29076201420100100

ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

Medical Mutual of Ohio

NAIC Group Code.....730, 730 (Current Period) (Prior Period) NAIC Company Code..... 29076 Employer's ID Number..... 34-0648820

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Licensed as Business Type.....Property/Casualty Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized..... March 30, 1934 Commenced Business..... January 1, 1934

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

OFFICERS

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

OTHER

Jared Paul Chaney	EVP	Kathleen Rose Golovan	EVP
Steffany Matticola Larkins	EVP	Raymond Karl Mueller	EVP
Susan Marie Tyler	EVP		

DIRECTORS OR TRUSTEES

Charles Arthur Bryan	Richard Alan Chiricosta	Frederick David DiSanto #	Terrance Callahan Egger #
Robert John King Jr.	Samuel Henry Miller	Dennis John Roche	Greta Jane Russell
David Joseph Young			

State of..... Ohio
County of..... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Richard Alan Chiricosta	Steffany Matticola Larkins	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman, President & CEO	Secretary	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2015

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

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	39,342					39,342
Cuyahoga MetropolitanHousing Authority	492,935					492,935
City of Cleveland Employees	569,155				569,155	0
Licking Heights Local Schools	391,090					391,090
0299997. Group subscribers subtotal	1,453,180	0	0	0	569,155	884,025
0299998. Premiums due and unpaid not individually listed	(316,658)					(316,658)
0299999. Total group	1,136,522	0	0	0	569,155	567,367
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	1,175,864	0	0	0	569,155	606,709

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts	3,732,528	3,732,528	3,732,528	12,587,844	1,971,843	21,813,585
0199999. Total Pharmaceutical Rebate Receivables	3,732,528	3,732,528	3,732,528	12,587,844	1,971,843	21,813,585
Claim Overpayment Receivables						
Express Scripts	408,630			1,075,000	1,075,000	408,630
0299998. Claim Overpayment Receivables Not Listed Individually	3,082,945				1,367,226	1,715,719
0299999. Total Claim Overpayment Receivables	3,491,575	0	0	1,075,000	2,442,226	2,124,349
0799999. Gross Health Care Receivables	7,224,103	3,732,528	3,732,528	13,662,844	4,414,069	23,937,934

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	23,847,099	17,978,157		23,785,428	23,847,099	22,913,348
2. Claim overpayment receivables	5,166,918	45,511,345	368,727	4,197,848	5,535,645	5,673,356
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	29,014,017	63,489,502	368,727	27,983,276	29,382,744	28,586,704

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						211,327,692
0799999. Total claims unpaid						211,327,692
0899999. Accrued medical incentive pool and bonus amounts						5,014,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
MMO Agency Management , LLC	6,659					6,659	
Medical Mutual Services, LLC	8,662,102					8,662,102	
Medical Health Insuring Corporation of Ohio	10,819,698					10,819,698	
0199999. Individually listed receivables	19,488,459	0	0	0	0	19,488,459	0
0399999. Total gross amounts receivable	19,488,459	0	0	0	0	19,488,459	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Consumer Life Insurance Company	Revenues collected on behalf of subsidiary	3,498,629	3,498,629	
0199999. Individually listed payables		3,498,629	3,498,629	0
0399999. Total gross payables		3,498,629	3,498,629	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	3,352,997	0.2	80,214	7.3		3,352,997
4. Total capitation payments	3,352,997	0.2	80,214	7.3	0	3,352,997
Other Payments:						
5. Fee-for-service	31,281,155	1.7	XXX	XXX		31,281,155
6. Contractual fee payments	1,731,524,655	93.3	XXX	XXX		1,731,524,655
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,221,975	0.2	XXX	XXX		3,221,975
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	86,399,820	4.7	XXX	XXX		86,399,820
12. Total other payments	1,852,427,605	99.8	XXX	XXX	0	1,852,427,605
13. Total (Line 4 plus Line 12)	1,855,780,602	100.0	XXX	XXX	0	1,855,780,602

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	11,995,162		9,024,138	2,971,024	2,971,024	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	17,324,283		10,421,767	6,902,516	6,902,516	0
6. Total	29,319,445	0	19,445,905	9,873,540	9,873,540	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.GA

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,111,733	122,414	438,213	9,964	47,142	66,701				427,299
2. First quarter	1,065,344	119,627	381,689	10,393	47,749	74,317				431,569
3. Second quarter	1,060,161	117,834	362,716	10,755	47,696	81,295				439,865
4. Third quarter	1,028,899	110,962	350,354	11,371	46,963	80,854				428,395
5. Current year	1,022,576	106,881	346,997	11,797	47,085	80,205				429,611
6. Current year member months	12,549,670	1,381,940	4,354,909	131,358	567,028	939,051				5,175,384
Total Member Ambulatory Encounters for Year:										
7. Physician	3,324,634	672,910	2,477,048	167,152	54	1,872				5,598
8. Non-physician	4,483,575	1,188,971	3,093,502	127,817	1,014	69,035				3,236
9. Totals	7,808,209	1,861,881	5,570,550	294,969	1,068	70,907	0	0	0	8,834
10. Hospital patient days incurred	145,891	20,496	90,437	34,675						283
11. Number of inpatient admissions	30,162	4,870	21,640	3,609						43
12. Health premiums written (b)	2,239,556,542	368,182,571	1,722,104,660	27,369,994	2,028,978	16,742,904				103,127,435
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,239,556,542	368,182,571	1,722,104,660	27,369,994	2,028,978	16,742,904				103,127,435
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,855,780,602	354,934,569	1,379,213,627	18,798,624	2,787,968	11,396,029				88,649,785
18. Amount incurred for provision of health care services	1,848,829,086	371,905,531	1,355,059,263	18,535,362	2,782,025	11,295,872				89,251,033

30.GT

(a) For health business: number of persons insured under PPO managed care products.....455,631 and number of persons insured under indemnity only products.....12,917.

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	10,102	2,824	6,001		767	510				
2. First quarter	2,765		2,765							
3. Second quarter	1,720		1,720							
4. Third quarter	0									
5. Current year	0									
6. Current year member months	15,339		15,339							
Total Member Ambulatory Encounters for Year:										
7. Physician	5,303		5,303							
8. Non-physician	6,296		6,296							
9. Totals	11,599	0	11,599	0	0	0	0	0	0	0
10. Hospital patient days incurred	294		294							
11. Number of inpatient admissions	62		62							
12. Health premiums written (b)	5,442,744	(22,130)	5,466,267		(680)	(713)				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	5,442,744	(22,130)	5,466,267		(680)	(713)				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	8,476,268	1,286,849	7,187,277		(354)	2,496				
18. Amount incurred for provision of health care services	4,401,644	289,071	4,109,078			3,495				

30.IN

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,462	214	83		201	215				749
2. First quarter	1,134		106		127	163				738
3. Second quarter	1,105		97		123	160				725
4. Third quarter	1,057		91		110	141				715
5. Current year	1,077		89		119	146				723
6. Current year member months	13,161		1,162		1,426	1,829				8,744
Total Member Ambulatory Encounters for Year:										
7. Physician	316		316							
8. Non-physician	928		739			189				
9. Totals	1,244	0	1,055	0	0	189	0	0	0	0
10. Hospital patient days incurred	17		17							
11. Number of inpatient admissions	4		4							
12. Health premiums written (b)	453,103	(1,560)	399,161		3,602	51,900				
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	453,103	(1,560)	399,161		3,602	51,900				
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	458,887	95,267	322,537		2,034	39,049				
18. Amount incurred for provision of health care services	486,599	92,570	345,416		2,061	46,552				

30.MI

(a) For health business: number of persons insured under PPO managed care products.....93 and number of persons insured under indemnity only products.....0.

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.NC

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,100,169	119,376	432,129	9,964	46,174	65,976				426,550
2. First quarter	1,061,445	119,627	378,818	10,393	47,622	74,154				430,831
3. Second quarter	1,057,336	117,834	360,899	10,755	47,573	81,135				439,140
4. Third quarter	1,027,842	110,962	350,263	11,371	46,853	80,713				427,680
5. Current year	1,021,499	106,881	346,908	11,797	46,966	80,059				428,888
6. Current year member months	12,521,170	1,381,940	4,338,408	131,358	565,602	937,222				5,166,640
Total Member Ambulatory Encounters for Year:										
7. Physician	3,319,015	672,910	2,471,429	167,152	54	1,872				5,598
8. Non-physician	4,476,351	1,188,971	3,086,467	127,817	1,014	68,846				3,236
9. Totals	7,795,366	1,861,881	5,557,896	294,969	1,068	70,718	0	0	0	8,834
10. Hospital patient days incurred	145,580	20,496	90,126	34,675						283
11. Number of inpatient admissions	30,096	4,870	21,574	3,609						43
12. Health premiums written (b)	2,233,660,695	368,206,261	1,716,239,232	27,369,994	2,026,056	16,691,717				103,127,435
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,233,660,695	368,206,261	1,716,239,232	27,369,994	2,026,056	16,691,717				103,127,435
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,846,845,447	353,552,453	1,371,703,813	18,798,624	2,786,288	11,354,484				88,649,785
18. Amount incurred for provision of health care services	1,843,940,843	371,523,890	1,350,604,769	18,535,362	2,779,964	11,245,825				89,251,033

30.OH

(a) For health business: number of persons insured under PPO managed care products.....455,538 and number of persons insured under indemnity only products.....12,917.

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.PA

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.SC

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WI

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR (Location)

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WV

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	25,391,966	4,238,900
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				25,391,966	4,238,900
2199999.	Total - Accident and Health Non-Affiliates				25,391,966	4,238,900
2299999.	Total - Accident and Health				25,391,966	4,238,900
2399999.	Total U.S.				25,391,966	4,238,900
9999999.	Total				25,391,966	4,238,900

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	1,444,222						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,444,222	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						1,444,222	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						1,444,222	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						1,444,222	0	0	0	0	0	0
6999999.	Total - U.S.						1,444,222	0	0	0	0	0	0
9999999.	Total						1,444,222	0	0	0	0	0	0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2014	2 2013	3 2012	4 2011	5 2010
A.	**OPERATIONS ITEMS**					
1.	Premiums	1,444				
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	29,631				
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	4,239				
8.	Reinsurance recoverable on paid losses	25,392				
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers				XXX	XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust				XXX	XXX
18.	Funds deposited by and withheld from (F)				XXX	XXX
19.	Letters of credit (L)				XXX	XXX
20.	Trust agreements (T)				XXX	XXX
21.	Other (O)				XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,637,205,369		1,637,205,369
2.	Accident and health premiums due and unpaid (Line 15)	606,709		606,709
3.	Amounts recoverable from reinsurers (Line 16.1)	25,391,966	(25,391,966)	0
4.	Net credit for ceded reinsurance	XXX	29,630,866	29,630,866
5.	All other admitted assets (balance)	103,705,201		103,705,201
6.	Totals assets (Line 28)	1,766,909,245	4,238,900	1,771,148,145
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	207,088,792	4,238,900	211,327,692
8.	Accrued medical incentive pool and bonus payments (Line 2)	5,014,000		5,014,000
9.	Premiums received in advance (Line 8)	73,797,948		73,797,948
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	201,106,694		201,106,694
15.	Total liabilities (Line 24)	487,007,434	4,238,900	491,246,334
16.	Total capital and surplus (Line 33)	1,279,901,811	XXX	1,279,901,811
17.	Total liabilities, capital and surplus (Line 34)	1,766,909,245	4,238,900	1,771,148,145
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	4,238,900		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	25,391,966		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	29,630,866		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	29,630,866		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0730.....	Medical Mutual of Ohio.....	29076...	34-0648820..	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	UDP.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	95828...	34-1442712..	.....	.....	.....	Medical Health Insuring Corporation of Ohio.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	62375...	21-0706531..	.....	.....	.....	Consumers Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587..	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1913458..	.....	.....	.....	MMO Agency Management, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	26-1509189..	.....	.....	.....	Talus Brokerage Services, LLC.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076	34-0648820	Medical Mutual of Ohio		(1,482,691)			191,126,850	(482,766)			189,161,393	
95828	34-1442712	Medical Health Insuring Corporation of Ohio		774,573			(8,825,129)				(8,050,556)	
62375	21-0706531	Consumers Life Insurance Company		708,118			(1,520,812)	482,766			(329,928)	
95732	57-1048554	Carolina Care Plan, Inc					(35,904)				(35,904)	
	34-1913462	Medical Mutual Services, LLC					(180,732,941)				(180,732,941)	
	34-1913458	MMO Agency Management, LLC					(12,064)				(12,064)	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

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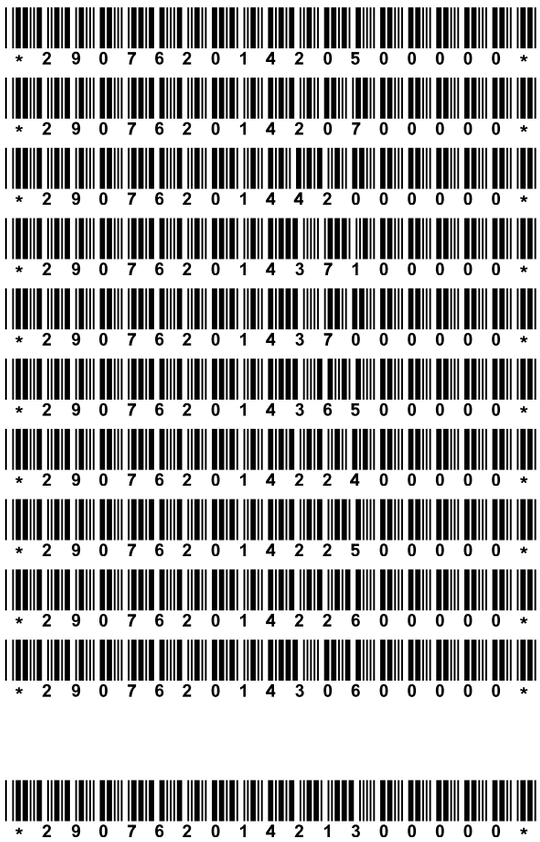

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Prepaid Assets	10,336,610	10,336,610	0	
2505. Other Receivables	1,188,198	436,996	751,202	697,976
2597. Summary of remaining write-ins for Line 25	11,524,808	10,773,606	751,202	697,976

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable			0	5,127,249
2305. Unclaimed Funds	4,477,613		4,477,613	3,626,235
2306. Guaranty Fund Liability	5,600,000		5,600,000	5,200,000
2397. Summary of remaining write-ins for Line 23	10,077,613	0	10,077,613	13,953,484

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 1:

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
0604. Drug Only	5	5	5	3	3	52
0697. Summary of remaining write-ins for Line 6	5	5	5	3	3	52

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

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

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
NA	NG8903-W	P	NO	246	.10/17/1990			.03/01/1990	MediComp	971,665	649,556	66.8	258			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup Regular Option Medifil	1,029,263	663,112	64.4	171			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup High Option Medifil	2,706,395	1,802,910	66.6	486			0.0	
NA	NG8903-W; NG8806;	P	NO	246	.10/17/1990			.12/31/1991	Medifil Ohio	1,345,946	924,745	68.7	350			0.0	
NA	NG8902-W	P	NO	246	.10/17/1990			.12/31/1991	Medifil Part A Deductible Not Covered	73,492	45,863	62.4	26			0.0	
Yes	NG9200A/W 11/91	A	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio A	82,770	47,036	56.8	40			0.0	
Yes	NG9200C/W	C	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio C	3,387,155	2,624,437	77.5	1,162			0.0	
Yes	NG9200A/R1200	A	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio A - Attained Age	85,346	61,592	72.2	31			0.0	
Yes	NG9200C/R1200	C	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio C - Attained Age	1,645,005	1,045,488	63.6	422			0.0	
Yes	STMS - NG0000	C	YES	246	.11/01/2002			.01/31/2004	Medicare Select Plan C	3,260	984	30.2	1			0.0	
Yes	STM-NG2004-A; R200	A	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan A	42,559	19,845	46.6	22			0.0	
Yes	STM-NG2010-A	A	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan A	5,590	868	15.5	4	15,772	3,329	21.1	15
Yes	STM-NG2004-C; R200	C	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan C	2,112,373	1,368,309	64.8	718			0.0	
Yes	STM-NG2010-C	C	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan C	139,686	107,817	77.2	63	269,739	256,865	95.2	159
Yes	STMS-NG2004; R200	C	YES	34	.12/23/2003			.03/31/2006	Medicare Select Individual Policy - Plan C	28,497	25,492	89.5	13			0.0	
Yes	STM-NG2004-F; STM	F	NO	34	.07/14/2004			.05/31/2010	Medicare Supplement Individual Policy - Plan F	1,480,108	957,977	64.7	582			0.0	
Yes	STM-NG2010-F	F	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan F	1,129,143	723,324	64.1	546	6,998,156	4,675,529	66.8	4,712
Yes	STM-NG2010-HI/F	F	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - High Ded Plan F	18,949	13,097	69.1	27	199,797	75,030	37.6	370
Yes	STM-NG2010-N	N	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - Plan N	51,090	48,112	94.2	36	505,646	318,612	63.0	511
0199999.	Total Policy Experience on Individual Policies									16,338,292	11,130,564	68.1	4,958	7,989,110	5,329,365	66.7	5,767

360.OH

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

NAIC Company Code.....29076

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

360.OH.1

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Group Policies																	
Yes	STM-GRP/ASC2900-A	A	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	83,353	36,976	44.4	39			0.0	
Yes	STM-GRP/ASC2900-C	C	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	1,731,148	1,186,025	68.5	568			0.0	
Yes	STM-GRP/ASC2010-C	C	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan C			0.0		5,705	1,043	18.3	2
Yes	STM-GRP/ASC2900-F	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	903,814	638,085	70.6	311			0.0	
Yes	STM-GRP/ASC2010-F	F	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan F			0.0		24,798	11,705	47.2	9
Yes	STM-GRP/ASC2900-HF	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	58,110	28,363	48.8	63			0.0	
Yes	STM-GRP/ASC2900-H	H	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	235,664	173,236	73.5	80			0.0	
0299999.	Total Policy Experience on Group Policies									3,012,089	2,062,685	68.5	1,061	30,503	12,748	41.8	11

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 2060 East Ninth Street Cleveland OH 44115-1355
   2.2 Contact person and phone number..... Nancy Ross-Bell 216-687-7299
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 2060 East Ninth Street Cleveland OH 44115-1355

GENERAL INTERROGATORIES

3.2 Contact person and phone number..... Nancy Ross-Bell 216-687-7299

4. Explain any policies identified as policy type "O".

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