29076201620100100

ANNUAL STATEMENT

For the Year Ended December 31, 2016

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 OH State of Domicile or Port of Entry OH 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 216-687-7000
(Street and Number) (City or Town, State, Country and Zip Code) (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 216-687-7000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.MedMutual.com

Statutory Statement Contact Sharon Matonis 216-687-6049
(Name) (Area Code) (Telephone Number) (Extension)
Sharon.Matonis@medmutual.com 216-360-4073
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	Chairman, President & CEO	2. Patricia Bunn Decensi #	Secretary
3. Raymond Karl Mueller	Treasurer & CFO	4.	

OTHER

Jared Paul Chaney	EVP	Kathleen Rose Golovan	EVP
John Steven Kish #	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	Patricia Bunn Decensi	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman, President & CEO	Secretary	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2017

a. Is this an original filing? Yes [X] No [ ]
b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	1,562,757					1,562,757
Ohio State Medical Association	6,979,617					6,979,617
0299997. Group subscribers subtotal	6,979,617	0	0	0	0	6,979,617
0299998. Premiums due and unpaid not individually listed	8,710,048					8,710,048
0299999. Total group	15,689,665	0	0	0	0	15,689,665
0399999. Premiums due and unpaid from Medicare entities	13,829					13,829
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	17,266,251	0	0	0	0	17,266,251

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts	5,695,113	5,695,113	5,695,113	16,209,492	486,061	32,808,770
0199999. Total Pharmaceutical Rebate Receivables	5,695,113	5,695,113	5,695,113	16,209,492	486,061	32,808,770
Claim Overpayment Receivables						
Express Scripts	897,000	897,000	897,000	5,999,000	8,690,000	0
0299998. Claim Overpayment Receivables Not Listed Individually	2,731,697				1,275,165	1,456,532
0299999. Total Claim Overpayment Receivables	3,628,697	897,000	897,000	5,999,000	9,965,165	1,456,532
0799999. Gross Health Care Receivables	9,323,810	6,592,113	6,592,113	22,208,492	10,451,226	34,265,302

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	33,088,407	33,080,013		33,294,831	33,088,407	29,990,804
2. Claim overpayment receivables	8,492,444	173,755,081	60,988	11,360,709	8,553,432	8,352,798
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)	41,580,851	206,835,094	60,988	44,655,540	41,641,839	38,343,602

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						267,839,144
0799999. Total claims unpaid						267,839,144
0899999. Accrued medical incentive pool and bonus amounts						4,950,180

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Medical Mutual Services, LLC	31,047,548					31,047,548	
Medical Health Insuring Corporation of Ohio	7,494,850					7,494,850	
0199999. Individually listed receivables	38,542,398	0	0	0	0	38,542,398	0
0399999. Total gross amounts receivable	38,542,398	0	0	0	0	38,542,398	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Consumers Life Insurance Company	Revenues collected on behalf of subsidiary	1,529,909	1,529,909	
0199999. Individually listed payables		1,529,909	1,529,909	0
0399999. Total gross payables		1,529,909	1,529,909	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	3,998,759	0.2	91,563	8.9		3,998,759
4. Total capitation payments	3,998,759	0.2	91,563	8.9	0	3,998,759
Other Payments:						
5. Fee-for-service	14,312,954	0.7	XXX	XXX		14,312,954
6. Contractual fee payments	1,804,021,238	94.2	XXX	XXX		1,804,021,238
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,722,951	0.2	XXX	XXX		3,722,951
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	89,680,297	4.7	XXX	XXX		89,680,297
12. Total other payments	1,911,737,440	99.8	XXX	XXX	0	1,911,737,440
13. Total (Line 4 plus Line 12)	1,915,736,199	100.0	XXX	XXX	0	1,915,736,199

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	9,611,256		8,676,078	935,178	935,178	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	18,276,698		12,432,407	5,844,291	5,844,291	0
6. Total	27,887,954	0	21,108,485	6,779,469	6,779,469	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.GA

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	996,587	92,758	314,230	14,039	42,760	72,045				460,755
2. First quarter	1,030,745	92,156	311,450	13,355	42,171	76,325	5,927	14,393		474,968
3. Second quarter	1,028,233	90,290	309,839	13,117	41,818	75,115	5,884	15,384		476,786
4. Third quarter	1,030,016	91,626	307,357	12,886	42,840	75,582	5,766	16,826		477,133
5. Current year	1,026,952	87,839	311,928	12,616	42,700	74,166	5,689	17,649		474,365
6. Current year member months	12,335,520	1,094,601	3,730,621	157,076	509,123	908,088	57,077	189,149		5,689,785
Total Member Ambulatory Encounters for Year:										
7. Physician	3,420,845	677,711	2,267,491	198,722	41	1,964	35,675	235,283		3,958
8. Non-physician	2,329,465	404,429	1,524,508	148,431	783	84,037	4,438	160,759		2,080
9. Totals	5,750,310	1,082,140	3,791,999	347,153	824	86,001	40,113	396,042	0	6,038
10. Hospital patient days incurred	158,608	19,644	75,108	31,922			1,739	30,043		152
11. Number of inpatient admissions	30,803	4,555	17,825	3,655			398	4,342		28
12. Health premiums written (b)	2,367,598,807	378,181,580	1,628,843,219	30,040,347	3,601,857	16,804,361	34,351,216	145,859,966		129,916,261
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,367,598,807	378,181,580	1,628,843,219	30,040,347	3,601,857	16,804,361	34,351,216	145,859,966		129,916,261
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,915,736,199	364,299,443	1,263,145,991	21,718,887	2,943,235	10,884,782	27,140,158	134,130,002		91,473,701
18. Amount incurred for provision of health care services	1,981,857,765	400,133,088	1,273,791,524	21,167,308	2,931,461	11,013,299	31,212,742	150,820,224		90,788,119

30.GT

(a) For health business: number of persons insured under PPO managed care products.....407,543 and number of persons insured under indemnity only products.....13,223.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....145,859,966

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	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	(466)	(25)	(441)							
18. Amount incurred for provision of health care services	489		489							

30.IN

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,208		93		133	163				819
2. First quarter	824									824
3. Second quarter	834									834
4. Third quarter	833									833
5. Current year	825									825
6. Current year member months	9,954									9,954
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)	384,506		(528)							385,034
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	384,506		(528)							385,034
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	276,374	12	29,435		(59)	1,585				245,401
18. Amount incurred for provision of health care services	245,609		(2,362)			2,570				245,401

30.MI

(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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.NC

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	995,379	92,758	314,137	14,039	42,627	71,882				459,936
2. First quarter	1,029,921	92,156	311,450	13,355	42,171	76,325	5,927	14,393		474,144
3. Second quarter	1,027,399	90,290	309,839	13,117	41,818	75,115	5,884	15,384		475,952
4. Third quarter	1,029,183	91,626	307,357	12,886	42,840	75,582	5,766	16,826		476,300
5. Current year	1,026,127	87,839	311,928	12,616	42,700	74,166	5,689	17,649		473,540
6. Current year member months	12,325,566	1,094,601	3,730,621	157,076	509,123	908,088	57,077	189,149		5,679,831
Total Member Ambulatory Encounters for Year:										
7. Physician	3,420,845	677,711	2,267,491	198,722	41	1,964	35,675	235,283		3,958
8. Non-physician	2,329,465	404,429	1,524,508	148,431	783	84,037	4,438	160,759		2,080
9. Totals	5,750,310	1,082,140	3,791,999	347,153	824	86,001	40,113	396,042	0	6,038
10. Hospital patient days incurred	158,608	19,644	75,108	31,922			1,739	30,043		152
11. Number of inpatient admissions	30,803	4,555	17,825	3,655			398	4,342		28
12. Health premiums written (b)	2,367,214,301	378,181,580	1,628,843,747	30,040,347	3,601,857	16,804,361	34,351,216	145,859,966		129,531,227
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,367,214,301	378,181,580	1,628,843,747	30,040,347	3,601,857	16,804,361	34,351,216	145,859,966		129,531,227
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,915,460,291	364,299,456	1,263,116,997	21,718,887	2,943,294	10,883,197	27,140,158	134,130,002		91,228,300
18. Amount incurred for provision of health care services	1,981,611,667	400,133,088	1,273,793,397	21,167,308	2,931,461	11,010,729	31,212,742	150,820,224		90,542,718

30.OH

(a) For health business: number of persons insured under PPO managed care products.....407,543 and number of persons insured under indemnity only products.....13,223.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....145,859,966

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.PA

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.SC

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WI

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WV

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
	37-6532551	03/31/2015	Ohio State Medical Association Health Benefits Plan	OH	QA/A/G	6,910,038			11,941,989		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					6,910,038	0	0	11,941,989	0	0
1099999.	Total - Non-Affiliates					6,910,038	0	0	11,941,989	0	0
1199999.	Total - U.S.					6,910,038	0	0	11,941,989	0	0
9999999.	Total					6,910,038	0	0	11,941,989	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.....	16,430,999	1,269,118
95204.....	34-0922268....	02/29/2016	HealthSpan Integrated Care.....	OH.....	.....	2,014,208
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				16,430,999	3,283,326
2199999.	Total - Accident and Health Non-Affiliates.....				16,430,999	3,283,326
2299999.	Total - Accident and Health.....				16,430,999	3,283,326
2399999.	Total U.S.....				16,430,999	3,283,326
9999999.	Total.....				16,430,999	3,283,326

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000	AA-9990032	.01/01/2014	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	1,007,345						
95204	34-0922268	.02/29/2016	HealthSpan Integrated Care	OH	LRSL/A/G	FEHBP	5,152,682						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						6,160,027	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						6,160,027	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						6,160,027	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						6,160,027	0	0	0	0	0	0
6999999.	Total - U.S.						6,160,027	0	0	0	0	0	0
9999999.	Total						6,160,027	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 2016	2 2015	3 2014	4 2013	5 2012
A.	**OPERATIONS ITEMS**					
1.	Premiums	6,160	1,373	1,444		
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	21,096	31,093	29,631		
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	3,283	2,884	4,239		
8.	Reinsurance recoverable on paid losses	16,431	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					
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					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

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)	1,827,961,939		1,827,961,939
2.	Accident and health premiums due and unpaid (Line 15)	26,523,051		26,523,051
3.	Amounts recoverable from reinsurers (Line 16.1)	16,430,999	(16,430,999)	0
4.	Net credit for ceded reinsurance	XXX	19,714,325	19,714,325
5.	All other admitted assets (balance)	120,605,510		120,605,510
6.	Totals assets (Line 28)	1,991,521,499	3,283,326	1,994,804,825
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	264,555,818	3,283,326	267,839,144
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,950,180		4,950,180
9.	Premiums received in advance (Line 8)	72,888,267		72,888,267
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)	253,338,854		253,338,854
15.	Total liabilities (Line 24)	595,733,119	3,283,326	599,016,445
16.	Total capital and surplus (Line 33)	1,395,788,380	XXX	1,395,788,380
17.	Total liabilities, capital and surplus (Line 34)	1,991,521,499	3,283,326	1,994,804,825
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	3,283,326		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	16,430,999		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	19,714,325		
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	19,714,325		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO			NONE			0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
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.....	.....N.....	.....
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.....	.....N.....	.....
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.....	.....N.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587..	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076	34-0648820	Medical Mutual of Ohio		(25,000,000)			232,979,102				207,979,102	
95828	34-1442712	Medical Health Insuring Corporation of Ohio		25,000,000			(22,464,668)				2,535,332	
62375	21-0706531	Consumers Life Insurance Company					(953,067)				(953,067)	
	34-1913462	Medical Mutual Services, LLC					(209,561,367)				(209,561,367)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

9.

10.

11.

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

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

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

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

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

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

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

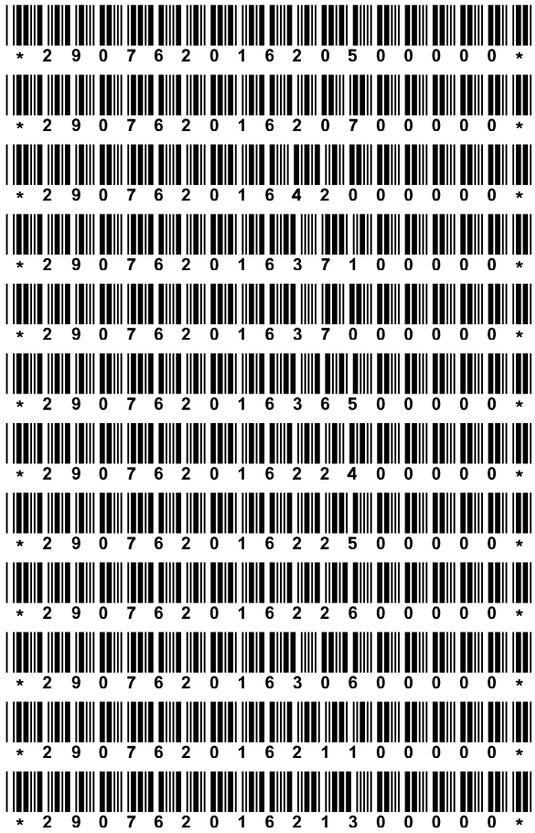
19. The data for this supplement is not required to be filed.

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

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

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

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



24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Prepaid Assets	14,259,897	14,259,897	0	
2505. Other Receivables	6,388,708	3,238,700	3,150,008	1,993,336
2506. Intangible Asset	306,884	306,884	0	
2597. Summary of remaining write-ins for Line 25	20,955,489	17,805,481	3,150,008	1,993,336

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable	6,162,981		6,162,981	4,538,939
2305. Unclaimed Funds	4,387,227		4,387,227	4,127,159
2306. Guaranty Fund Liability	1,500,000		1,500,000	5,300,000
2397. Summary of remaining write-ins for Line 23	12,050,208	0	12,050,208	13,966,098

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Intangible Asset	306,884		(306,884)
2597. Summary of remaining write-ins for Line 25	306,884	0	(306,884)

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 1:

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
0604. Medicare Supplement	14,039	13,355	13,117	12,886	12,616	157,076
0697. Summary of remaining write-ins for Line 6	14,039	13,355	13,117	12,886	12,616	157,076

Supplement for the year 2016 of the **Medical Mutual of Ohio**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

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

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

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										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	547,256	291,608	53.3	139			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup Regular Option Medifil	564,076	416,128	73.8	96			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup High Option Medifil	1,598,403	1,121,474	70.2	278			0.0	
NA	NG8903-W; NG8806;	P	NO	246	.10/17/1990			.12/31/1991	Medifil Ohio	885,563	670,635	75.7	225			0.0	
NA	NG8902-W	P	NO	246	.10/17/1990			.12/31/1991	Medifil Part A Deductible Not Covered	49,296	37,348	75.8	18			0.0	
YES	NG9200A/W 11/91	A	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio A	64,912	45,110	69.5	26			0.0	
YES	NG9200C/W	C	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio C	2,637,204	2,121,645	80.5	880			0.0	
YES	NG9200A/R1200	A	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio A - Attained Age	62,038	31,041	50.0	22			0.0	
YES	NG9200C/R1200	C	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio C - Attained Age	1,362,356	881,496	64.7	340			0.0	
YES	STMS - NG0000	C	YES	246	.11/01/2002			.01/31/2004	Medicare Select Plan C	3,255	1,313	40.3	1			0.0	
YES	STM-NG2004-A; R200	A	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan A	38,534	26,600	69.0	20			0.0	
YES	STM-NG2010-A	A	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan A	16,723	3,138	18.8	10	8,891	1,278	14.4	7
YES	STM-NG2004-C; R200	C	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan C	1,934,950	1,359,085	70.2	603			0.0	
YES	STM-NG2010-C	C	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan C	325,729	172,899	53.1	141	202,379	97,844	48.3	102
YES	STMS-NG2004; R200	C	YES	34	.12/23/2003			.03/31/2006	Medicare Select Individual Policy - Plan C	25,416	15,114	59.5	10			0.0	
YES	STM-NG2004-F; STM	F	NO	34	.07/14/2004			.05/31/2010	Medicare Supplement Individual Policy - Plan F	1,461,001	878,284	60.1	517			0.0	
YES	STM-NG2010-F	F	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan F	5,760,704	4,002,279	69.5	2,660	8,228,981	5,896,023	71.6	4,149
YES	STM-NG2010-HI/F	F	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - High Ded Plan F	123,073	72,101	58.6	157	370,143	269,795	72.9	485
YES	STM-NG2010-N	N	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - Plan N	320,757	230,968	72.0	204	935,606	632,844	67.6	657
0199999.	Total Policy Experience on Individual Policies									17,781,246	12,378,266	69.6	6,347	9,746,000	6,897,784	70.8	5,400

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(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 2013				Policies Issued in 2014, 2015 & 2016			
										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	63,573	44,395	69.8	28			0.0	
YES	STM-GRP/ASC2900-C	C	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	1,385,913	1,025,859	74.0	440			0.0	
YES	STM-GRP/ASC2010-C	C	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan C	5,937	7,662	129.1	2			0.0	
YES	STM-GRP/ASC2900-F	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	786,774	605,775	77.0	265			0.0	
YES	STM-GRP/ASC2010-F	F	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan F	24,009	8,925	37.2	8			0.0	
YES	STM-GRP/ASC2900-H	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	58,248	56,893	97.7	60			0.0	
YES	STM-GRP/ASC2900-H	H	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	188,647	141,749	75.1	66			0.0	
0299999.	Total Policy Experience on Group Policies									2,513,101	1,891,258	75.3	869	0	0	0.0	0

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..... Paul Mancino 216-687-2675
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..... Paul Mancino 216-687-2675

GENERAL INTERROGATORIES

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

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