29076201720100100

ANNUAL STATEMENT

For the Year Ended December 31, 2017

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

Kathleen Rose Golovan	EVP	Andrea Marie Hogben #	EVP
John Steven Kish	EVP	Teresa Jo Koenig #	EVP
Steffany Matticola Larkins	EVP	Raymond Karl Mueller	EVP
David Gerard Quiring #	EVP		

DIRECTORS OR TRUSTEES

Charles Arthur Bryan	Richard Alan Chiricosta	Frederick David DiSanto	Terrance Callahan Egger
Robert John King Jr.	Dennis John Roche	Greta Jane Russell	

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 _____ 2018

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	1,293,395					1,293,395
Ohio State Medical Association	8,310,464					8,310,464
0299997. Group subscribers subtotal	8,310,464	0	0	0	0	8,310,464
0299998. Premiums due and unpaid not individually listed	10,706,708			15,335	15,335	10,706,708
0299999. Total group	19,017,172	0	0	15,335	15,335	19,017,172
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	20,310,567	0	0	15,335	15,335	20,310,567

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	7,663,163	7,656,000	7,656,000	29,672,280	8,895,280	43,752,163
0199999. Total Pharmaceutical Rebate Receivables	7,663,163	7,656,000	7,656,000	29,672,280	8,895,280	43,752,163
Claim Overpayment Receivables						
Express Scripts	766,379	766,379	766,379	6,897,411		9,196,548
0299998. Claim Overpayment Receivables Not Listed Individually	3,377,288				1,413,926	1,963,362
0299999. Total Claim Overpayment Receivables	4,143,667	766,379	766,379	6,897,411	1,413,926	11,159,910
0799999. Gross Health Care Receivables	11,806,830	8,422,379	8,422,379	36,569,691	10,309,206	54,912,073

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	37,895,803	31,984,405		52,647,443	37,895,803	33,294,831
2. Claim overpayment receivables	14,450,496	178,984,664	171,151	12,402,685	14,621,647	11,421,697
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)	52,346,299	210,969,069	171,151	65,050,128	52,517,450	44,716,528

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						286,093,054
0799999. Total claims unpaid						286,093,054
0899999. Accrued medical incentive pool and bonus amounts						4,094,522

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	20,728,360					20,728,360	
0199999. Individually listed receivables	20,728,360	0	0	0	0	20,728,360	0
0399999. Total gross amounts receivable	20,728,360	0	0	0	0	20,728,360	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	779,003	779,003	
Medical Health Insuring Corporation of Ohio	Revenues collected on behalf of subsidiary	5,388,139	5,388,139	
0199999. Individually listed payables		6,167,142	6,167,142	0
0399999. Total gross payables		6,167,142	6,167,142	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	4,161,919	0.2	102,638	10.4		4,161,919
4. Total capitation payments	4,161,919	0.2	102,638	10.4	0	4,161,919
Other Payments:						
5. Fee-for-service	7,833,108	0.4	XXX	XXX		7,833,108
6. Contractual fee payments	1,925,205,257	93.9	XXX	XXX		1,925,205,257
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,209,603	0.2	XXX	XXX		3,209,603
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	109,580,241	5.3	XXX	XXX		109,580,241
12. Total other payments	2,045,828,209	99.8	XXX	XXX	0	2,045,828,209
13. Total (Line 4 plus Line 12)	2,049,990,128	100.0	XXX	XXX	0	2,049,990,128

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	8,175,777		7,172,957	1,002,820	1,002,820	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	8,084,433		6,029,079	2,055,354	2,055,354	0
6. Total	16,260,210	0	13,202,036	3,058,174	3,058,174	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 7 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	1,026,952	87,839	311,928	12,616	42,700	74,166	5,689	17,649		474,365
2. First quarter	985,298	59,657	304,906	12,157	47,113	53,994	3,429	30,351		473,691
3. Second quarter	981,000	58,128	302,964	11,980	46,672	48,485	3,329	30,813		478,629
4. Third quarter	983,288	56,586	309,053	11,781	46,720	48,534	3,108	31,352		476,154
5. Current year	990,956	54,708	314,891	11,514	47,178	45,852	2,874	31,628		482,311
6. Current year member months	11,803,287	694,402	3,693,699	143,236	563,917	580,897	39,828	370,997		5,716,311
Total Member Ambulatory Encounters for Year:										
7. Physician	3,545,152	452,854	2,342,397	187,502	29	1,435	23,673	533,508		3,754
8. Non-physician	2,398,282	280,519	1,498,716	137,580	690	66,788	23,169	388,812		2,008
9. Totals	5,943,434	733,373	3,841,113	325,082	719	68,223	46,842	922,320	0	5,762
10. Hospital patient days incurred	184,549	11,327	70,555	26,645			2,652	73,212		158
11. Number of inpatient admissions	33,601	2,586	17,449	3,195			350	9,983		38
12. Health premiums written (b)	2,462,162,300	245,247,122	1,686,949,779	27,892,102	3,633,716	14,422,875	25,316,245	314,755,866		143,944,595
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,462,162,300	245,247,122	1,686,949,779	27,892,102	3,633,716	14,422,875	25,316,245	314,755,866		143,944,595
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,049,990,128	234,569,545	1,332,571,799	20,239,358	2,686,630	10,026,447	27,618,625	310,740,483		111,537,241
18. Amount incurred for provision of health care services	2,046,775,450	212,893,311	1,324,698,190	19,968,903	2,670,573	9,726,544	26,440,390	334,521,742		115,855,797

30.GT

(a) For health business: number of persons insured under PPO managed care products.....358,062 and number of persons insured under indemnity only products.....12,043.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....314,755,866

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	0									
18. Amount incurred for provision of health care services	0									

NONE

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	825									825
2. First quarter	800									800
3. Second quarter	804									804
4. Third quarter	814									814
5. Current year	813									813
6. Current year member months	9,763									9,763
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)	416,093									416,093
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	416,093									416,093
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	131,854		(23)			(126)				132,003
18. Amount incurred for provision of health care services	131,854		(23)			(126)				132,003

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

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

* 2 9 0 7 6 2 0 1 7 4 3 0 3 6 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 OHIO DURING THE YEAR (Location)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,026,127	87,839	311,928	12,616	42,700	74,166	5,689	17,649		473,540
2. First quarter	984,498	59,657	304,906	12,157	47,113	53,994	3,429	30,351		472,891
3. Second quarter	980,196	58,128	302,964	11,980	46,672	48,485	3,329	30,813		477,825
4. Third quarter	982,474	56,586	309,053	11,781	46,720	48,534	3,108	31,352		475,340
5. Current year	990,143	54,708	314,891	11,514	47,178	45,852	2,874	31,628		481,498
6. Current year member months	11,793,524	694,402	3,693,699	143,236	563,917	580,897	39,828	370,997		5,706,548
Total Member Ambulatory Encounters for Year:										
7. Physician	3,545,152	452,854	2,342,397	187,502	29	1,435	23,673	533,508		3,754
8. Non-physician	2,398,282	280,519	1,498,716	137,580	690	66,788	23,169	388,812		2,008
9. Totals	5,943,434	733,373	3,841,113	325,082	719	68,223	46,842	922,320	0	5,762
10. Hospital patient days incurred	184,549	11,327	70,555	26,645			2,652	73,212		158
11. Number of inpatient admissions	33,601	2,586	17,449	3,195			350	9,983		38
12. Health premiums written (b)	2,461,746,207	245,247,122	1,686,949,779	27,892,102	3,633,716	14,422,875	25,316,245	314,755,866		143,528,502
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,461,746,207	245,247,122	1,686,949,779	27,892,102	3,633,716	14,422,875	25,316,245	314,755,866		143,528,502
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,049,858,274	234,569,545	1,332,571,822	20,239,358	2,686,630	10,026,573	27,618,625	310,740,483		111,405,238
18. Amount incurred for provision of health care services	2,046,643,596	212,893,311	1,324,698,213	19,968,903	2,670,573	9,726,670	26,440,390	334,521,742		115,723,794

30.OH

(a) For health business: number of persons insured under PPO managed care products.....358,062 and number of persons insured under indemnity only products.....12,043.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....314,755,866

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

29076201743041000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.SC

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WI

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.WV

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
	37-6532551	03/31/2015	Ohio State Medical Association Health Benefits Plan	OH	QA/A/G	8,136,782			6,713,422		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					8,136,782	0	0	6,713,422	0	0
1099999.	Total - Non-Affiliates					8,136,782	0	0	6,713,422	0	0
1199999.	Total - U.S.					8,136,782	0	0	6,713,422	0	0
9999999.	Total					8,136,782	0	0	6,713,422	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.....	2,570,627	.....
95204.....	34-0922268....	02/29/2016	HealthSpan Integrated Care.....	OH.....	1,077,455	4,613
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				3,648,082	4,613
2199999.	Total - Accident and Health Non-Affiliates.....				3,648,082	4,613
2299999.	Total - Accident and Health.....				3,648,082	4,613
2399999.	Total U.S.....				3,648,082	4,613
9999999.	Total.....				3,648,082	4,613

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							
95204	34-0922268	.02/29/2016	HealthSpan Integrated Care	OH	LRSL/A/G	FEHBP	29,828						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						29,828	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						29,828	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						29,828	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						29,828	0	0	0	0	0	0
6999999.	Total - U.S.						29,828	0	0	0	0	0	0
9999999.	Total						29,828	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 2017	2 2016	3 2015	4 2014	5 2013
A.	**OPERATIONS ITEMS**					
1.	Premiums	30	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	2,184	21,096	31,093	29,631	
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	5	3,283	2,884	4,239	
8.	Reinsurance recoverable on paid losses	3,648	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)	1,880,379,889		1,880,379,889
2.	Accident and health premiums due and unpaid (Line 15)	27,880,967		27,880,967
3.	Amounts recoverable from reinsurers (Line 16.1)	3,648,082	(2,570,627)	1,077,455
4.	Net credit for ceded reinsurance	XXX	2,575,240	2,575,240
5.	All other admitted assets (balance)	321,750,351		321,750,351
6.	Totals assets (Line 28)	2,233,659,289	4,613	2,233,663,902
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	286,088,441	4,613	286,093,054
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,094,522		4,094,522
9.	Premiums received in advance (Line 8)	68,060,491		68,060,491
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)	264,892,557		264,892,557
15.	Total liabilities (Line 24)	623,136,011	4,613	623,140,624
16.	Total capital and surplus (Line 33)	1,610,523,278	XXX	1,610,523,278
17.	Total liabilities, capital and surplus (Line 34)	2,233,659,289	4,613	2,233,663,902
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	4,613		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,570,627		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,575,240		
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	2,575,240		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 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					240,105,559				240,105,559	
95828	34-1442712	Medical Health Insuring Corporation of Ohio					(28,875,078)				(28,875,078)	
62375	21-0706531	Consumers Life Insurance Company					(2,329,627)				(2,329,627)	
	34-1913462	Medical Mutual Services, LLC					(208,900,854)				(208,900,854)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	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
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	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
18.	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
19.	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	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22.	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
23.	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	
24.	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.

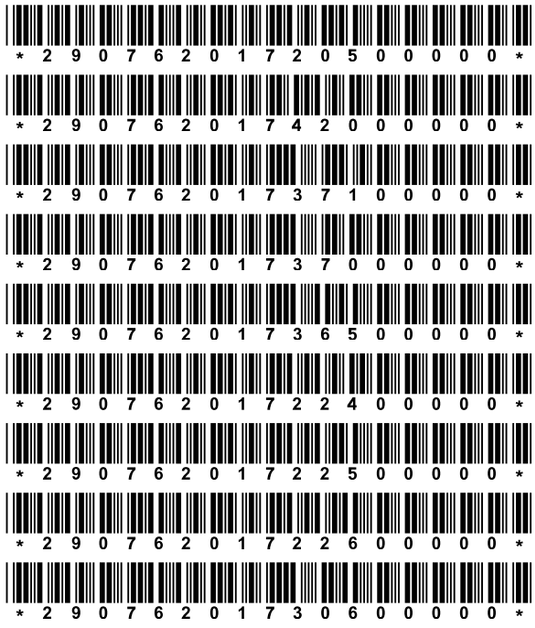
16. The data for this supplement is not required to be filed.

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.

22.

23.

24.

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. Other Receivables	2,823,022	1,672,162	1,150,860	3,150,008
2505. Intangible Asset	223,188	223,188	0	
2597. Summary of remaining write-ins for Line 25	3,046,210	1,895,350	1,150,860	3,150,008

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable	6,713,422		6,713,422	6,162,981
2305. Unclaimed Funds	3,155,988		3,155,988	4,387,227
2306. Guaranty Fund Liability	1,500,000		1,500,000	1,500,000
2397. Summary of remaining write-ins for Line 23	11,369,410	0	11,369,410	12,050,208

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. Other Receivables	1,672,162	306,884	(1,365,278)
2505. Intangible Asset	223,188		(223,188)
2597. Summary of remaining write-ins for Line 25	1,895,350	306,884	(1,588,466)

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	12,616	12,157	11,980	11,781	11,514	143,236
0697. Summary of remaining write-ins for Line 6	12,616	12,157	11,980	11,781	11,514	143,236

Supplement for the year 2017 of the **Medical Mutual of Ohio**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

2 9 0 7 6 2 0 1 7 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 2014				Policies Issued in 2015, 2016 & 2017			
										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	411,287	238,839	58.1	118			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup Regular Option Medifil	428,735	224,372	52.3	83			0.0	
NA	NG8817; CEP84000; (	P	NO	246	.09/02/1988			.01/01/1990	NonGroup High Option Medifil	1,163,463	694,168	59.7	223			0.0	
NA	NG8903-W; NG8806;	P	NO	246	.10/17/1990			.12/31/1991	Medifil Ohio	720,547	605,661	84.1	193			0.0	
NA	NG8902-W	P	NO	246	.10/17/1990			.12/31/1991	Medifil Part A Deductible Not Covered	42,229	18,983	45.0	15			0.0	
Yes	NG9200A/W 11/91	A	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio A	60,955	51,577	84.6	30			0.0	
Yes	NG9200C/W	C	NO	246	.11/26/1991			.03/31/2000	Medifil Ohio C	2,317,699	1,956,521	84.4	794			0.0	
Yes	NG9200A/R1200	A	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio A - Attained Age	61,148	30,977	50.7	23			0.0	
Yes	NG9200C/R1200	C	NO	246	.12/28/2000			.01/31/2004	Medifil Ohio C - Attained Age	1,231,951	680,907	55.3	298			0.0	
Yes	STMS - NG0000	C	YES	246	.11/01/2002			.01/31/2004	Medicare Select Plan C	3,259	3,035	93.1	1			0.0	
Yes	STM-NG2004-A; R200	A	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan A	35,047	30,943	88.3	18			0.0	
Yes	STM-NG2010-A	A	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan A	20,865	9,115	43.7	14	3,566	921	25.8	3
Yes	STM-NG2004-C; R200	C	NO	34	.12/23/2003			.05/31/2010	Medicare Supplement Individual Policy - Plan C	1,791,583	1,229,485	68.6	552			0.0	
Yes	STM-NG2010-C	C	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan C	406,660	317,905	78.2	175	112,766	82,326	73.0	53
Yes	STMS-NG2004; R200	C	YES	34	.12/23/2003			.03/31/2006	Medicare Select Individual Policy - Plan C	20,207	5,566	27.5	8			0.0	
Yes	STM-NG2004-F; STM	F	NO	34	.07/14/2004			.05/31/2010	Medicare Supplement Individual Policy - Plan F	1,422,994	912,441	64.1	478			0.0	
Yes	STM-NG2010-F	F	NO	34	.06/14/2010			N/A	Medicare Supplement Individual Policy - Plan F	9,374,037	6,539,625	69.8	4,191	4,232,092	3,221,356	76.1	2,035
Yes	STM-NG2010-HI/F	F	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - High Ded Plan F	311,414	239,236	76.8	369	216,135	257,081	118.9	266
Yes	STM-NG2010-N	N	NO	34	.01/13/2011			N/A	Medicare Supplement Individual Policy - Plan N	668,596	445,406	66.6	418	561,644	399,698	71.2	380
0199999.	Total Policy Experience on Individual Policies									20,492,676	14,234,762	69.5	8,001	5,126,203	3,961,382	77.3	2,737

Supplement for the year 2017 of the **Medical Mutual of Ohio**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

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

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	50,861	42,718	84.0	25			0.0	
Yes	STM-GRP/ASC2900-C	C	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	1,263,477	985,134	78.0	420			0.0	
Yes	STM-GRP/ASC2010-C	C	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan C	6,196	3,593	58.0	2			0.0	
Yes	STM-GRP/ASC2900-F	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	741,497	581,897	78.5	253			0.0	
Yes	STM-GRP/ASC2010-F	F	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan F	37,180	21,021	56.5	13			0.0	
Yes	STM-GRP/ASC2900-H	H	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	174,012	138,396	79.5	63			0.0	
0299999.	Total Policy Experience on Group Policies									2,273,223	1,772,759	78.0	776	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".

2017 ALPHABETICAL INDEX
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