



# HEALTH QUARTERLY STATEMENT

As of March 31, 2018  
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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	216-687-7000 <i>(Area Code) (Telephone Number)</i>
Mail Address	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	216-687-7000 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Sharon Matonis <i>(Name)</i> Sharon.Matonis@medmutual.com <i>(E-Mail Address)</i>	216-687-6049 <i>(Area Code) (Telephone Number) (Extension)</i> 216-360-4073 <i>(Fax Number)</i>

### 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 _____ 1. (Printed Name) _____ CEO (Title)	_____ (Signature) Patricia Bunn Decensi _____ 2. (Printed Name) _____ Secretary (Title)	_____ (Signature) Raymond Karl Mueller _____ 3. (Printed Name) _____ Treasurer (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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 \_\_\_\_\_

**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	54,743,710		54,743,710	55,591,628
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....56,000,926), cash equivalents (\$.....30,845,368) and short-term investments (\$.....0).....	86,846,294		86,846,294	55,551,406
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	141,590,004	0	141,590,004	111,143,034
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	433,237		433,237	408,247
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	3,855,553	125,197	3,730,356	2,837,939
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....6,495) and contracts subject to redetermination (\$.....0).....	6,495		6,495	43,298
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	2,804,037
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	893,508		893,508	8,110,462
18.2 Net deferred tax asset.....	4,570,580		4,570,580	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	13,369,949		13,369,949	5,388,139
24. Health care (\$.....5,372,000) and other amounts receivable.....	8,717,192	3,345,192	5,372,000	7,369,000
25. Aggregate write-ins for other than invested assets.....	2,958,942	13,248	2,945,694	2,425,787
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	176,395,460	3,483,637	172,911,823	140,529,943
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	176,395,460	3,483,637	172,911,823	140,529,943

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Assets.....	11,790	11,790	0	
2502. Other Receivables.....	1,458	1,458	0	10,896
2503. Contraceptive Only Coverage Receivable.....	2,945,694		2,945,694	2,414,891
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	2,958,942	13,248	2,945,694	2,425,787

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	44,205,000		44,205,000	40,962,500
2. Accrued medical incentive pool and bonus amounts.....	555,470		555,470	557,295
3. Unpaid claims adjustment expenses.....	838,306		838,306	850,606
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	41,106,000		41,106,000	30,196,000
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	11,354,527		11,354,527	14,844,411
9. General expenses due or accrued.....	17,646,688		17,646,688	5,642,272
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$....506,323 current).....	506,324	0	506,324	1,136,819
24. Total liabilities (Lines 1 to 23).....	116,212,315	0	116,212,315	94,189,903
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	9,759,000
26. Common capital stock.....	XXX	XXX	4,000,000	4,000,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	104,066,417	104,066,417
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(51,366,909)	(71,485,377)
32. Less treasury stock, at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	56,699,508	46,340,040
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	172,911,823	140,529,943

**DETAILS OF WRITE-INS**

2301. Other Liabilities.....	506,324		506,324	1,083,044
2302. Contingent Commissions Payable.....			0	53,775
2303. ....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	506,324	0	506,324	1,136,819
2501. Estimated 2018 Health Insurance Fee.....	XXX	XXX		9,759,000
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	9,759,000
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	381,681	260,088	1,034,462
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	126,763,445	78,442,048	305,703,319
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		345,000	228,979
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	126,763,445	78,787,048	305,932,298
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		58,432,162	43,964,517	194,955,488
10. Other professional services.....		3,920,080	3,158,687	14,233,230
11. Outside referrals.....		1,691,444	924,398	4,742,788
12. Emergency room and out-of-area.....		4,950,190	4,957,727	19,576,472
13. Prescription drugs.....		13,947,696	10,465,335	45,146,813
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		46,009	349,801	480,237
16. Subtotal (Lines 9 to 15).....	0	82,987,581	63,820,465	279,135,028
<b>Less:</b>				
17. Net reinsurance recoveries.....		433,381	2,910,208	3,832,523
18. Total hospital and medical (Lines 16 minus 17).....	0	82,554,200	60,910,257	275,302,505
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....2,320,252 cost containment expenses.....		5,085,250	3,674,553	16,711,609
21. General administrative expenses.....		25,017,763	11,233,690	41,700,534
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				605,000
23. Total underwriting deductions (Lines 18 through 22).....	0	112,657,213	75,818,500	334,319,648
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	14,106,232	2,968,548	(28,387,350)
25. Net investment income earned.....		374,492	300,685	1,199,726
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				3,068
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	374,492	300,685	1,202,794
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	(582,659)	(530,298)	(1,718,925)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	13,898,065	2,738,935	(28,903,481)
31. Federal and foreign income taxes incurred.....	XXX.....	7,216,954	1,481,224	(9,736,060)
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	6,681,111	1,257,711	(19,167,421)

**DETAILS OF WRITE-INS**

0601. ....	XXX.....			
0602. ....	XXX.....			
0603. ....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	0	0
0701. ....	XXX.....			
0702. ....	XXX.....			
0703. ....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Other Expense, net of Other Income.....		(582,659)	(530,298)	(1,718,925)
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(582,659)	(530,298)	(1,718,925)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

<b>CAPITAL AND SURPLUS ACCOUNT</b>	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	46,340,040	66,462,102	66,462,102
34. Net income or (loss) from Line 32.....	6,681,111	1,257,711	(19,167,421)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	4,570,580	1,960,124	
39. Change in nonadmitted assets.....	(892,223)	1,557,131	(954,641)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	10,359,468	4,774,966	(20,122,062)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	56,699,508	71,237,068	46,340,040

**DETAILS OF WRITE-INS**

4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

## Medical Health Insuring Corporation of Ohio CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	133,327,946	79,347,682	352,916,978
2. Net investment income.....	416,820	379,780	1,530,685
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	133,744,766	79,727,462	354,447,663
5. Benefit and loss related payments.....	75,416,580	69,708,755	271,776,152
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	19,324,051	13,882,350	63,413,057
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	94,740,631	83,591,105	335,189,209
11. Net cash from operations (Line 4 minus Line 10).....	39,004,135	(3,863,643)	19,258,454
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	5,700,000	1,370,000	12,243,130
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	5,700,000	1,370,000	12,243,130
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	4,919,400		18,418,478
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,919,400	0	18,418,478
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	780,600	1,370,000	(6,175,348)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(8,489,847)	(9,821,936)	(7,199,680)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(8,489,847)	(9,821,936)	(7,199,680)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	31,294,888	(12,315,579)	5,883,426
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	55,551,406	49,667,980	49,667,980
19.2 End of period (Line 18 plus Line 19.1).....	86,846,294	37,352,401	55,551,406

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

20.0001 .....			
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at End of:</b>										
1. Prior Year.....	86,803	40,869	6,815	37,440	367	1,312				
2. First Quarter.....	126,130	74,671	6,191	39,874	1,649	3,745				
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	381,681	230,885	18,654	117,522	3,943	10,677				
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	255,243	100,498	7,674	147,057		14				
8. Non-Physician.....	153,466	53,761	8,014	90,865		826				
9. Total.....	408,709	154,259	15,688	237,922	0	840	0	0	0	0
10. Hospital Patient Days Incurred.....	18,548	3,428	496	14,624						
11. Number of Inpatient Admissions.....	2,973	876	92	2,005						
12. Health Premiums Written (a).....	126,763,445	97,584,673	9,384,839	19,518,019	26,070	249,844				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	126,763,445	97,584,673	9,384,839	19,518,019	26,070	249,844				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	78,653,998	55,273,689	7,359,166	15,915,743	19,774	85,626				
18. Amount Incurred for Provision of Health Care Services.....	82,987,581	58,647,670	7,316,155	16,918,356	19,774	85,626				

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

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
<b>Claims Unpaid (Reported)</b>						
0599999. Unreported Claims and Other Claim Reserves.....						44,205,000
0799999. Total Claims Unpaid.....						44,205,000
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						555,470

**UNDERWRITING AND INVESTMENT EXHIBIT**

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	20,415,371	41,736,282	3,861,140	31,718,953	24,276,511	33,340,206
2. Medicare Supplement.....	6,195,538	9,720,192	626,462	7,988,445	6,822,000	7,612,294
3. Dental only.....	12,140	73,486		10,000	12,140	10,000
4. Vision only.....		19,774			0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	26,623,049	51,549,734	4,487,602	39,717,398	31,110,651	40,962,500
10. Healthcare receivables (a).....	6,726,992	1,990,200			6,726,992	9,810,100
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....	30,042	17,792	437,900	117,570	467,942	557,295
13. Totals (Lines 9-10+11+12).....	19,926,099	49,577,326	4,925,502	39,834,968	24,851,601	31,709,695

600

(a) Excludes \$.00 loans or advances to providers not yet expensed.

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern**

## A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) Medical Health Insuring Corporation of Ohio Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 6,681,111	\$ (19,167,421)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 6,681,111	\$ (19,167,421)
<b>SURPLUS</b>					
(5) Medical Health Insuring Corporation of Ohio Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 56,699,508	\$ 46,340,040
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 56,699,508	\$ 46,340,040

## C. Accounting Policy

No significant change.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

No significant change.

## D. Going Concern

No significant change.

**Note 2 – Accounting Changes and Corrections of Errors**

No significant change.

**Note 3 – Business Combinations and Goodwill**

No significant change.

**Note 4 – Discontinued Operations**

No significant change.

**Note 5 – Investments**

## D. Loan-Backed Securities

Not applicable.

## E. Dollar Repurchase Agreements and/or Securities Lending Transactions

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$0
--	-----

## F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions

Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Provider – Overview of Sale Transactions

Not applicable.

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## NOTES TO FINANCIAL STATEMENTS

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- M. Working Capital Finance Investments
- (2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs
- Not applicable.
- (3) Any Events of Default or Working Capital Finance Investments

Not applicable.

- N. Offsetting and Netting of Assets and Liabilities

Not applicable.

### **Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

### **Note 7 – Investment Income**

No significant change.

### **Note 8 – Derivative Instruments**

No significant change.

### **Note 9 – Income Taxes**

No significant change.

### **Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant change.

### **Note 11 – Debt**

- B. FHLB (Federal Home Loan Bank) Agreements

Not applicable.

### **Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. Defined Benefit Plan

Not applicable.

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

No significant change.

### **Note 14 – Liabilities, Contingencies and Assessments**

No significant change.

### **Note 15 – Leases**

No significant change.

### **Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No significant change.

### **Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- B. Transfer and Servicing of Financial Assets

- (2) Servicing Assets and Servicing Liabilities

Not applicable.

- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales

Not applicable.

- C. Wash Sales

Not applicable.

### **Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

Not applicable.

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

Not applicable.

**NOTES TO FINANCIAL STATEMENTS**

**Note 20 – Fair Value Measurements**

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
<b>Assets at Fair Value</b>					
	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$
<b>Liabilities at Fair Value</b>					
	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

	Beginning Balance at 1/1/2018	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2018
<b>a. Assets</b>										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>b. Liabilities</b>										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Policies when Transfers Between Levels are Recognized

Not applicable.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Not applicable.

(5) Fair Value Disclosures

Not applicable.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
BONDS	\$ 53,808,920	\$ 54,743,710	\$	\$ 53,808,920	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

**Note 21 – Other Items**

No significant change.

**Note 22 – Events Subsequent**

No significant change.

**Note 23 – Reinsurance**

No significant change.

**NOTES TO FINANCIAL STATEMENTS****Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

## E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [ x ] No [ ]

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
<b>Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 100,708
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 30,327,000
<b>Operations (Revenue &amp; Expenses)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 10,910,000
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 32,349

b. Transitional ACA Reinsurance Program	AMOUNT
<b>Assets</b>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
<b>Operations (Revenue &amp; Expenses)</b>	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 433,381
9. ACA Reinsurance contributions – not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program	AMOUNT
<b>Assets</b>	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 6,495
<b>Liabilities</b>	
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
<b>Operations (Revenue &amp; Expenses)</b>	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

**NOTES TO FINANCIAL STATEMENTS**

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8		0	10	
												Receivable
<b>a. Permanent ACA Risk Adjustment Program</b>												
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$		A	\$	\$
2. Premium adjustments (payable)		(19,417,000)				(19,417,000)				B		(19,417,000)
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$ (19,417,000)	\$	\$	\$	\$ (19,417,000)	\$	\$			\$	\$ (19,417,000)
<b>b. Transitional ACA Reinsurance Program</b>												
1. Amounts recoverable for claims paid	\$ 2,804,037	\$	\$ 3,237,418	\$	\$ (433,381)	\$	\$ 433,381	\$		C	\$	\$
2. Amounts recoverable for claims unpaid (contra liability)										D		
3. Amounts receivable relating to uninsured plans										E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums										F		
5. Ceded reinsurance premiums payable										G		
6. Liability for amounts held under uninsured plans										H		
7. Subtotal ACA Transitional Reinsurance Program	\$ 2,804,037	\$	\$ 3,237,418	\$	\$ (433,381)	\$	\$ 433,381	\$			\$	\$
<b>c. Temporary ACA Risk Corridors Program</b>												
1. Accrued retrospective premium	\$ 43,298	\$	\$ 36,803	\$	\$ 6,495	\$	\$	\$		I	\$ 6,495	\$
2. Reserve for rate credits or policy experience rating refunds										J		
3. Subtotal ACA Risk Corridors Program	\$ 43,298	\$	\$ 36,803	\$	\$ 6,495	\$	\$	\$			\$ 6,495	\$
<b>d. Total for ACA Risk Sharing Provisions</b>	<b>\$ 2,847,335</b>	<b>\$ (19,417,000)</b>	<b>\$ 3,274,221</b>	<b>\$</b>	<b>\$ (426,886)</b>	<b>\$ (19,417,000)</b>	<b>\$ 433,381</b>	<b>\$</b>			<b>\$ 6,495</b>	<b>\$ (19,417,000)</b>

**Explanations of Adjustments**

- A. Not Applicable
- B. Not Applicable
- C. ACA Reinsurance based on the final reinsurance report received from HHS on June 30, 2017 and payments received through March 31, 2018.
- D. Not Applicable
- E. Not Applicable
- F. Not Applicable
- G. Not Applicable
- H. Not Applicable
- I. Not Applicable
- J. Not Applicable

**NOTES TO FINANCIAL STATEMENTS****(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year**

	Accrued the Prior Year Written Dec. 31 of the	During on Business Before Prior Year	Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
			3	4	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
			1	2	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	\$ 43,298		\$ 36,803		\$ 6,495				A	\$ 6,495	
2. Reserve for rate credits for policy experience rating refunds									B		
b. 2015											
1. Accrued retrospective premium									C		
2. Reserve for rate credits for policy experience rating refunds									D		
c. 2018											
1. Accrued retrospective premium									E		
2. Reserve for rate credits or policy experience rating refunds									F		
d. Total for Risk Corridors	\$ 43,298		\$ 36,803		\$ 6,495					\$ 6,495	

- A. Not Applicable  
B. Not Applicable  
C. Not Applicable  
D. Not Applicable  
E. Not Applicable  
F. Not Applicable

**(5) ACA Risk Corridors Receivable as of Reporting Date**

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$ 4,977,525	\$ 4,144,232	\$ 826,798	\$ 6,495		\$ 6,495
b. 2015	4,279,011	4,279,011				
c. 2016	13,342,649	13,342,649				
d. Total (a+b+c)	\$ 22,599,185	\$ 21,765,892	\$ 826,798	\$ 6,495		\$ 6,495

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses****A. Change in Incurred Losses and Loss Adjustment Expenses**

Reserves for unpaid claims and claims adjustment expenses net of health care receivables as of December 31, 2017 were \$32.6 million. As of March 31, 2018, \$30.8 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years and \$3.3 million in health care receivables have been recovered. Reserves remaining for prior years are \$4.9 million based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at March 31, 2018. \$6.7 million of health care receivables have been recovered related to prior years. Therefore, there has been a \$6.9 million favorable prior year development since December 31, 2017. The redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

**B. Information about Significant Changes in Methodologies and Assumptions**

No significant change.

**Note 26 – Intercompany Pooling Arrangements**

No significant change.

**Note 27 – Structured Settlements**

Not Applicable for Health Entities.

**NOTES TO FINANCIAL STATEMENTS****Note 28 – Health Care Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/Confirmed	Actual Rebates	Actual Rebates	Actual Rebates
			Collected Within 90 Days of Invoicing/Confirmation	Collected Within 91 to 180 Days of Invoicing/Confirmation	Collected More Than 180 Days After Invoicing/Confirmation
March 31, 2018	1,927,000				
December 31, 2017	3,445,000	3,445,000			
September 30, 2017	2,469,000	2,222,000	1,402,968		
June 30, 2017	1,167,000	2,470,000	1,383,447	1,787	
March 31, 2017	1,069,523	2,304,145	1,208,223	212	3,358
December 31, 2016	2,152,474	2,152,474	2,589,045	57,062	38,559
September 30, 2016	1,762,000	1,956,924	1,956,924	458,296	18,576
June 30, 2016	1,936,000	2,078,833	2,078,833	2,695	272,778
March 31, 2016	1,597,000	1,846,006	1,846,006	2,707	68,119

**Note 29 – Participating Policies**

Not applicable.

**Note 30 – Premium Deficiency Reserves**

No significant change.

**Note 31 – Anticipated Salvage and Subrogation**

No significant change.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No [ ]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [ ] No [ ] N/A [X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/12/2016
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 13,439,534

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes  No
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes  No

14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes  No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes  No
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes  No

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
FIFTH THIRD BANK	5050 KINGSLEY DRIVE, CINCINNATI, OHIO 45263

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes  No

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["...that have access to the investment accounts", "handle securities"].

1 Name of Firm or Individual	2 Affiliation
JAMES CELLURA	I

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes  No

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes  No

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes  No

18.2 If no, list exceptions:

## **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5\*GI securities?

Yes [ ] No [X]

**GENERAL INTERROGATORIES (continued)**

**PART 2 - HEALTH**

1. Operating Percentages:		
1.1 A&H loss percent .....		<u>67.0 %</u>
1.2 A&H cost containment percent .....		<u>1.8 %</u>
1.3 A&H expense percent excluding cost containment expenses .....		<u>21.9 %</u>
2.1 Do you act as a custodian for health savings accounts? .....	Yes [ ] No [X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		<u>0</u>
2.3 Do you act as an administrator for health savings accounts? .....	Yes [ ] No [X]	
2.4 If yes, please provide the amount of funds administered as of the reporting date.		<u>0</u>
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ ] No [X]	
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes [ ] No [X]	

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

**NONE**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N								0
2. Alaska.....AK	N								0
3. Arizona.....AZ	N								0
4. Arkansas.....AR	N								0
5. California.....CA	N								0
6. Colorado.....CO	N								0
7. Connecticut.....CT	N								0
8. Delaware.....DE	N								0
9. District of Columbia.....DC	N								0
10. Florida.....FL	N								0
11. Georgia.....GA	N								0
12. Hawaii.....HI	N								0
13. Idaho.....ID	N								0
14. Illinois.....IL	N								0
15. Indiana.....IN	N								0
16. Iowa.....IA	N								0
17. Kansas.....KS	N								0
18. Kentucky.....KY	N								0
19. Louisiana.....LA	N								0
20. Maine.....ME	N								0
21. Maryland.....MD	N								0
22. Massachusetts.....MA	N								0
23. Michigan.....MI	N								0
24. Minnesota.....MN	N								0
25. Mississippi.....MS	N								0
26. Missouri.....MO	N								0
27. Montana.....MT	N								0
28. Nebraska.....NE	N								0
29. Nevada.....NV	N								0
30. New Hampshire.....NH	N								0
31. New Jersey.....NJ	N								0
32. New Mexico.....NM	N								0
33. New York.....NY	N								0
34. North Carolina.....NC	N								0
35. North Dakota.....ND	N								0
36. Ohio.....OH	L	126,763,445						126,763,445	
37. Oklahoma.....OK	N								0
38. Oregon.....OR	N								0
39. Pennsylvania.....PA	N								0
40. Rhode Island.....RI	N								0
41. South Carolina.....SC	N								0
42. South Dakota.....SD	N								0
43. Tennessee.....TN	N								0
44. Texas.....TX	N								0
45. Utah.....UT	N								0
46. Vermont.....VT	N								0
47. Virginia.....VA	N								0
48. Washington.....WA	N								0
49. West Virginia.....WV	N								0
50. Wisconsin.....WI	N								0
51. Wyoming.....WY	N								0
52. American Samoa.....AS	N								0
53. Guam.....GU	N								0
54. Puerto Rico.....PR	N								0
55. U.S. Virgin Islands.....VI	N								0
56. Northern Mariana Islands.....MP	N								0
57. Canada.....CAN	N								0
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		126,763,445	0	0	0	0	0	126,763,445	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....XXX		126,763,445	0	0	0	0	0	126,763,445	0

**DETAILS OF WRITE-INS**

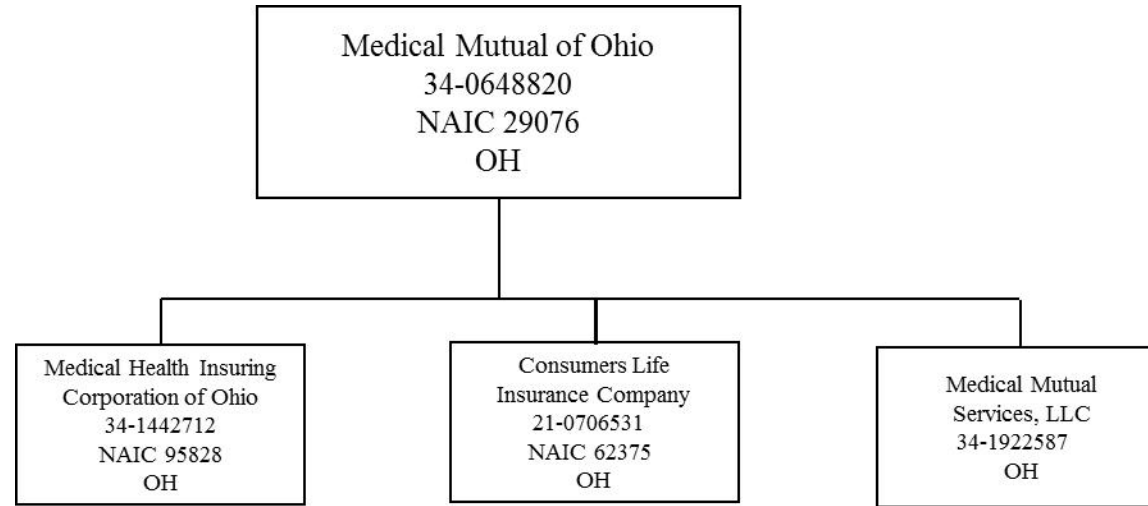
58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART



Q15

As of 03/31/18

## 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)	*
<b>Members</b>															
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.....	.....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**Response**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

**Explanation:**

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

**Bar Code:**



**NONE**

# Medical Health Insuring Corporation of Ohio SCHEDULE A - VERIFICATION

## Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

## SCHEDULE B - VERIFICATION

### Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

## SCHEDULE BA - VERIFICATION

### Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

NONE

## SCHEDULE D - VERIFICATION

### Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	55,591,628	49,773,061
2. Cost of bonds and stocks acquired.....	4,919,400	18,418,478
3. Accrual of discount.....	9,940	27,678
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		4,720
6. Deduct consideration for bonds and stocks disposed of.....	5,700,000	12,243,130
7. Deduct amortization of premium.....	77,258	389,179
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	54,743,710	55,591,628
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	54,743,710	55,591,628

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	49,372,087	3,911,781	4,700,000	(36,040)	48,547,828			49,372,087
2. NAIC 2 (a).....	6,219,541	1,007,620	1,000,000	(31,279)	6,195,882			6,219,541
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	55,591,628	4,919,401	5,700,000	(67,319)	54,743,710	0	0	55,591,628
<b>PREFERRED STOCK</b>								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	55,591,628	4,919,401	5,700,000	(67,319)	54,743,710	0	0	55,591,628

QS102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	Par Value <b>NONE</b>	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....		XXX.....		

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	.....14,186,826
2. Cost of short-term investments acquired.....	.....	.....
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....14,186,826
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....0	.....0
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....0	.....0

**Sch. DB - Pt. A - Verification  
NONE**

**Sch. DB - Pt. B - Verification  
NONE**

**Sch. DB - Pt. C - Sn. 1  
NONE**

**Sch. DB - Pt. C - Sn. 2  
NONE**

**Sch. DB - Verification  
NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	9,630,224	
2. Cost of cash equivalents acquired.....	21,215,144	13,274,858
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		3,644,634
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	30,845,368	9,630,224
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	30,845,368	9,630,224

**Sch. A - Pt. 2  
NONE**

**Sch. A - Pt. 3  
NONE**

**Sch. B - Pt. 2  
NONE**

**Sch. B - Pt. 3  
NONE**

**Sch. BA - Pt. 2  
NONE**

**Sch. BA - Pt. 3  
NONE**

### SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
3133EH E9 0	FEDERAL FARM CREDIT BANKS.....		01/24/2018.....	NATIONAL FINANCIAL SERVICES.....		1,967,600	2,000,000	15,225	1
3133EH XE 8	FEDERAL FARM CREDIT BANKS.....		02/07/2018.....	NATIONAL FINANCIAL SERVICES.....		1,944,180	2,000,000	23,290	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					3,911,780	4,000,000	38,515	XXX
<b>Bonds - Industrial and Miscellaneous</b>									
189054 AU 3	CLOROX CO.....		02/21/2018.....	NATIONAL FINANCIAL SERVICES.....		1,007,620	1,000,000	6,611	2FE
3899999	Total - Bonds - Industrial and Miscellaneous.....					1,007,620	1,000,000	6,611	XXX
8399997	Total - Bonds - Part 3.....					4,919,400	5,000,000	45,126	XXX
8399999	Total - Bonds.....					4,919,400	5,000,000	45,126	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					4,919,400	XXX	45,126	XXX

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

QE04

## SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																					
31331Y VR 8	FEDERAL FARM CREDIT BANKS.....		02/27/2018	MATURITY.....		1,700,000	1,700,000	1,821,057	1,702,653		(2,653)		(2,653)		1,700,000			0	39,695	02/27/2018	1.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					1,700,000	1,700,000	1,821,057	1,702,653	0	(2,653)	0	(2,653)	0	1,700,000	0	0	0	39,695	XXX	XXX
<b>Bonds - Industrial and Miscellaneous</b>																					
20030N AR 2	COMCAST CORP.....		02/15/2018	MATURITY.....		1,000,000	1,000,000	1,218,580	1,005,257		(5,257)		(5,257)		1,000,000			0	29,375	02/15/2018	1FE.....
58013M EE 0	MCDONALDS CORP.....		03/01/2018	MATURITY.....		1,000,000	1,000,000	1,210,190	1,006,140		(6,140)		(6,140)		1,000,000			0	26,750	03/01/2018	2FE.....
740189 AK 1	PRECISION CASTPARTS CORP.....		01/15/2018	MATURITY.....		1,000,000	1,000,000	999,512	999,996		4		4		1,000,000			0	6,250	01/15/2018	1FE.....
89233P 7E 0	TOYOTA MOTOR CREDIT CORP.....		01/10/2018	MATURITY.....		1,000,000	1,000,000	999,410	999,997		3		3		1,000,000			0	6,875	01/10/2018	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					4,000,000	4,000,000	4,427,692	4,011,390	0	(11,390)	0	(11,390)	0	4,000,000	0	0	0	69,250	XXX	XXX
8399997	Total - Bonds - Part 4.....					5,700,000	5,700,000	6,248,749	5,714,043	0	(14,043)	0	(14,043)	0	5,700,000	0	0	0	108,945	XXX	XXX
8399999	Total - Bonds.....					5,700,000	5,700,000	6,248,749	5,714,043	0	(14,043)	0	(14,043)	0	5,700,000	0	0	0	108,945	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					5,700,000	5,700,000	6,248,749	5,714,043	0	(14,043)	0	(14,043)	0	5,700,000	0	0	0	108,945	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: .....0.

**Sch. DB - Pt. A - Sn. 1  
NONE**

**Sch. DB - Pt. B - Sn. 1  
NONE**

**Sch. DB - Pt. D - Sn. 1  
NONE**

**Sch. DB - Pt. D - Sn. 2  
NONE**

**Sch. DL - Pt. 1  
NONE**

**Sch. DL - Pt. 2  
NONE**

Statement as of March 31, 2018 of the **Medical Health Insuring Corporation of Ohio**  
**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
PNC Bank..... CLEVELAND, OHIO.....					40,921,082	20,921,032	50,990,206	XXX
HOME SAVINGS BANK..... YOUNGSTOWN, OHIO.....		0.750	10,719		5,000,000	5,000,000	5,010,719	XXX
0199998. Deposits in .....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX				1	1	XXX
0199999. Total Open Depositories.....	XXX	XXX	10,719	0	45,921,082	25,921,033	56,000,926	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	10,719	0	45,921,082	25,921,033	56,000,926	XXX
0599999. Total Cash.....	XXX	XXX	10,719	0	45,921,082	25,921,033	56,000,926	XXX

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Exempt Money Market Mutual Funds as Identified by the SVO</b>								
60934N 10 4	FEDERATED GOVERNMENT OBLIGATION FUND INSTITUTIONAL SHARES.....		03/31/2018.....	1.400		10,826,110	12,715	28,855
52470G 79 1	WESTERN ASSET INSTITUTIONAL GOVERNMENT RESERVES.....		03/31/2018.....	1.526		20,019,258	23,680	19,258
8599999	Total - Exempt Money Market Mutual Funds as Identified by the SVO.....					30,845,368	36,395	48,113
8899999	Total - Cash Equivalents					30,845,368	36,395	48,113

QE13