



HEALTH QUARTERLY STATEMENT

As of June 30, 2016
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

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OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	CEO	2. Patricia Bunn Decensi	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	Patricia Bunn Decensi	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?

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [X] No []

Medical Health Insuring Corporation of Ohio
ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	51,236,711		51,236,711	54,513,011
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 (\$.....22,833,384), cash equivalents (\$.....0) and short-term investments (\$.....11,865,531).....	34,698,915		34,698,915	18,637,739
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).....	85,935,626	0	85,935,626	73,150,750
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	471,636		471,636	479,761
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,647,110		2,647,110	1,469,097
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) and contracts subject to redetermination (\$.....20,951,000).....	20,951,000		20,951,000	9,255,530
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	27,130,333		27,130,333	28,460,875
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.....	4,871,766		4,871,766	2,990,145
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....	350,000		350,000	
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 (\$.....5,546,011) and other amounts receivable.....	5,546,011		5,546,011	6,545,241
25. Aggregate write-ins for other than invested assets.....	235,161	221,161	14,000	954,015
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	148,138,643	221,161	147,917,482	123,305,414
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	148,138,643	221,161	147,917,482	123,305,414

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. Other Receivables.....	15,413	1,413	14,000	
2502. Contraceptive Only Coverage Receivable.....	151,864	151,864	0	954,015
2503. Intangible Asset.....	67,884	67,884	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).....	235,161	221,161	14,000	954,015

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....2,194,200 reinsurance ceded).....	37,875,800		37,875,800	30,256,450
2. Accrued medical incentive pool and bonus amounts.....	460,331		460,331	177,400
3. Unpaid claims adjustment expenses.....	849,235		849,235	842,695
4. Aggregate health policy reserves, including the liability of \$.....200,000 for medical loss ratio rebate per the Public Health Service Act.....	11,300,000		11,300,000	10,609,000
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	7,066,079		7,066,079	8,979,326
9. General expenses due or accrued.....	8,968,486		8,968,486	5,141,434
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
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.....	3,341,869		3,341,869	7,352,452
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 \$.....0 current).....	2,626,600	0	2,626,600	390,166
24. Total liabilities (Lines 1 to 23).....	72,488,400	0	72,488,400	63,748,923
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	4,777,000
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	104,066,417	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	(32,637,335)	(28,286,926)
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	75,429,082	59,556,491
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	147,917,482	123,305,414

DETAILS OF WRITE-INS

2301. Other Liabilities.....	2,276,600		2,276,600	390,166
2302. Guaranty Fund Liability.....	350,000		350,000	
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).....	2,626,600	0	2,626,600	390,166
2501. Estimated 2016 Health Insurance Fee.....	XXX	XXX		4,777,000
2502.				
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	0	4,777,000
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

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.....	400,035	306,532	604,488
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	148,962,172	129,750,941	252,759,010
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	(191,000)		(9,000)
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.....	148,771,172	129,750,941	252,750,010
Hospital and Medical:				
9. Hospital/medical benefits.....		99,038,851	79,323,810	172,765,054
10. Other professional services.....		7,928,454	5,515,478	13,053,676
11. Outside referrals.....		1,357,492	642,861	1,471,027
12. Emergency room and out-of-area.....		10,140,386	10,184,114	20,438,614
13. Prescription drugs.....		24,076,915	23,273,685	53,121,928
14. Aggregate write-ins for other hospital and medical.....0		0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		354,176	77,035	266,163
16. Subtotal (Lines 9 to 15).....0		142,896,274	119,016,983	261,116,462
Less:				
17. Net reinsurance recoveries.....		11,963,798	22,701,629	42,779,916
18. Total hospital and medical (Lines 16 minus 17).....0		130,932,476	96,315,354	218,336,546
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$....1,532,386 cost containment expenses.....		4,637,925	3,660,191	7,733,165
21. General administrative expenses.....		25,421,328	18,767,653	32,789,181
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				7,600,000
23. Total underwriting deductions (Lines 18 through 22).....0		160,991,729	118,743,198	266,458,892
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(12,220,557)	11,007,743	(13,708,882)
25. Net investment income earned.....		725,539	944,958	1,737,300
26. Net realized capital gains (losses) less capital gains tax of \$....5,785.....		10,743		
27. Net investment gains or (losses) (Lines 25 plus 26).....0		736,282	944,958	1,737,300
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		(973,263)	(891,931)	(1,342,166)
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.....	(12,457,538)	11,060,770	(13,313,748)
31. Federal and foreign income taxes incurred.....	XXX.....	(1,887,406)	4,659,378	(4,900,871)
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(10,570,132)	6,401,392	(8,412,877)

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), net of Other Income.....		(973,263)	(891,931)	(1,342,166)
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		(973,263)	(891,931)	(1,342,166)

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.....	59,556,491	69,456,023	69,456,023
34. Net income or (loss) from Line 32.....	(10,570,132)	6,401,392	(8,412,877)
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.....			
39. Change in nonadmitted assets.....	1,442,723	27,954	(1,486,655)
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.....	25,000,000		
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	0
48. Net change in capital and surplus (Lines 34 to 47).....	15,872,591	6,429,346	(9,899,532)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	75,429,082	75,885,369	59,556,491

DETAILS OF WRITE-INS			
4701.			
4702.			
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	0

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.....	134,675,442	129,786,401	249,238,910
2. Net investment income.....	1,026,492	1,320,168	2,481,938
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	135,701,934	131,106,569	251,720,848
5. Benefit and loss related payments.....	119,052,982	116,013,449	215,730,027
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	25,312,490	19,071,427	39,633,360
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	144,365,472	135,084,876	255,363,387
11. Net cash from operations (Line 4 minus Line 10).....	(8,663,538)	(3,978,307)	(3,642,539)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	3,000,000	7,000,000	13,758,000
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).....	3,000,000	7,000,000	13,758,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			431,656
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	431,656
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).....	3,000,000	7,000,000	13,326,344
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.....	25,000,000		
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).....	(3,275,286)	(14,331,866)	(4,239,747)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	21,724,714	(14,331,866)	(4,239,747)
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).....	16,061,176	(11,310,173)	5,444,058
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	18,637,739	13,193,681	13,193,681
19.2 End of period (Line 18 plus Line 19.1).....	34,698,915	1,883,508	18,637,739

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

20.0001			
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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.....	47,958	46,211	891	8		848				
2. First Quarter.....	66,716	42,633	1,350	22,721	6	6				
3. Second Quarter.....	67,603	41,193	2,084	24,310	7	9				
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	400,035	252,515	9,512	137,918	46	44				
Total Member Ambulatory Encounters for Period:										
7. Physician.....	299,750	160,346	4,217	135,187						
8. Non-Physician.....	512,420	433,274	4,309	74,804		33				
9. Total.....	812,170	593,620	8,526	209,991	0	33	0	0	0	0
10. Hospital Patient Days Incurred.....	21,792	7,576	118	14,098						
11. Number of Inpatient Admissions.....	3,683	1,594	30	2,059						
12. Health Premiums Written (a).....	149,417,253	122,978,781	4,098,375	22,838,785	377	935	(500,000)			
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	149,417,253	122,978,781	4,098,375	22,838,785	377	935	(500,000)			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	193,866,322	177,426,477	2,287,208	14,141,414		11,223				
18. Amount Incurred for Provision of Health Care Services.....	142,896,274	118,161,013	2,937,612	21,783,705	350	13,594				

(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.....						40,070,000
0799999. Total Claims Unpaid.....						40,070,000
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						460,331

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).....	16,153,587	90,005,710	817,688	29,416,703	16,971,275	30,256,450
2. Medicare Supplement.....	(13,502)	14,154,912		7,641,409	(13,502)	
3. Dental only.....	11,100	123			11,100	
4. Vision only.....		350			0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	16,151,185	104,161,095	817,688	37,058,112	16,968,873	30,256,450
10. Healthcare receivables (a).....	1,566,714			3,979,297	1,566,714	8,192,682
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	24,998	46,248	271,595	188,736	296,593	177,400
13. Totals (Lines 9-10+11+12).....	14,609,469	104,207,343	1,089,283	33,267,551	15,698,752	22,241,168

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A.	Accounting Practices			
		State of Domicile	Current Period	Prior Year
	NET INCOME			
	(1) Medical Health Insuring Corporation of Ohio state basis (Page 4, Line 32, Columns 2 & 4)	OH	\$ (10,570,132)	\$ (8,412,877)
	(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	\$ (10,570,132)	\$ (8,412,877)
	SURPLUS			
	(5) Medical Health Insuring Corporation of Ohio state basis (Page 3, line 33, Columns 3 & 4)	OH	\$ 75,429,082	\$ 59,556,491
	(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	\$ 75,429,082	\$ 59,556,491
C.	Accounting Policy			
	No significant change.			
D.	Going Concern			
	Not applicable.			

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.			
E.	Repurchase Agreements and/or Securities Lending Transactions			
	Not applicable.			
I.	Working Capital Finance Investments			
	Not applicable.			
J.	Offsetting and Netting of Assets and Liabilities			
	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

In June 2016, Medical Health Insuring Corporation of Ohio received a capital contribution in the amount of \$25,000,000 from its parent, Medical Mutual of Ohio.

NOTES TO FINANCIAL STATEMENTS

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.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 – Liabilities, Contingencies and Assessments

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 Portion of Partially Insured Plans

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurements

A. The Company has no assets or liabilities that are reported at fair value as of June 30, 2016.

B. Not applicable.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	\$ 52,484,129	\$ 51,236,711	\$	\$ 52,484,129	\$	\$

D. Not applicable.

Note 21 – Other Items

No significant change.

NOTE 22 – Events Subsequent

No significant change.

Note 23 – Reinsurance

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 24 – Retrospectively Rated Contracts and 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 period:

a.	Permanent ACA Risk Adjustment Program	Amount
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ 20,951,000
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	83,826
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	12,523,010
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 36,976
b.	Transitional ACA Reinsurance Program	
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ 27,130,333
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	2,194,200
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	692,361
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	455,081
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
	Operations (Revenue & Expenses)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ 455,081
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	11,963,798
9.	ACA Reinsurance contributions – not reported as ceded premium	\$ 134,936
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)	10,281
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 Period 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)
					5	6	7	8	9	10	11
	1	2	3	4	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program										
	1. Premium adjustments receivable	\$ 9,194,654	\$	\$ 766,664	\$	\$ 8,427,990	\$	\$ 12,523,010	\$	A \$ 20,951,000	\$
	2. Premium adjustments (payable)								B		
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 9,194,654	\$	\$ 766,664	\$	\$ 8,427,990	\$	\$ 12,523,010	\$	\$ 20,951,000	\$
b.	Transitional ACA Reinsurance Program										
	1. Amounts recoverable for claims paid	\$ 28,460,875	\$	\$ 14,813,690	\$	\$ 13,647,185	\$	\$ 9,695,879	\$	C \$ 23,343,064	\$
	2. Amounts recoverable for claims unpaid (contra liability)	3,713,550				3,713,550		(3,713,550)		D	
	3. Amounts receivable relating to uninsured plans								E		
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums		557,425			557,425			F		557,425
	5. Ceded reinsurance premiums payable								G		
	6. Liability for amounts held under uninsured plans								H		
	7. Subtotal ACA Transitional Reinsurance Program	\$ 32,174,425	\$ 557,425	\$ 14,813,690	\$	\$ 17,360,735	\$ 557,425	\$ 5,982,329	\$	\$ 23,343,064	\$ 557,425
c.	Temporary ACA Risk Corridors Program										
	1. Accrued retrospective premium	\$ 60,876	\$	\$ 71,157	\$	(10,281)	\$	\$ 10,281	\$	I \$	\$
	2. Reserve for rate credits or policy experience rating refunds								J		
	3. Subtotal ACA Risk Corridors Program	60,876		71,157		(10,281)		10,281			
d.	Total for ACA Risk Sharing Provisions	\$ 41,429,955	\$ 557,425	\$ 15,651,511	\$	\$ 25,778,444	\$ 557,425	\$ 18,515,620	\$	\$ 44,294,064	\$ 557,425

- Explanations of Adjustments
- A. ACA Risk Adjustment based on the final risk adjustment report received from HHS on June 30, 2016 and 2014 Risk Adjustment payments received in excess of the amount accrued at December 31, 2015.
- B. Not applicable.
- C. ACA Reinsurance based on the final resinurance report received from HHS on June 30, 2016.
- D. ACA Reinsurance based on the final reinsurance report received from HHS on June 30, 2016.
- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. Not applicable.
- I. Adjustment based on Risk Corridor payment received in excess of the amount accrued at December 31, 2015.
- J. Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid claims and claims adjustment expenses net of health care receivables as of December 31, 2015 were \$23.1 million. As of June 30, 2016, \$22.7 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years and \$5.7 million in health care receivables have been recovered. Reserves remaining for prior years are \$1.1 million based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at June 30, 2016. Health care receivables remaining to be recovered related to prior years are \$1.5 million. Therefore, there has been a \$6.5 million favorable prior year development since December 31, 2015. The redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 27 –Structured Settlements

Not Applicable for Health Entities.

Note 28 – Health care receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates	Actual Rebates	Actual Rebates
			Collected Within 90 Days of Invoicing/ Confirmation	Collected Within 91 to 180 Days of Invoicing/ Confirmation	Collected More Than 180 Days After Invoicing/ Confirmation
June 30, 2016	\$1,936,000	-	-	-	-
March 31, 2016	1,597,000	\$1,959,562	-	-	-
December 31, 2015	2,398,927	2,398,927	-	\$2,426,413	-
September 30, 2015	1,949,000	2,344,960	\$1,918,266	2,863	\$200,465
June 30, 2015	1,306,000	2,125,601	1,465,750	3,196	282,169
March 31, 2015	1,340,000	1,534,609	1,401,433	(135,800)	72,357
December 31, 2014	1,142,039	1,173,000	-	1,085,759	30,705
September 30, 2014	970,000	785,000	-	913,986	13,581
June 30, 2014	529,000	700,000	-	698,334	14,052
March 31, 2014	372,000	350,000	-	318,779	38,299

Note 29 – Participating policies

Not applicable.

Note 30 – Premium Deficiency Reserves

No 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 [X] No []
- 1.2

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

Yes [X] 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 [X]
- 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 [X] No []
- 3.2

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

Yes [] No [X]
- 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 [X]
- 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

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 [X]

- 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.

12/31/2014
- 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).

05/12/2016

- 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 Departments?

Yes [] No [] N/A [X]
- 6.6

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

Yes [] No [] N/A [X]
- 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 [X]
- 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 [X]
- 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 [X]
- 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 [X] No []

(a)

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

(b)

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

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

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

(e)

Accountability for adherence to the code.

- 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 [X]
- 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 [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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:

14.21 Bonds

14.22 Preferred Stock

14.23 Common Stock

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate

14.26 All Other

14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 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 Investment Analysis 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		88.9 %
1.2	A&H cost containment percent		1.0 %
1.3	A&H expense percent excluding cost containment expenses		19.2 %
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

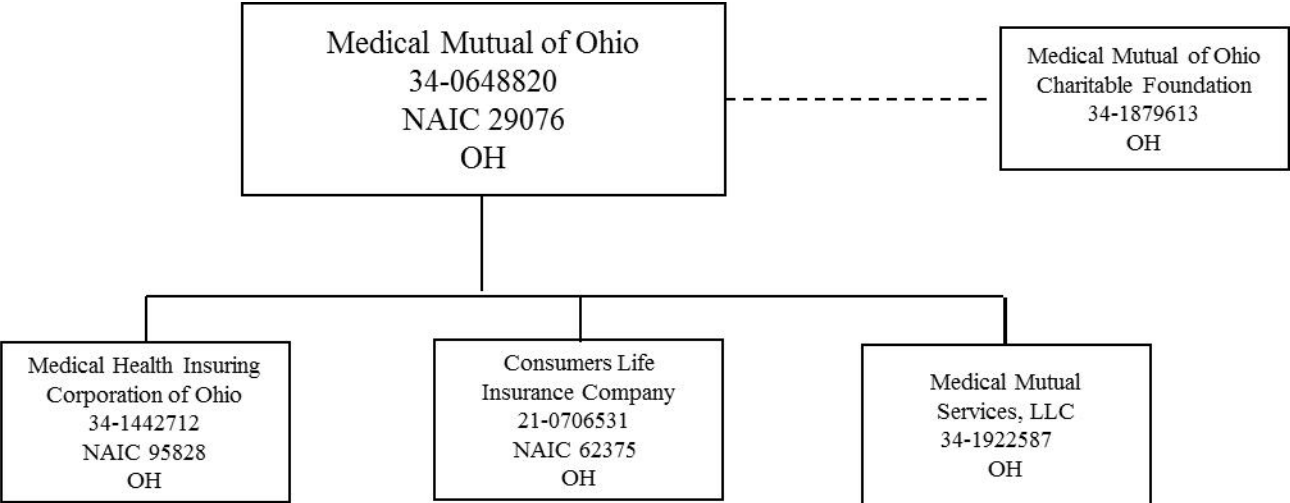
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type 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	149,917,253			(500,000)			149,417,253	
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	...XX	0	0	0	0	0	0	0	0
59.	Subtotal.....	...XX	149,917,253	0	0	(500,000)	0	0	149,417,253	0
60.	Reporting entity contributions for Employee Benefit Plans.....	...XX							0	
61.	Total (Direct Business).....	(a)...1	149,917,253	0	0	(500,000)	0	0	149,417,253	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



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 Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domi-ciliary 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.....	.....

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. The data for this supplement is not required to be filed.

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 Year to Date	2 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 Year to Date	2 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 Year to Date	2 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 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	54,513,011	68,464,847
2. Cost of bonds and stocks acquired.....		431,656
3. Accrual of discount.....	11,337	36,430
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	16,528	
6. Deduct consideration for bonds and stocks disposed of.....	3,000,000	13,758,000
7. Deduct amortization of premium.....	304,165	661,922
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).....	51,236,711	54,513,011
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	51,236,711	54,513,011

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).....	60,604,531	2,505,773	2,000,000	(134,392)	60,604,531	60,975,912		60,186,652
2. NAIC 2 (a).....	2,138,381			(12,051)	2,138,381	2,126,330		2,150,385
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	62,742,912	2,505,773	2,000,000	(146,443)	62,742,912	63,102,242	0	62,337,037
PREFERRED STOCK								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	62,742,912	2,505,773	2,000,000	(146,443)	62,742,912	63,102,242	0	62,337,037

(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.

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.....	11,865,531	XXX.....	11,865,531	7,410	.....

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.....	7,824,026	11,401,441
2. Cost of short-term investments acquired.....	.....	.....
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	4,041,505	(3,577,415)
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....
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).....	11,865,531	7,824,026
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	11,865,531	7,824,026

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	F o r e i g 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 - Industrial and Miscellaneous																					
792860	AJ 7 ST PAUL TRAVELERS INC.....	.	06/20/2016.	MATURITY		2,000,000	2,000,000	2,275,260	2,026,682	.....	.....(26,682)	.....	.....(26,682)	.....	.....2,000,000	.....	.....	.....0	62,500	06/20/2016....	1FE
3899999. Total Bonds - Industrial and Miscellaneous.....						2,000,000	2,000,000	2,275,260	2,026,682	0	(26,682)	0	(26,682)	0	2,000,000	0	0	0	62,500	XXX	XXX
8399997. Total Bonds - Part 4.....						2,000,000	2,000,000	2,275,260	2,026,682	0	(26,682)	0	(26,682)	0	2,000,000	0	0	0	62,500	XXX	XXX
8399999. Total Bonds.....						2,000,000	2,000,000	2,275,260	2,026,682	0	(26,682)	0	(26,682)	0	2,000,000	0	0	0	62,500	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						2,000,000	XXX	2,275,260	2,026,682	0	(26,682)	0	(26,682)	0	2,000,000	0	0	0	62,500	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								
PNC BANK..... CLEVELAND, OHIO.....					935,441	935,142	22,833,384	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			1			XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	935,442	935,142	22,833,384	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	935,442	935,142	22,833,384	XXX
0599999. Total Cash.....	XXX	XXX	0	0	935,442	935,142	22,833,384	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