



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

Medical Health Insuring Corporation of Ohio

NAIC Group Code.....730, 730 (Current Period) (Prior Period)	NAIC Company Code..... 95828	Employer's ID Number..... 34-1442712
Organized under the Laws of 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..... July 13, 1984	Commenced Business..... January 1, 1985	
Statutory Home Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@medmutual.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-360-4073 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	CEO	2. Patricia Bunn Decensi	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Richard Alan Chiricosta	Thomas Parke Dewey #	Steffany Matticola Larkins
Raymond Karl Mueller			

State of..... Ohio
County of..... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Richard Alan Chiricosta	(Signature) Patricia Bunn Decensi	(Signature) Raymond Karl Mueller
1. (Printed Name) CEO	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2018	a. Is this an original filing? b. If no	Yes [X] No [] 1. State the amendment number 2. Date filed 3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals.....	2,789,038					2,789,038
0299998. Premiums due and unpaid not individually listed.....	48,901			125,196	125,196	48,901
0299999. Total group.....	48,901	0	0	125,196	125,196	48,901
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	2,837,939	0	0	125,196	125,196	2,837,939

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
Express Scripts.....	1,179,500	1,179,500	1,179,500	4,569,600	2,441,100	5,667,000
0199999. Total Pharmaceutical Rebate Receivables.....	1,179,500	1,179,500	1,179,500	4,569,600	2,441,100	5,667,000
Claim Overpayment Receivables						
Express Scripts.....	141,834	141,833	141,833	1,276,500		1,702,000
0299999. Total Claim Overpayment Receivables.....	141,834	141,833	141,833	1,276,500	0	1,702,000
0799999. Gross Health Care Receivables.....	1,321,334	1,321,333	1,321,333	5,846,100	2,441,100	7,369,000

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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables.....	5,645,173	2,582,453		8,108,100	5,645,173	4,112,200
2. Claim overpayment receivables.....	2,052,638			1,702,000	2,052,638	1,582,000
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).....	7,697,811	2,582,453	0	9,810,100	7,697,811	5,694,200

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

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

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves.....						40,962,500
0799999. Total claims unpaid.....						40,962,500
0899999. Accrued medical incentive pool and bonus amounts.....						557,295

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Medical Mutual of Ohio.....	5,388,139					5,388,139	
0199999. Individually listed receivables.....	5,388,139	0	0	0	0	5,388,139	0
0399999. Total gross amounts receivable.....	5,388,139	0	0	0	0	5,388,139	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payment	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	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.....	28,453	0.0	82	0.1	.....	.....28,453
4. Total capitation payments.....	28,453	0.0	82	0.1	0	28,453
Other Payments:						
5. Fee-for-service.....	2,572,087	0.9	XXX	XXX	.....	.....2,572,087
6. Contractual fee payments.....	289,830,151	99.0	XXX	XXX	.....	.....289,830,151
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments.....	258,811	0.1	XXX	XXX	.....	.....258,811
9. Non-contingent salaries.....	0	0.0	XXX	XXX	.....	.....
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX	.....	.....
11. All other payments.....	0	0.0	XXX	XXX	.....	.....
12. Total other payments.....	292,661,049	100.0	XXX	XXX	0	292,661,049
13. Total (Line 4 plus Line 12).....	292,689,502	100.0	XXX	XXX	0	292,689,502

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....						0
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....						0
6. Total.....	0	0	0	0	0	0

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

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

NAIC Group Code.....730 NAIC Company Code.....95828

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	76,732	40,667	6,645	29,378	17	25				
2. First quarter.....	86,414	46,291	6,981	31,925	441	776				
3. Second quarter.....	85,976	43,934	6,997	33,919	415	711				
4. Third quarter.....	86,469	42,307	7,097	35,992	401	672				
5. Current year.....	86,803	40,869	6,815	37,440	367	1,312				
6. Current year member months.....	1,034,462	524,993	83,638	410,898	5,171	9,762				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	873,963	312,964	36,579	524,411		9				
8. Non-physician.....	569,523	202,959	35,777	330,298		489				
9. Totals.....	1,443,486	515,923	72,356	854,709	0	498	0	0	0	0
10. Hospital patient days incurred.....	66,724	11,883	2,596	52,245						
11. Number of inpatient admissions.....	10,309	2,745	407	7,157						
12. Health premiums written (b).....	305,703,319	198,938,764	39,365,000	67,217,255	45,214	197,086	(60,000)			
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	305,703,319	198,938,764	39,365,000	67,217,255	45,214	197,086	(60,000)			
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	292,689,502	200,059,680	41,114,465	51,431,879	27,592	55,886				
18. Amount incurred for provision of health care services.....	279,135,028	184,485,598	41,788,294	52,767,658	27,592	65,886				

(a) For health business: number of persons insured under PPO managed care products.....37,504 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

30.GT



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code.....95828

30.0H

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9. Totals.....	1,443,486	515,923	72,356	854,709	0	498	0	0	0	0
10. Hospital patient days incurred.....	66,724	11,883	2,596	52,245						
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15. Health premiums earned.....	305,703,319	198,938,764	39,365,000	67,217,255	45,214	197,086	(60,000)			
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18. Amount incurred for provision of health care services.....	279,135,028	184,485,598	41,788,294	52,767,658	27,592	65,886				

(a) For health business: number of persons insured under PPO managed care products.....37,504 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

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...	01/01/2015	U.S. Department of Health and Human Services.....	DC.....	2,804,037	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				2,804,037	.0
2199999.	Total - Accident and Health Non-Affiliates.....				2,804,037	.0
2299999.	Total - Accident and Health.....				2,804,037	.0
2399999.	Total U.S.....				2,804,037	.0
9999999.	Total.....				2,804,037	.0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000.....	AA-9990032...	.01/01/2015	U.S. Department of Health and Human Services.....	DC.....	OTH/A/I.....	CMM.....							
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....							0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....							0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....							0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....							0	0	0	0	0	0
6999999.	Total - U.S.....							0	0	0	0	0	0
9999999.	Total.....							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.....		917	1,627	1,645	
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	3,832	22,569	42,780	34,791	
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....		1,185	3,714	4,419	
8. Reinsurance recoverable on paid losses.....	2,804	18,700	28,461	30,372	
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).....					

Medical Health Insuring Corporation of Ohio
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).....	111,143,034		111,143,034
2. Accident and health premiums due and unpaid (Line 15).....	2,881,237		2,881,237
3. Amounts recoverable from reinsurers (Line 16.1).....	2,804,037	(2,804,037)	0
4. Net credit for ceded reinsurance.....	XXX	2,804,037	2,804,037
5. All other admitted assets (balance).....	23,701,635		23,701,635
6. Totals assets (Line 28).....	140,529,943	0	140,529,943
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	40,962,500		40,962,500
8. Accrued medical incentive pool and bonus payments (Line 2).....	557,295		557,295
9. Premiums received in advance (Line 8).....	14,844,411		14,844,411
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).....	37,825,697		37,825,697
15. Total liabilities (Line 24).....	94,189,903	0	94,189,903
16. Total capital and surplus (Line 33).....	46,340,040	XXX	46,340,040
17. Total liabilities, capital and surplus (Line 34).....	140,529,943	0	140,529,943
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	2,804,037		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	2,804,037		
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.....	2,804,037		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
States, Etc.						
						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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076.....	34-0648820.....	Medical Mutual of Ohio.....	.....	.....	.....	.....	.....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

Medical Health Insuring Corporation of Ohio
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

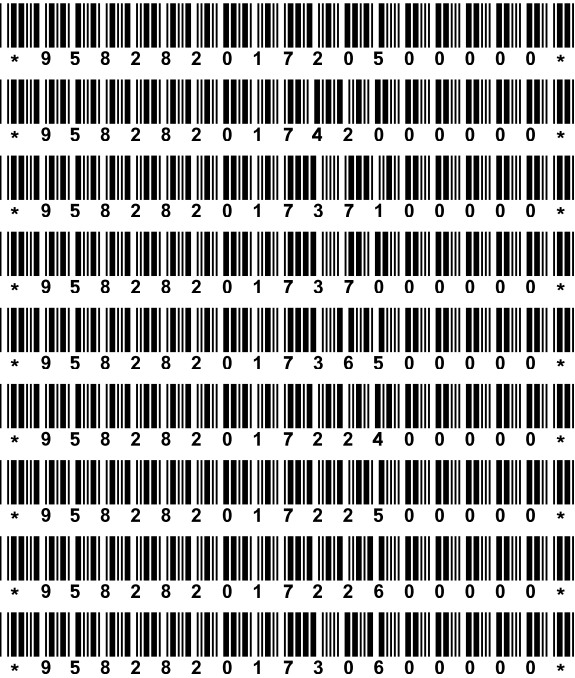
Medical Health Insuring Corporation of Ohio

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
NONE**

**Overflow Page
NONE**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(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.....95828

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
Individual Policies																	
.....N/A.....	HM9001.....	P.....	NO.....	...246.....	.03/15/1990	.....	.03/29/1990	.12/31/1991	Medicare Gold.....	20,500	22,057	107.6	7	.....	.....	.....0.0	.....
.....YES.....	STM-MH2016-A.....	A.....	NO.....	...34.....	.01/01/2016	.....	.....	N/A.....	Medicare Supplement Individual Policy - Plan A	.....	.....	.....0.0	.....	.....52,817	29,221	55.3	44
.....YES.....	STM-MH2016-C.....	C.....	NO.....	...34.....	.01/01/2016	.....	.....	N/A.....	Medicare Supplement Individual Policy - Plan C	.....	.....	.....0.0	.....	.....482,077	436,115	90.5	236
.....YES.....	STM-MH2016-F.....	F.....	NO.....	...34.....	.01/01/2016	.....	.....	N/A.....	Medicare Supplement Individual Policy - Plan F	.....	.....	.....0.0	.....	.....51,282,292	39,899,417	77.8	25,685
.....YES.....	STM-MH2016-H/F.....	F.....	NO.....	...34.....	.01/01/2016	.....	.....	N/A.....	Medicare Supplement Individual Policy - High Ded Plan F	.....	.....	.....0.0	.....	.....1,300,481	1,673,929	128.7	1,737
.....YES.....	STM-MH2016-G.....	G.....	NO.....	...34.....	.01/01/2016	.....	.....	N/A.....	Medicare Supplement Individual Policy - Plan G	.....	.....	.....0.0	.....	.....3,558,743	2,358,672	66.3	2,448
.....YES.....	STM-MH2016-N.....	N.....	NO.....	...34.....	.01/01/2016	.....	.....	N/A.....	Medicare Supplement Individual Policy - Plan N	.....	.....	.....0.0	.....	.....10,520,345	8,348,247	79.4	7,283
0199999.	Total Policy Experience on Individual Policies.....									20,500	22,057	107.6	7	67,196,755	52,745,601	78.5	37,433

360.OH

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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