENCIES

Items (A) (E) Not applicable

NOTE 15 – LEASES

Items (A) (B) Not applicable

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Items (1) (4) Not applicable

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Items (A) (C) Not applicable

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

Items (A) (C) Not applicable

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable

NOTE 20 – FAIR VALUE MEASUREMENTS

- A. The Company has no assets or liabilities that are reported at fair value as of December 31, 2014.
- B. Not applicable
- C. Aggregate Fair Value of Financial Instrument

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 70,197	\$ 68,465	\$ -	\$ 70,197	\$ -	\$ -
Total	\$ 70,197	\$ 68,465	\$ -	\$ 70,197	\$ -	\$ -

- D. Not applicable

NOTE 21 - OTHER ITEMS

Items (A) (B) Not applicable

- C. Other Disclosures and Unusual Items

The Company is subject to certain Risk-Based Capital (RBC) requirements specified by the NAIC and required by the ODI. Under those requirements, the amount of capital and surplus maintained by the Company is determined based on various risk factors. At December 31, 2014, the Company meets the RBC requirements.

Beginning in 2014, the Company offers Affordable Care Act (ACA) compliant health insurance products available for purchase by individuals in Ohio on the Federal health public exchange.

Items (D) (G) Not applicable

NOTES TO FINANCIAL STATEMENTS**NOTE 22 – EVENTS SUBSEQUENT**

		Current Year	Prior Year
A.	ACA fee assessment payable for the upcoming year	\$ 3,302	\$ 175
B.	ACA fee assessment paid	177	-
C.	Premium written subject to ACA 9010 assessment	161,438	12,182
D.	Total adjusted capital before surplus adjustment	69,456	
E.	Authorized control level before surplus adjustment	6,547	
F.	Total adjusted capital after surplus adjustment	66,154	
G.	Authorized control level after surplus adjustment	6,552	
H.	Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC action level (YES/NO)?	NO	

NOTE 23 – REINSURANCE

Items (A) (D) Not applicable

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION

Items (A) (D) Not applicable

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions YES

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a.	Permanent ACA Risk Adjustment Program	AMOUNT
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	30
3.	Premium adjustments payable due to ACA Risk Adjustment	-
Operations (Revenue & Expenses)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	-
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	-
b. Transitional ACA Reinsurance Program		
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	30,371
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	4,420
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance not reported as ceded premium	351
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	-
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	1,645
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	34,791
9.	ACA Reinsurance contributions not reported as ceded premium	459
c. Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	-
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	-
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	-

(3) Not applicable

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

A \$567 redundancy in the December 31, 2013 reserves emerged in 2014, and a \$93 deficiency in the December 31, 2012 reserves emerged in 2013. The redundancy and deficiency that emerged during 2014 and 2013, respectively, resulted from differences in claim severity and utilization as compared to expectations.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

Items (A) (G) Not applicable

NOTE 27 – STRUCTURED SETTLEMENTS

Not Applicable

NOTES TO FINANCIAL STATEMENTS**NOTE 28 – HEALTH CARE RECEIVABLES**

A. Pharmaceutical Rebate Receivables

The Company accounts for pharmaceutical rebate receivables in accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans* (SSAP No.84). The admitted receivable balances as of December 31, 2014 and 2013 are \$1,927 and \$33, respectively. These are comprised of the estimated pharmacy rebates for the current quarter as reported in the financial statements plus the pharmacy rebates invoiced/confirmed for the preceding quarter. Additional details are included in the table below:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/Confirmed	Actual Rebates			Actual Rebates	Actual Rebates
			Collected Within 90 Days of Invoicing/Confirmation	Collected Within 91 to 180 Days of Invoicing/Confirmation	Collected More Than 180 Days After Invoicing/Confirmation		
December 31, 2014	\$ 1,142	\$ 1,173	–	–	–	\$ –	–
September 30, 2014	970	785	–	–	–	–	–
June 30, 2014	529	700	–	681	–	–	–
March 31, 2014	372	350	–	319	–	–	–
December 31, 2013	\$ 17	\$ 15	\$ 16	\$ 3	\$ 1	–	–
September 30, 2013	15	17	17	–	–	–	–
June 30, 2013	120	16	16	–	–	–	–
March 31, 2013	120	31	31	–	–	–	–

B. Not applicable

NOTE 29 – PARTICIPATING POLICIES

Not applicable

NOTE 30 – PREMIUM DEFICIENCY RESERVES

Items (1) (3) Not applicable

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

The reserves for unpaid claims and CAE at December 31, 2014 and 2013, have been reduced by \$388 and \$62, respectively, related to anticipated subrogation claims recoverable.

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?					Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]												
If yes, complete Schedule Y, Parts 1, 1A and 2.																			
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?					Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]												
1.3	State regulating? <u>OHIO</u>																		
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
2.2	If yes, date of change:																		
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.					12/31/2009													
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.					12/31/2009													
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).					03/02/2011													
3.4	By what department or departments? <u>OHIO DEPARTMENT OF INSURANCE</u>																		
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?					Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]												
3.6	Have all of the recommendations within the latest financial examination report been complied with?					Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]												
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:																		
4.11	sales of new business?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
4.12	renewals?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:																		
4.21	sales of new business?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
4.22	renewals?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?					Yes [<input type="checkbox"/>]													
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.					No [<input checked="" type="checkbox"/>]													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Name of Entity</td> <td style="width: 33%; text-align: center;">2 NAIC Co. Code</td> <td style="width: 33%; text-align: center;">3 State of Domicile</td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> </tr> </table>						1 Name of Entity	2 NAIC Co. Code	3 State of Domicile											
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile																	
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
6.2	If yes, give full information:																		
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
7.2	If yes,																		
7.21	State the percentage of foreign control				%%													
7.22	State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>						1 Nationality	2 Type of Entity												
1 Nationality	2 Type of Entity																		
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.																		
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
8.4	If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.6%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.6%; text-align: center;">3 FRB</td> <td style="width: 16.6%; text-align: center;">4 OCC</td> <td style="width: 16.6%; text-align: center;">5 FDIC</td> <td style="width: 16.6%; text-align: center;">6 SEC</td> </tr> <tr> <td colspan="6" style="height: 20px;"></td> </tr> </table>						1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC								
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC														
9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>Ernst & Young, LLP 950 Main Avenue, Cleveland, OH 44113</u>																		
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
10.2	If the response to 10.1 is yes, provide information related to this exemption:																		
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?					Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]												
10.4	If the response to 10.3 is yes, provide information related to this exemption:																		

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Michael J. Cellini, PhD, ASA, MAAA, Senior Manager & Consulting Actuary, Ernst & Young, LLP 5 Times Square, New York, NY 10036

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....0

20.12 To stockholders not officers \$.....0

20.13 Trustees, supreme or grand (Fraternal only) \$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$.....0

20.22 To stockholders not officers \$.....0

20.23 Trustees, supreme or grand (Fraternal only) \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

21.22 Borrowed from others

21.23 Leased from others

21.24 Other

Medical Health Insuring Corporation of Ohio**PART 1 - COMMON INTERROGATORIES - FINANCIAL**

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

- 22.21 Amount paid as losses or risk adjustment
- 22.22 Amount paid as expenses
- 22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.
- 24.103 Total payable for securities lending reported on the liability page.

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$.....0
25.22 Subject to reverse repurchase agreements	\$.....0
25.23 Subject to dollar repurchase agreements	\$.....0
25.24 Subject to reverse dollar repurchase agreements	\$.....0
25.25 Placed under option agreements	\$.....0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$.....0
25.27 FHLB Capital Stock	\$.....0
25.28 On deposit with states	\$.....0
25.29 On deposit with other regulatory bodies	\$.....411,003
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$.....0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$.....0
25.32 Other	\$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year:

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
FIFTH THIRD BANK	5050 KINGSLEY DRIVE, CINCINNATI, OH 45263

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
--------------------	--------------------	---------------------	-------------

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
--	-----------	--------------

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

Medical Health Insuring Corporation of Ohio**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29,299. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	.....79,866,288	.....81,597,390	.....1,731,102
30.2 Preferred stocks.....	.....	.....	.....0
30.3 Totals.....	.....79,866,288	.....81,597,390	.....1,731,102

30.4 Describe the sources or methods utilized in determining the fair values:

The fair value of our securities was determined by utilizing prices obtained from our custodian, Fifth Third Bank. Fifth Third Bank utilizes FT Interactive Data for their pricing.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	0

34.1 Amount of payments for legal expenses, if any? \$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	0

NONE

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only	\$.....39,880	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....0	
1.31	Reason for excluding		
<hr/>			
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$.....0	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$.....17,473	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$.....0	
1.62	Total incurred claims	\$.....0	
1.63	Number of covered lives	.....0	
	All years prior to most current three years:		
1.64	Total premium earned	\$.....39,880	
1.65	Total incurred claims	\$.....17,473	
1.66	Number of covered lives	.....11	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$.....0	
1.72	Total incurred claims	\$.....0	
1.73	Number of covered lives	.....0	
	All years prior to most current three years:		
1.74	Total premium earned	\$.....0	
1.75	Total incurred claims	\$.....0	
1.76	Number of covered lives	.....0	
2.	Health test:		
	2.1 Premium Numerator.....	1 Current Year	2 Prior Year
	.....159,756,026	.....12,338,266	
	2.2 Premium Denominator.....	.....159,756,026	.....12,338,266
	.....100.0	.....100.0	
	2.4 Reserve Numerator.....	.....26,113,000	.....1,438,870
	2.5 Reserve Denominator.....	.....26,113,000	.....1,438,870
	2.6 Reserve Ratio (2.4/2.5).....	.....100.0	.....100.0
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
3.2	If yes, give particulars:	<hr/>	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
5.2	If no, explain:	<hr/>	
5.3	Maximum retained risk (see instructions):		
5.31	Comprehensive medical	\$.....0	
5.32	Medical only	\$.....0	
5.33	Medicare supplement	\$.....0	
5.34	Dental and vision	\$.....0	
5.35	Other limited benefit plan	\$.....0	
5.36	Other	\$.....0	
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	<hr/>	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
7.2	If no, give details:	<hr/>	
8.	Provide the following information regarding participating providers:		
8.1	Number of providers at start of reporting year	.....44,798	
8.2	Number of providers at end of reporting year	.....46,486	
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
9.2	If yes, direct premium earned:		
9.21	Business with rate guarantees between 15-36 months	\$.....1,584,001	
9.22	Business with rate guarantees over 36 months	\$.....0	
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
10.2	If yes:		
10.21	Maximum amount payable bonuses	\$.....0	
10.22	Amount actually paid for year bonuses	\$.....0	
10.23	Maximum amount payable withhold	\$.....0	
10.24	Amount actually paid for year withhold	\$.....0	

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]
 11.13 An Individual Practice Association (IPA), or Yes [] No [X]
 11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2. Is the reporting entity subject to Minimum Net Worth Requirements?

11.3. If yes, show the name of the state requiring such net worth. OHIO \$.....13,093,616

11.4. If yes, show the amount required.

11.5. Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6. If the amount is calculated, show the calculation:

200% authorized control level risk-based capital

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
OHIO

13.1. Do you act as a custodian for health savings account? Yes [] No [X]

13.2. If yes, please provide the amount of custodial funds held as of the reporting date.

13.3. Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4. If yes, please provide the balance of the funds administered as of the reporting date.

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct written premium.....\$.....0

15.2 Total incurred claims.....\$.....0

15.3 Number of covered lives.....0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

Medical Health Insuring Corporation of Ohio

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	118,646,459	92,366,347	90,275,064	88,257,853	85,082,596
2. Total liabilities (Page 3, Line 24).....	49,190,436	3,721,193	3,611,914	4,482,265	5,260,313
3. Statutory surplus.....	13,093,616	1,578,852	1,911,988	2,221,040	2,643,708
4. Total capital and surplus (Page 3, Line 33).....	69,456,023	88,645,154	86,663,150	83,775,588	79,822,283
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	159,832,026	12,262,266	23,964,203	32,303,775	36,649,336
6. Total medical and hospital expenses (Line 18).....	154,278,687	11,250,194	20,580,605	29,410,276	31,910,195
7. Claims adjustment expenses (Line 20).....	5,931,405	418,336	637,000	827,647	1,047,273
8. Total administrative expenses (Line 21).....	19,494,474	735,168	1,144,264	1,444,390	1,767,765
9. Net underwriting gain (loss) (Line 24).....	(19,872,540)	(141,432)	1,602,334	621,462	1,924,103
10. Net investment gain (loss) (Line 27).....	2,233,637	2,557,618	3,000,159	3,120,366	3,281,391
11. Total other income (Lines 28 plus 29).....	(1,158,851)	(2,306)	(1,615)	10,000	.....
12. Net income or (loss) (Line 32).....	(20,301,064)	1,952,352	3,786,062	3,073,531	5,001,050
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(20,431,292)	3,664,739	2,507,498	3,011,544	2,222,487
Risk-Based Capital Analysis					
14. Total adjusted capital.....	69,456,023	88,645,154	86,663,150	83,775,588	79,822,283
15. Authorized control level risk-based capital.....	6,546,808	789,426	955,994	1,110,520	1,321,854
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	41,138	2,746	3,934	5,079	5,700
17. Total member months (Column 6, Line 7).....	394,555	31,698	45,868	61,696	73,584
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	96.5	91.7	85.9	91.0	87.1
20. Cost containment expenses.....	1.4	1.3	1.0	0.9	0.9
21. Other claims adjustment expenses.....	2.3	2.2	1.7	1.7	1.9
22. Total underwriting deductions (Line 23).....	112.4	101.2	93.3	98.1	94.8
23. Total underwriting gain (loss) (Line 24).....	(12.4)	(1.2)	6.7	1.9	5.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	797,053	1,827,748	2,131,724	2,671,000	3,421,000
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	1,298,737	1,720,900	2,751,242	3,278,000	3,678,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....	.....	.....	.....	.....	.....
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....	.....	.....	.....	.....	.....
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....	.....	.....	.....	.....	.....
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....	.....	.....	.....	.....	.....
30. Affiliated mortgage loans on real estate.....	.....	.....	.....	.....	.....
31. All other affiliated.....	.....	.....	.....	.....	.....
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....	.....	.....	.....	.....	.....

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure

requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama.....	AL ..N.							0	
2. Alaska.....	AK ..N.							0	
3. Arizona.....	AZ ..N.							0	
4. Arkansas.....	AR ..N.							0	
5. California.....	CA ..N.							0	
6. Colorado.....	CO ..N.							0	
7. Connecticut.....	CT ..N.							0	
8. Delaware.....	DE ..N.							0	
9. District of Columbia.....	DC ..N.							0	
10. Florida.....	FL ..N.							0	
11. Georgia.....	GA ..N.							0	
12. Hawaii.....	HI ..N.							0	
13. Idaho.....	ID ..N.							0	
14. Illinois.....	IL ..N.							0	
15. Indiana.....	IN ..N.							0	
16. Iowa.....	IA ..N.							0	
17. Kansas.....	KS ..N.							0	
18. Kentucky.....	KY ..N.							0	
19. Louisiana.....	LA ..N.							0	
20. Maine.....	ME ..N.							0	
21. Maryland.....	MD ..N.							0	
22. Massachusetts.....	MA ..N.							0	
23. Michigan.....	MI ..N.							0	
24. Minnesota.....	MN ..N.							0	
25. Mississippi.....	MS ..N.							0	
26. Missouri.....	MO ..N.							0	
27. Montana.....	MT ..N.							0	
28. Nebraska.....	NE ..N.							0	
29. Nevada.....	NV ..N.							0	
30. New Hampshire.....	NH ..N.							0	
31. New Jersey.....	NJ ..N.							0	
32. New Mexico.....	NM ..N.							0	
33. New York.....	NY ..N.							0	
34. North Carolina.....	NC ..N.							0	
35. North Dakota.....	ND ..N.							0	
36. Ohio.....	OH ..L.	161,400,746						161,400,746	
37. Oklahoma.....	OK ..N.							0	
38. Oregon.....	OR ..N.							0	
39. Pennsylvania.....	PA ..N.							0	
40. Rhode Island.....	RI ..N.							0	
41. South Carolina.....	SC ..N.							0	
42. South Dakota.....	SD ..N.							0	
43. Tennessee.....	TN ..N.							0	
44. Texas.....	TX ..N.							0	
45. Utah.....	UT ..N.							0	
46. Vermont.....	VT ..N.							0	
47. Virginia.....	VA ..N.							0	
48. Washington.....	WA ..N.							0	
49. West Virginia.....	WV ..N.							0	
50. Wisconsin.....	WI ..N.							0	
51. Wyoming.....	WY ..N.							0	
52. American Samoa.....	AS ..N.							0	
53. Guam.....	GU ..N.							0	
54. Puerto Rico.....	PR ..N.							0	
55. U.S. Virgin Islands.....	VI ..N.							0	
56. Northern Mariana Islands.....	MP ..N.							0	
57. Canada.....	CAN ..N.							0	
58. Aggregate Other alien.....	OT ..XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	161,400,746	0	0	0	0	0	161,400,746	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	(a) 1	161,400,746	0	0	0	0	0	161,400,746	0

DETAILS OF WRITE-INS

58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58.....	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998).....	0	0	0	0	0	0	0	0	0

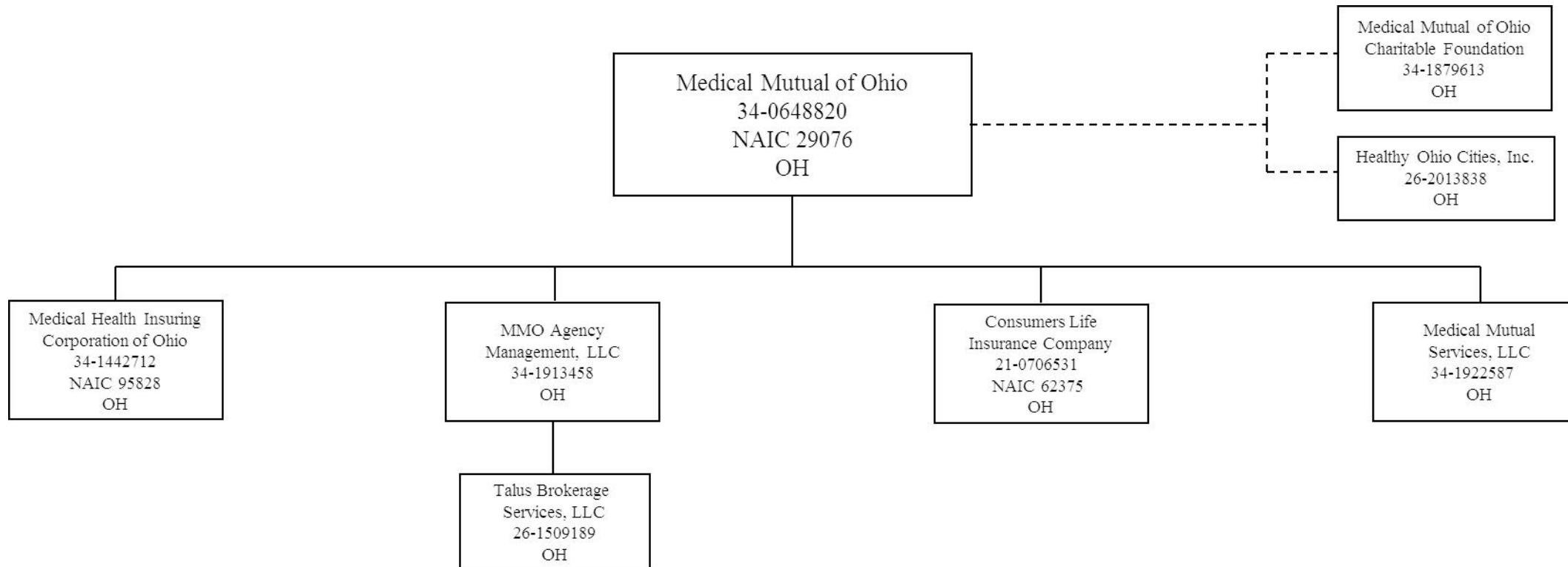
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

Premiums are allocated based upon the location of the group's home office or the individual's home address.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



2014 ALPHABETICAL INDEX
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