



HEALTH QUARTERLY STATEMENT

As of June 30, 2015
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) (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 Chiricosta	CEO	2. Steffany Matticola Larkins	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Jared Paul Chaney	Richard Alan Chiricosta	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)	(Signature)	(Signature)
Richard Alan Chiricosta	Steffany Matticola Larkins	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

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 _____

Medical Health Insuring Corporation of Ohio
ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....	61,144,674		61,144,674	68,464,847
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
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 (\$.....1,154,204), cash equivalents (\$.....0) and short-term investments (\$.....729,304).....	1,883,508		1,883,508	13,193,681
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	63,028,182	0	63,028,182	81,658,528
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	545,901		545,901	600,938
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,339,749	7,148	1,332,601	1,586,265
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.....	54,182,405		54,182,405	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	
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	
24. Health care (\$.....4,891,896) and other amounts receivable.....	5,034,023	142,127	4,891,896	4,403,180
25. Aggregate write-ins for other than invested assets.....	8,419,062	0	8,419,062	26,080
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	132,549,322	149,275	132,400,047	118,646,459
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	132,549,322	149,275	132,400,047	118,646,459

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. 2014 HHS Risk Adjustment Transfer Receivable.....	8,419,062		8,419,062	
2502. Other Receivables.....			0	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).....	8,419,062	0	8,419,062	26,080

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....3,310,093 reinsurance ceded).....	30,607,407		30,607,407	26,073,100
2. Accrued medical incentive pool and bonus amounts.....	84,700		84,700	39,900
3. Unpaid claims adjustment expenses.....	722,052		722,052	721,272
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	6,150,008		6,150,008	6,361,064
9. General expenses due or accrued.....	7,124,899		7,124,899	3,423,902
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	6,410,878		6,410,878	1,751,500
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.....	4,868,163		4,868,163	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 reinsurers and certified \$.....0 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 \$....546,571 current).....	546,571	0	546,571	0
24. Total liabilities (Lines 1 to 23).....	56,514,678	0	56,514,678	49,190,436
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	2,451,000	3,302,000
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	79,066,417
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	(9,632,048)	(16,912,394)
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	75,885,369	69,456,023
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	132,400,047	118,646,459

DETAILS OF WRITE-INS

2301. Other Liabilities.....	546,571		546,571	
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).....	546,571	0	546,571	0
2501. Estimated 2015 Health Insurance Fee.....	XXX	XXX		3,302,000
2502. Estimated 2016 Health Insurance Fee.....	XXX	XXX	2,451,000	
2503.				
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	2,451,000	3,302,000
3001.				
3002.				
3003.				
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	306,532.....	152,009.....	394,555.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	129,750,941.....	56,757,987.....	159,756,026.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	(23,000).....	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.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	129,750,941.....	56,734,987.....	159,832,026.....
Hospital and Medical:				
9. Hospital/medical benefits.....	.....	79,323,810.....	48,309,861.....	130,178,906.....
10. Other professional services.....	.....	5,515,478.....	3,439,805.....	9,277,721.....
11. Outside referrals.....	.....	642,861.....	288,069.....	1,052,569.....
12. Emergency room and out-of-area.....	.....	10,184,114.....	5,835,909.....	17,179,358.....
13. Prescription drugs.....	.....	23,273,685.....	9,438,599.....	31,332,693.....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	77,035.....	(4,730).....	48,308.....
16. Subtotal (Lines 9 to 15).....	0.....	119,016,983.....	67,307,513.....	189,069,555.....
Less:				
17. Net reinsurance recoveries.....	.....	22,701,629.....	6,316,630.....	34,790,868.....
18. Total hospital and medical (Lines 16 minus 17).....	0.....	96,315,354.....	60,990,883.....	154,278,687.....
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$.....1,516,545 cost containment expenses.....	.....	3,660,191.....	2,409,969.....	5,931,405.....
21. General administrative expenses.....	.....	18,767,653.....	8,260,479.....	19,494,474.....
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.....	118,743,198.....	71,661,331.....	179,704,566.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	11,007,743.....	(14,926,344).....	(19,872,540).....
25. Net investment income earned.....	.....	944,958.....	1,144,986.....	2,165,490.....
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	.....	9,186.....	68,147.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	944,958.....	1,154,172.....	2,233,637.....
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.....	(891,931).....	(210,624).....	(1,158,851).....
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.....	11,060,770.....	(13,982,796).....	(18,797,754).....
31. Federal and foreign income taxes incurred.....	XXX.....	4,659,378.....	(2,184,221).....	1,503,310.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	6,401,392.....	(11,798,575).....	(20,301,064).....

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.....	0.....
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....	0.....
0701.	XXX.....	.....	.....	.....
0702.	XXX.....	.....	.....	.....
0703.	XXX.....	.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....	0.....
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....	0.....
1401. ....	.....	.....	.....	.....
1402. ....	.....	.....	.....	.....
1403. ....	.....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0.....	0.....	0.....
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....	0.....
2901. Other Expense.....	.....	(891,931).....	(210,624).....	(1,158,851).....
2902. ....	.....	.....	.....	.....
2903. ....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0.....	0.....	0.....
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0.....	(891,931).....	(210,624).....	(1,158,851).....

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	69,456,023	88,645,154	88,645,154
34. Net income or (loss) from Line 32.....	6,401,392	(11,798,575)	(20,301,064)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (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.....		212,166	
39. Change in nonadmitted assets.....	27,954	(11,065)	(141,898)
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.....	0	0	479,258
48. Net change in capital and surplus (Lines 34 to 47).....	6,429,346	(11,597,474)	(19,189,131)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	75,885,369	77,047,680	69,456,023

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	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	479,258

Medical Health Insuring Corporation of Ohio
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	129,786,401	64,914,068	163,669,191
2. Net investment income.....	1,320,168	1,533,443	2,905,698
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	131,106,569	66,447,511	166,574,889
5. Benefit and loss related payments.....	116,013,449	47,773,020	164,403,650
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	19,071,427	7,975,229	22,602,531
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		(1,715,000)	
10. Total (Lines 5 through 9).....	135,084,876	54,033,249	187,006,181
11. Net cash from operations (Line 4 minus Line 10).....	(3,978,307)	12,414,262	(20,431,292)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	7,000,000	6,250,792	11,345,549
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).....	7,000,000	6,250,792	11,345,549
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			2,651,186
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).....	0	0	2,651,186
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	7,000,000	6,250,792	8,694,363
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).....	(14,331,866)	710,359	12,738,381
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(14,331,866)	710,359	12,738,381
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).....	(11,310,173)	19,375,413	1,001,452
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	13,193,681	12,192,229	12,192,229
19.2 End of period (Line 18 plus Line 19.1).....	1,883,508	31,567,642	13,193,681

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

20.0001			
---------	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	41,138	39,157	1,970	11						
2. First Quarter.....	52,690	50,156	1,647	11		876				
3. Second Quarter.....	51,887	49,599	1,400	11		877				
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	306,532	291,933	9,856	66		4,677				
Total Member Ambulatory Encounters for Period:										
7. Physician.....	163,830	159,063	4,624	136		7				
8. Non-Physician.....	446,339	436,304	9,601	65		369				
9. Total.....	610,169	595,367	14,225	201	0	376	0	0	0	0
10. Hospital Patient Days Incurred.....	8,471	8,231	184	56						
11. Number of Inpatient Admissions.....	1,857	1,806	45	6						
12. Health Premiums Written (a).....	130,554,650	126,697,674	3,701,878	19,498		135,600				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	130,554,650	126,697,674	3,701,878	19,498		135,600				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	116,013,448	113,029,999	2,932,417	18,844		33,927	(1,739)			
18. Amount Incurred for Provision of Health Care Services.....	119,016,983	116,541,102	2,414,021	13,831		33,801	14,228			

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

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported Claims and Other Claim Reserves.....						33,917,500
0799999. Total Claims Unpaid.....						33,917,500
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						84,700

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		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).....	8,904,883	83,214,361	290,741	30,316,666	9,195,624	26,084,122
2. Medicare Supplement.....	10,795	8,050			10,795	4,944
3. Dental only.....		33,927			0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....	(1,739)				(1,739)	(15,966)
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	8,913,939	83,256,338	290,741	30,316,666	9,204,680	26,073,100
10. Healthcare receivables (a).....	2,318,164	1,409,859		1,306,000	2,318,164	4,567,758
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	2,241	29,994	41,440	43,260	43,681	39,900
13. Totals (Lines 9-10+11+12).....	6,598,016	81,876,473	332,181	29,053,926	6,930,197	21,545,242

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

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

	State of Domicile	2015	2014
NET INCOME			
(1) Medical Health Insuring Corporation of Ohio state basis (Page 4, Line 32, Columns 2 & 4)	OH	6,401,392	(20,301,064)
(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	6,401,392	(20,301,064)
SURPLUS			
(5) Medical Health Insuring Corporation of Ohio state basis (Page 3, line 33, Columns 3 & 4)	OH	75,885,369	69,456,023
(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	75,885,369	69,456,023

C. Accounting Policy

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

D. Loan-Backed Securities

Not applicable.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

Note 11 - Debt

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

Not applicable.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - Fair Value

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Total				

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Period
Total										

b. Liabilities	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Period
Total										

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

B. Not applicable.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	62,574,208	61,144,673		62,574,208		

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		

NOTES TO FINANCIAL STATEMENTS

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

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		8,419,062
	Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment		54,133
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		8,419,062
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		23,780
b.	Transitional ACA Reinsurance Program		
	Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance		54,182,404
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		3,310,093
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		654,270
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		803,709
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		
	Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance		803,709
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		22,701,629
9.	ACA Reinsurance contributions – not reported as ceded premium		303,605
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		

NOTES TO FINANCIAL STATEMENTS

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
		1	2	3	4	5	6	7	8	9	10	11
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1.	Premium adjustments receivable						8,419,062		A	8,419,062	
	2.	Premium adjustments (payable)								B		
	3.	Subtotal ACA Permanent Risk Adjustment Program						8,419,062			8,419,062	
b.	Transitional ACA Reinsurance Program											
	1.	Amounts recoverable for claims paid	30,371,468			30,371,468		15,024,892		C	45,396,360	
	2.	Amounts recoverable for claims unpaid (contra liability)	4,419,400			4,419,400		(4,419,400)		D		
	3.	Amounts receivable relating to uninsured plans								E		
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		350,665			350,665			F		350,665
	5.	Ceded reinsurance premiums payable								G		
	6.	Liability for amounts held under uninsured plans								H		
	7.	Subtotal ACA Transitional Reinsurance Program	34,790,868	350,665		34,790,868	350,665	10,605,492			45,396,360	350,665
c.	Temporary ACA Risk Corridors Program											
	1.	Accrued retrospective premium								I		
	2.	Reserve for rate credits or policy experience rating refunds								J		
	3.	Subtotal ACA Risk Corridors Program										
d.	Total for ACA Risk Sharing Provisions		34,790,868	350,665		34,790,868	350,665	19,024,554			53,815,422	350,665

Explanations of Adjustments

- A. Permanent ACA Risk Adjustment Program adjustment made to agree to the summary report on Transitional Reinsurance payment and Permanent Risk Adjustment transfers for the 2014 benefit year received from CMS on June 30, 2015.
- B. Not applicable.
- C. Transitional ACA Reinsurance Program adjustment made to agree to the summary report on Transitional Reinsurance payment and Permanent Risk Adjustment transfers for the 2014 benefit year received from CMS on June 30, 2015.
- D. Transitional ACA Reinsurance Program adjustment made to agree to the summary report on Transitional Reinsurance payment and Permanent Risk Adjustment transfers for the 2014 benefit year received from CMS on June 30, 2015.
- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves for unpaid claims and claims adjustment expenses as of December 31, 2014 were \$26.8 million. As of June 30, 2015, \$9.6 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.3 million based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at June 30, 2015. Therefore, there has been a \$16.9 million favorable prior year development since December 31, 2014. The majority of the redundancy that emerged resulted from the CMS announcement that the Transitional ACA Reinsurance Program coinsurance rate for 2014 was increased from 80% to 100%. The remaining redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 28 - Health Care Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements		Pharmacy Rebates as Invoiced/ Confirmed	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
June 30, 2015	\$	1,306,000	\$	–	\$	–
March 31, 2015		1,340,000		1,410,000		
December 31, 2014	\$	1,142,039	\$	1,173,000	\$	–
September 30, 2014		970,000		785,000		(128,986)
June 30, 2014		529,000		700,000		1,666
March 31, 2014		372,000		350,000		31,221
December 31, 2013	\$	17,000	\$	15,000	\$	579
September 30, 2013		15,000		17,000		–
June 30, 2013		120,000		16,000		–
March 31, 2013		120,000		31,000		–

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 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 [☐] No [☒]
- 2.2

If yes, date of change:

- 3.1

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? If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒]
- 4.2

If yes, provide name of 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.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
	0	

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes [☐] No [☐] N/A [☒]

- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 6.2

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
- 6.3

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

- 6.4

By what department or departments?

OHIO DEPARTMENT OF INSURANCE

- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with the Department?

Yes [☐] No [☐] N/A [☒]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐] No [☐] N/A [☒]
- 7.1

Has this 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 [☐] No [☒]
- 7.2

If yes, give full information:

- 8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [☐] No [☒]
- 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 [☐] No [☒]
- 8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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].

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1

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 [☒] 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.
- 9.11

If the response to 9.1 is No, please explain:

- 9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$

0
13. Amount of real estate and mortgages held in short-term investments:

\$

0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$

0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$

0
- 16.3 Total payable for securities lending reported on the liability page:

\$

0

17. 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 ☒ No ☐

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

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

17.2 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)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes ☐ No ☒
- 17.4 If yes, give full and complete information relating thereto:

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

17.5 Identify all investment advisors, broker/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	2 Name(s)	3 Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* been followed?

Yes ☒ No ☐
- 18.2 If no, list exceptions:

Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		75.4 %
1.2	A&H cost containment percent		1.2 %
1.3	A&H expense percent excluding cost containment expenses		16.1 %
2.1	Do you act as a custodian for health savings accounts?	Yes [☐]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes [☐]	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsuer Rating

NONE

Medical Health Insuring Corporation of Ohio
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
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	...130,554,650						...130,554,650	
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	...130,554,650	...0	...0	...0	...0	...0	...130,554,650	...0
60. Reporting entity contributions for Employee Benefit Plans.....	...XXX							...0	
61. Total (Direct Business).....	(a).....1	...130,554,650	...0	...0	...0	...0	...0	...130,554,650	...0

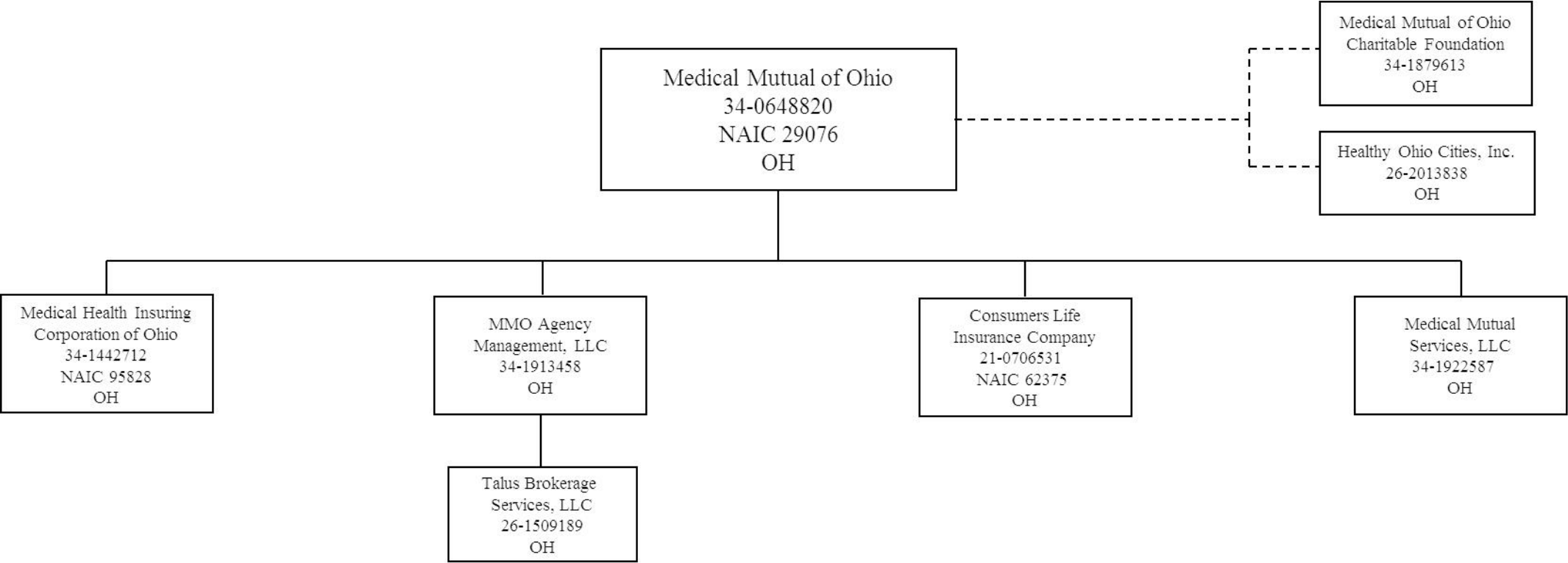
DETAILS OF WRITE-INS

58001.								...0	
58002.								...0	
58003.								...0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		...0	...0	...0	...0	...0	...0	...0	...0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		...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.
(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

Q15



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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.....	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:



Medical Health Insuring Corporation of Ohio
Overflow Page for Write-Ins

NONE

Medical Health Insuring Corporation of Ohio
SCHEDULE A - VERIFICATION
Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION
Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	68,464,847	77,687,460
2. Cost of bonds and stocks acquired.....		2,651,186
3. Accrual of discount.....	22,591	64,894
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		104,847
6. Deduct consideration for bonds and stocks disposed of.....	7,000,000	11,345,549
7. Deduct amortization of premium.....	342,764	697,991
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	61,144,674	68,464,847
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	61,144,674	68,464,847

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	64,365,808	665,561	3,000,000	(157,392)	64,365,808	61,873,977		78,864,648
2. NAIC 2 (a).....	1,000,413		1,000,000	(413)	1,000,413			1,001,640
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	65,366,221	665,561	4,000,000	(157,805)	65,366,221	61,873,977	0	79,866,288
PREFERRED STOCK								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	65,366,221	665,561	4,000,000	(157,805)	65,366,221	61,873,977	0	79,866,288

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QSI02

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	729,304	XXX.....	729,304	417	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	11,401,441	11,917,790
2. Cost of short-term investments acquired.....	.....	.....
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	(10,672,137)	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....516,349
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other than temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	729,304	11,401,441
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	729,304	11,401,441

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

Sch. D-Pt 3
NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For eig n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig- nation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment																					
3133XF	NL 6 FEDERAL HOME LOAN BANKS.....	.....	06/12/2015	MATURITY.....	.....	.....1,000,000	1,000,000	1,103,770	1,007,173	.....	.....(7,173)	.....	.....(7,173)	.....	.....1,000,000	.....	.....	.....0	27,500	06/12/2015	1.....
3199999	Total Bonds - U.S. Special Revenue and Special Assessment.....					1,000,000	1,000,000	1,103,770	1,007,173	0	(7,173)	0	(7,173)	0	1,000,000	0	0	0	27,500	XXX	XXX
Bonds - Industrial and Miscellaneous																					
59156R	AN 8 METLIFE INC.....	.....	06/15/2015	MATURITY.....	.....	.....2,000,000	2,000,000	1,926,460	1,994,753	.....	.....5,247	.....	.....5,247	.....	.....2,000,000	.....	.....	.....0	50,000	06/15/2015	1FE.....
883556	AS 1 THERMO FISHER SCIENTIFIC INC.....	.....	05/01/2015	MATURITY.....	.....	.....1,000,000	1,000,000	1,019,790	1,001,641	.....	.....(1,641)	.....	.....(1,641)	.....	.....1,000,000	.....	.....	.....0	16,000	05/01/2015	2FE.....
3899999	Total Bonds - Industrial and Miscellaneous.....					3,000,000	3,000,000	2,946,250	2,996,394	0	3,606	0	3,606	0	3,000,000	0	0	0	66,000	XXX	XXX
8399997	Total Bonds - Part 4.....					4,000,000	4,000,000	4,050,020	4,003,567	0	(3,567)	0	(3,567)	0	4,000,000	0	0	0	93,500	XXX	XXX
8399999	Total Bonds.....					4,000,000	4,000,000	4,050,020	4,003,567	0	(3,567)	0	(3,567)	0	4,000,000	0	0	0	93,500	XXX	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					4,000,000	XXX	4,050,020	4,003,567	0	(3,567)	0	(3,567)	0	4,000,000	0	0	0	93,500	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
FIFTH THIRD BANK..... CINCINNATI, OHIO.....					1			XXX
HUNTINGTON BANK..... CLEVELAND, OHIO.....		0.100	63		252,931	252,953	252,973	XXX
PNC BANK..... CLEVELAND, OHIO.....					8,065,973	5,871,767	901,231	XXX
0199999. Total Open Depositories.....	XXX	XXX	63	0	8,318,905	6,124,720	1,154,204	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	63	0	8,318,905	6,124,720	1,154,204	XXX
0599999. Total Cash.....	XXX	XXX	63	0	8,318,905	6,124,720	1,154,204	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE