



ANNUAL STATEMENT

For the Year Ended December 31, 2015
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) 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	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	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2016	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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals.....	(212,750)					(212,750)
Central Ohio Transit Authority.....	1,048,979					1,048,979
Ohio State Medical Association.....	5,889,859					5,889,859
0299997. Group subscribers subtotal.....	6,938,838	0	0	0	0	6,938,838
0299998. Premiums due and unpaid not individually listed.....	2,385,737					2,385,737
0299999. Total group.....	9,324,575	0	0	0	0	9,324,575
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	9,111,825	0	0	0	0	9,111,825

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
Express Scripts.....	4,915,079	4,915,079	4,915,079	15,245,567	697,092	29,293,712
0199999. Total Pharmaceutical Rebate Receivables.....	4,915,079	4,915,079	4,915,079	15,245,567	697,092	29,293,712
Claim Overpayment Receivables						
Express Scripts.....	872,446	872,446	872,446	2,693,901	5,234,677	76,562
0299998. Claim Overpayment Receivables Not Listed Individually.....	3,041,559				1,271,631	1,769,928
0299999. Total Claim Overpayment Receivables.....	3,914,005	872,446	872,446	2,693,901	6,506,308	1,846,490
0799999. Gross Health Care Receivables.....	8,829,084	5,787,525	5,787,525	17,939,468	7,203,400	31,140,202

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.....	26,066,516	22,452,656		29,990,804	26,066,516	23,785,428
2. Claim overpayment receivables.....	4,861,095	59,617,140	397,737	7,955,061	5,258,832	4,566,575
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).....	30,927,611	82,069,796	397,737	37,945,865	31,325,348	28,352,003

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves.....						194,139,650
0799999. Total claims unpaid.....						194,139,650
0899999. Accrued medical incentive pool and bonus amounts.....						5,853,700

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted		
						7 Current	8 Non-Current	
Amounts Due From Parent, Subsidiaries and Affiliates								
Medical Mutual Services, LLC.....	5,994,072					5,994,072		
Medical Health Insuring Corporation of Ohio.....	7,352,453					7,352,453		
0199999. Individually listed receivables.....	13,346,525	0	0	0	0	13,346,525	0	
0399999. Total gross amounts receivable.....	13,346,525	0	0	0	0	13,346,525	0	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Consumer Life Insurance Company.....	Revenues collected on behalf of subsidiary.....	1,544,685	1,544,685	
0199999. Individually listed payables.....		1,544,685	1,544,685	0
0399999. Total gross payables.....		1,544,685	1,544,685	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.....	3,496,447	0.2	72,394	7.3	.....	.....3,496,447
4. Total capitation payments.....	3,496,447	0.2	72,394	7.3	0	3,496,447
Other Payments:						
5. Fee-for-service.....	28,536,819	1.6	XXX	XXX	.....	.....28,536,819
6. Contractual fee payments.....	1,616,618,902	93.4	XXX	XXX	.....	.....1,616,618,902
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments.....	3,524,984	0.2	XXX	XXX	.....	.....3,524,984
9. Non-contingent salaries.....	0	0.0	XXX	XXX	.....	.....
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX	.....	.....
11. All other payments.....	78,623,450	4.5	XXX	XXX	.....	.....78,623,450
12. Total other payments.....	1,727,304,155	99.8	XXX	XXX	0	1,727,304,155
13. Total (Line 4 plus Line 12).....	1,730,800,602	100.0	XXX	XXX	0	1,730,800,602

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
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	10,879,343		9,192,228	1,687,115	1,687,115	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	17,336,544		11,706,224	5,630,320	5,630,320	.0
6. Total.....	28,215,887	.0	20,898,452	7,317,435	7,317,435	.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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,022,576	106,881	346,997	11,797	47,085	80,205				429,611
2. First quarter.....	1,016,322	101,579	330,858	12,858	46,840	77,042				447,145
3. Second quarter.....	1,010,350	98,703	324,730	13,293	46,218	77,573				449,833
4. Third quarter.....	1,005,370	95,737	317,028	13,749	44,642	75,393				458,821
5. Current year.....	996,587	92,758	314,230	14,039	42,760	72,045				460,755
6. Current year member months.....	12,075,664	1,180,859	3,893,333	160,320	545,819	907,858				5,387,475
Total Member Ambulatory Encounters for Year:										
7. Physician.....	3,208,441	674,526	2,329,313	196,847	44	2,078				5,633
8. Non-physician.....	4,364,540	1,231,306	2,905,896	141,009	946	82,017				3,366
9. Totals.....	7,572,981	1,905,832	5,235,209	337,856	990	84,095	0	0	0	8,999
10. Hospital patient days incurred.....	135,961	19,701	81,089	35,030						141
11. Number of inpatient admissions.....	27,715	4,563	19,273	3,846						33
12. Health premiums written (b).....	2,142,469,237	356,887,061	1,618,477,968	31,115,338	2,220,922	18,285,609				115,482,339
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,142,469,237	356,887,061	1,618,477,968	31,115,338	2,220,922	18,285,609				115,482,339
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,730,800,602	344,350,754	1,269,802,019	21,613,913	2,896,147	11,371,514				80,766,255
18. Amount incurred for provision of health care services.....	1,703,522,457	335,685,253	1,249,801,054	22,030,470	2,871,633	11,399,114				81,734,933

(a) For health business: number of persons insured under PPO managed care products.....408,563 and number of persons insured under indemnity only products.....14,840.
(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 INDIANA DURING THE YEAR (Location)

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

30 IN

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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).....	(265,136)		(265,136)							
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	(265,136)		(265,136)							
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	(106,617)	(21,214)	(85,346)			(57)				
18. Amount incurred for provision of health care services.....	1,085	(8,882)	9,967							

(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 MICHIGAN DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code....29076

30-M

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,077		89		119	146				723
2. First quarter.....	1,150		98		141	168				743
3. Second quarter.....	1,180		99		142	164				775
4. Third quarter.....	1,170		95		132	161				782
5. Current year.....	1,208		93		133	163				819
6. Current year member months.....	13,984		1,161		1,637	1,971				9,215
Total Member Ambulatory Encounters for Year:										
7. Physician.....	330		329			1				
8. Non-physician.....	1,085		846			239				
9. Totals.....	1,415	0	1,175	0	0	240	0	0	0	0
10. Hospital patient days incurred.....	32		32							
11. Number of inpatient admissions.....	6		6							
12. Health premiums written (b).....	786,058		398,952		4,619	57,370				325,117
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	786,058		398,952		4,619	57,370				325,117
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	400,207	(2,179)	357,277		2,553	42,556				
18. Amount incurred for provision of health care services.....	388,679	(497)	351,749		2,527	34,900				

(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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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

30.06

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,021,499	106,881	346,908	11,797	46,966	80,059				428,888
2. First quarter.....	1,015,172	101,579	330,760	12,858	46,699	76,874				446,402
3. Second quarter.....	1,009,170	98,703	324,631	13,293	46,076	77,409				449,058
4. Third quarter.....	1,004,200	95,737	316,933	13,749	44,510	75,232				458,039
5. Current year.....	995,379	92,758	314,137	14,039	42,627	71,882				459,936
6. Current year member months.....	12,061,680	1,180,859	3,892,172	160,320	544,182	905,887				5,378,260
Total Member Ambulatory Encounters for Year:										
7. Physician.....	3,208,111	674,526	2,328,984	196,847	44	2,077				5,633
8. Non-physician.....	4,363,455	1,231,306	2,905,050	141,009	946	81,778				3,366
9. Totals.....	7,571,566	1,905,832	5,234,034	337,856	990	83,855	0	0	0	8,999
10. Hospital patient days incurred.....	135,929	19,701	81,057	35,030						141
11. Number of inpatient admissions.....	27,709	4,563	19,267	3,846						33
12. Health premiums written (b).....	2,141,948,315	356,887,061	1,618,344,152	31,115,338	2,216,303	18,228,239				115,157,222
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,141,948,315	356,887,061	1,618,344,152	31,115,338	2,216,303	18,228,239				115,157,222
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,730,507,012	344,374,147	1,269,530,088	21,613,913	2,893,594	11,329,015				80,766,255
18. Amount incurred for provision of health care services.....	1,703,132,693	335,694,632	1,249,439,338	22,030,470	2,869,106	11,364,214				81,734,933

(a) For health business: number of persons insured under PPO managed care products.....408,470 and number of persons insured under indemnity only products.....14,840.

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

NONE

30.SC

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code....29076

30.WI

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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									

(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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
.....	37-6532551....	03/31/2015	Ohio State Medical Association Health Benefits Plan.....	OH.....	QA/A/G.....	5,848,588	.....	.....41,272	4,538,939	.....	.....
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					5,848,588	0	41,272	4,538,939	0	0
1099999.	Total - Non-Affiliates.....					5,848,588	0	41,272	4,538,939	0	0
1199999.	Total - U.S.....					5,848,588	0	41,272	4,538,939	0	0
9999999.	Total.....					5,848,588	0	41,272	4,538,939	0	0

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.....	20,844,796	2,884,200
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				20,844,796	2,884,200
2199999.	Total - Accident and Health Non-Affiliates.....				20,844,796	2,884,200
2299999.	Total - Accident and Health.....				20,844,796	2,884,200
2399999.	Total U.S.....				20,844,796	2,884,200
9999999.	Total.....				20,844,796	2,884,200

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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.....	1,373,163	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						1,373,163	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						1,373,163	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						1,373,163	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						1,373,163	0	0	0	0	0	0
6999999.	Total - U.S.....						1,373,163	0	0	0	0	0	0
9999999.	Total.....						1,373,163	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 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	1,373	1,444			
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	31,093	29,631			
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....	2,884	4,239			
8. Reinsurance recoverable on paid losses.....	20,845	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
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
18. Funds deposited by and withheld from (F).....					XXX
19. Letters of credit (L).....					XXX
20. Trust agreements (T).....					XXX
21. Other (O).....					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).....	1,735,609,413		1,735,609,413
2. Accident and health premiums due and unpaid (Line 15).....	12,608,274		12,608,274
3. Amounts recoverable from reinsurers (Line 16.1).....	20,844,796	(20,844,796)	0
4. Net credit for ceded reinsurance.....	XXX	23,728,996	23,728,996
5. All other admitted assets (balance).....	84,162,174		84,162,174
6. Totals assets (Line 28).....	1,853,224,657	2,884,200	1,856,108,857
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	191,255,450	2,884,200	194,139,650
8. Accrued medical incentive pool and bonus payments (Line 2).....	5,853,700		5,853,700
9. Premiums received in advance (Line 8).....	74,143,341		74,143,341
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).....	229,132,236		229,132,236
15. Total liabilities (Line 24).....	500,384,727	2,884,200	503,268,927
16. Total capital and surplus (Line 33).....	1,352,839,930	XXX	1,352,839,930
17. Total liabilities, capital and surplus (Line 34).....	1,853,224,657	2,884,200	1,856,108,857
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	2,884,200		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	20,844,796		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	23,728,996		
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.....	23,728,996		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

			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)
States, Etc.			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

NONE

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.....	.....	26-1509189..	.....	.....	.....	Talus Brokerage Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076.....	34-0648820.....	Medical Mutual of Ohio.....					220,657,254				220,657,254	
95828.....	34-1442712.....	Medical Health Insuring Corporation of Ohio.....					(14,041,933)				(14,041,933)	
62375.....	21-0706531.....	Consumers Life Insurance Company.....					(828,948)				(828,948)	
	34-1913462.....	Medical Mutual Services, LLC.....					(205,786,373)				(205,786,373)	
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.
2.
3.
4.
5.
6.
7.
8.
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11.
12. This line of business is not written by the company.
13. This line of business is not written by the company.
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17. This line of business is not written by the company.
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22. This line of business is not written by the company.
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24.
25.
26.


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


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


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


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


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


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

Medical Mutual of Ohio
Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Prepaid Assets.....	16,046,382	16,046,382	0	
2505. Other Receivables.....	4,119,023	2,125,687	1,993,336	751,202
2597. Summary of remaining write-ins for Line 25.....	20,165,405	18,172,069	1,993,336	751,202

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable.....	4,538,939		4,538,939	
2305. Unclaimed Funds.....	4,127,159		4,127,159	4,477,613
2306. Guaranty Fund Liability.....	5,300,000		5,300,000	5,600,000
2397. Summary of remaining write-ins for Line 23.....	13,966,098	0	13,966,098	10,077,613

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 1:

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
0604. Drug Only.....	3	2	2			13
0697. Summary of remaining write-ins for Line 6.....	3	2	2	0	0	13

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										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.....	747,540.....	582,539.....	77.9.....	202.....	.....	.....	.....0.0.....	.....
.....NA.....	NG8817; CEP84000; P.....	.....	.....NO.....	246.....	09/02/1988.....	.....	.....	.....01/01/1990.....	NonGroup Regular Option Medifil.....	724,640.....	517,752.....	71.4.....	129.....	.....	.....	.....0.0.....	.....
.....NA.....	NG8817; CEP84000; P.....	.....	.....NO.....	246.....	09/02/1988.....	.....	.....	.....01/01/1990.....	NonGroup High Option Medifil.....	2,061,210.....	1,579,111.....	76.6.....	364.....	.....	.....	.....0.0.....	.....
.....NA.....	NG8903-W; NG8806; P.....	.....	.....NO.....	246.....	10/17/1990.....	.....	.....	.....12/31/1991.....	Medifil Ohio.....	1,096,221.....	808,688.....	73.8.....	280.....	.....	.....	.....0.0.....	.....
.....NA.....	NG8902-W.....	P.....	NO.....	246.....	10/17/1990.....	.....	.....	.....12/31/1991.....	Medifil Part A Deductible Not Covered.....	57,217.....	55,726.....	97.4.....	21.....	.....	.....	.....0.0.....	.....
.....Yes.....	NG9200A/W 11/91.....	A.....	NO.....	246.....	11/26/1991.....	.....	.....	.....03/31/2000.....	Medifil Ohio A.....	72,802.....	42,694.....	58.6.....	26.....	.....	.....	.....0.0.....	.....
.....Yes.....	NG9200C/W.....	C.....	NO.....	246.....	11/26/1991.....	.....	.....	.....03/31/2000.....	Medifil Ohio C.....	3,022,173.....	2,530,461.....	83.7.....	1,039.....	.....	.....	.....0.0.....	.....
.....Yes.....	NG9200A/R1200.....	A.....	NO.....	246.....	12/28/2000.....	.....	.....	.....01/31/2004.....	Medifil Ohio A - Attained Age.....	68,198.....	38,251.....	56.1.....	22.....	.....	.....	.....0.0.....	.....
.....Yes.....	NG9200C/R1200.....	C.....	NO.....	246.....	12/28/2000.....	.....	.....	.....01/31/2004.....	Medifil Ohio C - Attained Age.....	1,512,361.....	900,769.....	59.6.....	388.....	.....	.....	.....0.0.....	.....
.....Yes.....	STMS - NG0000.....	C.....	YES.....	246.....	11/01/2002.....	.....	.....	.....01/31/2004.....	Medicare Select Plan C.....	3,529.....	875.....	24.8.....	1.....	.....	.....	.....0.0.....	.....
.....Yes.....	STM-NG2004-A; R200.....	A.....	NO.....	34.....	12/23/2003.....	.....	.....	.....05/31/2010.....	Medicare Supplement Individual Policy - Plan A.....	39,698.....	19,059.....	48.0.....	22.....	.....	.....	.....0.0.....	.....
.....Yes.....	STM-NG2010-A.....	A.....	NO.....	34.....	06/14/2010.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan A.....	13,555.....	2,911.....	21.5.....	9.....	14,945.....	4,343.....	29.1.....	12.....
.....Yes.....	STM-NG2004-C; R200.....	C.....	NO.....	34.....	12/23/2003.....	.....	.....	.....05/31/2010.....	Medicare Supplement Individual Policy - Plan C.....	2,056,565.....	1,352,163.....	65.7.....	662.....	.....	.....	.....0.0.....	.....
.....Yes.....	STM-NG2010-C.....	C.....	NO.....	34.....	06/14/2010.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan C.....	233,801.....	180,244.....	77.1.....	105.....	281,369.....	214,883.....	76.4.....	165.....
.....Yes.....	STMS-NG2004; R200.....	C.....	YES.....	34.....	12/23/2003.....	.....	.....	.....03/31/2006.....	Medicare Select Individual Policy - Plan C.....	29,700.....	18,262.....	61.5.....	12.....	.....	.....	.....0.0.....	.....
.....Yes.....	STM-NG2004-F; STM.....	F.....	NO.....	34.....	07/14/2004.....	.....	.....	.....05/31/2010.....	Medicare Supplement Individual Policy - Plan F.....	1,490,770.....	1,019,024.....	68.4.....	547.....	.....	.....	.....0.0.....	.....
.....Yes.....	STM-NG2010-F.....	F.....	NO.....	34.....	06/14/2010.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan F.....	3,055,337.....	1,966,159.....	64.4.....	1,419.....	10,159,644.....	6,898,784.....	67.9.....	5,994.....
.....Yes.....	STM-NG2010-HI/F.....	F.....	NO.....	34.....	01/13/2011.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - High Ded Plan F.....	52,717.....	18,108.....	34.3.....	67.....	397,744.....	288,628.....	72.6.....	635.....
.....Yes.....	STM-NG2010-N.....	N.....	NO.....	34.....	01/13/2011.....	.....	.....	.....N/A.....	Medicare Supplement Individual Policy - Plan N.....	138,785.....	90,019.....	64.9.....	92.....	1,006,208.....	705,584.....	70.1.....	857.....
0199999.	Total Policy Experience on Individual Policies.....									16,476,819.....	11,722,815.....	71.1.....	5,407.....	11,859,910.....	8,112,222.....	68.4.....	7,663.....

360.096
HO.096

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										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	74,254.....	40,762.....	54.9.....	33.....			0.0.....	
.....Yes.....	STM-GRP/ASC2900-C	C	NO.....	3467.....	09/29/2008.....			05/31/2010.....	Medicare Supplement from Medical Mutual - Plan C	1,561,132.....	1,214,356.....	77.8.....	504.....			0.0.....	
.....Yes.....	STM-GRP/ASC2010-C	C	NO.....	3467.....	06/14/2010.....			N/A.....	Medicare Supplement from Medical Mutual - Plan C			0.0.....		5,817.....	13,895.....	238.9.....	2.....
.....Yes.....	STM-GRP/ASC2900-F	F	NO.....	3467.....	09/29/2008.....			05/31/2010.....	Medicare Supplement from Medical Mutual - Plan F	855,270.....	679,323.....	79.4.....	288.....			0.0.....	
.....Yes.....	STM-GRP/ASC2010-F	F	NO.....	3467.....	06/14/2010.....			N/A.....	Medicare Supplement from Medical Mutual - Plan F			0.0.....		19,359.....	9,339.....	48.2.....	8.....
.....Yes.....	STM-GRP/ASC2900-H	F	NO.....	3467.....	09/29/2008.....			05/31/2010.....	Medicare Supplement from Medical Mutual - High Ded Plan F	58,770.....	69,454.....	118.2.....	63.....			0.0.....	
.....Yes.....	STM-GRP/ASC2900-H	H	NO.....	3467.....	09/29/2008.....			05/31/2010.....	Medicare Supplement from Medical Mutual - Plan H	204,007.....	168,304.....	82.5.....	71.....			0.0.....	
0299999.	Total Policy Experience on Group Policies.....									2,753,433.....	2,172,199.....	78.9.....	959.....	25,176.....	23,234.....	92.3.....	10.....

360.OH.1

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

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

GENERAL INTERROGATORIES

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

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