29076201920100100

ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Medical Mutual of Ohio

NAIC Group Code..... 730, 730 (Current Period) (Prior Period) | NAIC Company Code..... 29076 | Employer's ID Number..... 34-0648820

Organized under the Laws of OH | State of Domicile or Port of Entry OH | Country of Domicile US

Licensed as Business Type Property/Casualty | Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized..... March 30, 1934 | Commenced Business..... January 1, 1934

Statutory Home Office	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 *(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	Kevin Spruch *(Name)*	216-687-2759 *(Area Code) (Telephone Number) (Extension)*
	Kevin.Spruch@medmutual.com *(E-Mail Address)*	216-360-4073 *(Fax Number)*

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

(Signature)	(Signature)	(Signature)
Richard Alan Chiricosta	Patricia Bunn Decensi	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman, President & CEO	Secretary	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2020

a. Is this an original filing? Yes [X] No [ ]

b. If no 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	2,826,708					2,826,708
Ohio State Medical Association	17,099,883					17,099,883
0299997. Group subscribers subtotal	17,099,883	0	0	0	0	17,099,883
0299998. Premiums due and unpaid not individually listed	7,656,914					7,656,914
0299999. Total group	24,756,797	0	0	0	0	24,756,797
0399999. Premiums due and unpaid from Medicare entities	1,248,319					1,248,319
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	28,831,824	0	0	0	0	28,831,824

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts	10,060,333	10,060,333	10,060,334	32,876,195	3,716,195	59,341,000
0199999. Total Pharmaceutical Rebate Receivables	10,060,333	10,060,333	10,060,334	32,876,195	3,716,195	59,341,000
Claim Overpayment Receivables						
Express Scripts	558,916	558,917	558,917	5,030,250		6,707,000
0299998. Claim Overpayment Receivables Not Listed Individually	4,128,852	123,500	123,500	1,196,245	3,758,640	1,813,457
0299999. Total Claim Overpayment Receivables	4,687,768	682,417	682,417	6,226,495	3,758,640	8,520,457
Other Receivables						
0699998. Other Receivables Not Listed Individually	76,052	76,048	76,048	178		228,326
0699999. Total Other Receivables	76,052	76,048	76,048	178	0	228,326
0799999. Gross Health Care Receivables	14,824,153	10,818,798	10,818,799	39,102,868	7,474,835	68,089,783

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	60,389,217	52,539,633		63,057,195	60,389,217	51,234,018
2. Claim overpayment receivables	12,178,423	271,342,696	148,763	12,130,334	12,327,186	11,855,739
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	74,026	6,736,270		228,326	74,026	74,026
7. Totals (Lines 1 through 6)	72,641,666	330,618,599	148,763	75,415,855	72,790,429	63,163,783

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						363,684,107
0799999. Total claims unpaid						363,684,107
0899999. Accrued medical incentive pool and bonus amounts						4,594,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Medical Mutual Services, LLC	5,652,285					5,652,285	
Medical Health Insuring Corporation of Ohio	544,375					544,375	
0199999. Individually listed receivables	6,196,660	0	0	0	0	6,196,660	0
0399999. Total gross amounts receivable	6,196,660	0	0	0	0	6,196,660	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
MedMutual Life Insurance Company	Revenues collected on behalf of subsidiary	2,112,369	2,112,369	
0199999. Individually listed payables		2,112,369	2,112,369	0
0399999. Total gross payables		2,112,369	2,112,369	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	4,369,126	0.2	108,672	10.1		4,369,126
4. Total capitation payments	4,369,126	0.2	108,672	10.1	0	4,369,126
Other Payments:						
5. Fee-for-service	5,278,091	0.2	XXX	XXX		5,278,091
6. Contractual fee payments	2,126,030,321	91.9	XXX	XXX		2,126,030,321
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,561,112	0.2	XXX	XXX		4,561,112
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	173,083,152	7.5	XXX	XXX		173,083,152
12. Total other payments	2,308,952,676	99.8	XXX	XXX	0	2,308,952,676
13. Total (Line 4 plus Line 12)	2,313,321,802	100.0	XXX	XXX	0	2,313,321,802

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	11,590,119		7,896,209	3,693,910	3,693,910	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	8,014,081		7,681,687	332,394	332,394	0
6. Total	19,604,200	0	15,577,896	4,026,304	4,026,304	0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.GA

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,024,548	28,674	336,624	10,644	47,579	44,441	2,520	30,720		523,346
2. First quarter	1,065,602	26,513	332,294	9,904	50,561	40,790	2,391	33,900		569,249
3. Second quarter	1,072,747	25,704	331,454	9,682	51,683	41,859	2,370	34,015		575,980
4. Third quarter	1,082,850	24,831	328,299	9,482	53,385	43,961	2,116	34,337		586,439
5. Current year	1,079,941	23,921	324,331	9,135	53,533	43,594	2,059	34,430		588,938
6. Current year member months	12,846,930	306,323	3,962,814	115,694	622,669	507,502	27,396	409,297		6,895,235
Total Member Ambulatory Encounters for Year:										
7. Physician	4,177,798	242,539	3,113,153	166,368	40	1,384	22,551	620,985		10,778
8. Non-physician	2,525,353	105,318	1,750,770	118,555	718	57,910	13,355	474,106		4,621
9. Totals	6,703,151	347,857	4,863,923	284,923	758	59,294	35,906	1,095,091	0	15,399
10. Hospital patient days incurred	176,872	3,014	75,547	21,041			2,453	74,627		190
11. Number of inpatient admissions	31,602	722	18,702	2,475			272	9,381		50
12. Health premiums written (b)	2,736,459,455	113,514,212	1,979,210,968	23,358,006	3,501,284	13,025,084	19,540,693	368,027,694		216,281,514
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,736,459,455	113,514,212	1,979,210,968	23,358,006	3,501,284	13,025,084	19,540,693	368,027,694		216,281,514
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,313,321,802	92,505,475	1,644,617,167	17,559,180	2,712,871	9,583,809	14,593,478	354,471,527		177,278,295
18. Amount incurred for provision of health care services	2,372,006,395	91,657,428	1,684,424,296	17,457,014	2,701,578	9,635,428	13,117,902	357,747,660		195,265,089

30.GT

(a) For health business: number of persons insured under PPO managed care products.....361,274 and number of persons insured under indemnity only products.....359.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....368,027,694

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.IN

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	793									793
2. First quarter	765									765
3. Second quarter	753									753
4. Third quarter	731									731
5. Current year	729									729
6. Current year member months	8,588									8,588
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	458,920									458,920
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	458,920									458,920
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	168,895									168,895
18. Amount incurred for provision of health care services	168,895									168,895

30.MI

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.NC

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,023,755	28,674	336,624	10,644	47,579	44,441	2,520	30,720		522,553
2. First quarter	1,064,837	26,513	332,294	9,904	50,561	40,790	2,391	33,900		568,484
3. Second quarter	1,071,994	25,704	331,454	9,682	51,683	41,859	2,370	34,015		575,227
4. Third quarter	1,082,119	24,831	328,299	9,482	53,385	43,961	2,116	34,337		585,708
5. Current year	1,079,212	23,921	324,331	9,135	53,533	43,594	2,059	34,430		588,209
6. Current year member months	12,838,342	306,323	3,962,814	115,694	622,669	507,502	27,396	409,297		6,886,647
Total Member Ambulatory Encounters for Year:										
7. Physician	4,177,798	242,539	3,113,153	166,368	40	1,384	22,551	620,985		10,778
8. Non-physician	2,525,353	105,318	1,750,770	118,555	718	57,910	13,355	474,106		4,621
9. Totals	6,703,151	347,857	4,863,923	284,923	758	59,294	35,906	1,095,091	0	15,399
10. Hospital patient days incurred	176,872	3,014	75,547	21,041			2,453	74,627		190
11. Number of inpatient admissions	31,602	722	18,702	2,475			272	9,381		50
12. Health premiums written (b)	2,736,000,535	113,514,212	1,979,210,968	23,358,006	3,501,284	13,025,084	19,540,693	368,027,694		215,822,594
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,736,000,535	113,514,212	1,979,210,968	23,358,006	3,501,284	13,025,084	19,540,693	368,027,694		215,822,594
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,313,152,907	92,505,475	1,644,617,167	17,559,180	2,712,871	9,583,809	14,593,478	354,471,527		177,109,400
18. Amount incurred for provision of health care services	2,371,837,500	91,657,428	1,684,424,296	17,457,014	2,701,578	9,635,428	13,117,902	357,747,660		195,096,194

30.OH

(a) For health business: number of persons insured under PPO managed care products.....361,274 and number of persons insured under indemnity only products.....359.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....368,027,694

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.PA

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

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

29076201943041000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.SC

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

30.WI

NONE

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

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

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

29076201943049000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.WV

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
.....	37-6532551....	03/31/2015	Ohio State Medical Association Health Benefits Plan.....	OH.....	QA/G.....	CMM.....	9,019,170	.....	.....	16,180,324	.....	.....
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....			.....	.....	.....	9,019,170	0	0	16,180,324	0	0
1099999.	Total - Non-Affiliates.....			.....	.....	.....	9,019,170	0	0	16,180,324	0	0
1199999.	Total - U.S.....			.....	.....	.....	9,019,170	0	0	16,180,324	0	0
9999999.	Total.....			.....	.....	.....	9,019,170	0	0	16,180,324	0	0

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

		1 2019	2 2018	3 2017	4 2016	5 2015
A.	**OPERATIONS ITEMS**					
1.	Premiums			30	6,160	1,373
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	157	384	2,184	21,096	31,093
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable			5	3,283	2,884
8.	Reinsurance recoverable on paid losses			3,648	16,431	20,845
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,308,240,596		2,308,240,596
2.	Accident and health premiums due and unpaid (Line 15)	47,299,824		47,299,824
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	186,254,176		186,254,176
6.	Totals assets (Line 28)	2,541,794,596	0	2,541,794,596
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	363,684,107		363,684,107
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,594,000		4,594,000
9.	Premiums received in advance (Line 8)	69,782,841		69,782,841
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)	301,274,518		301,274,518
15.	Total liabilities (Line 24)	739,335,466	0	739,335,466
16.	Total capital and surplus (Line 33)	1,802,459,130	XXX	1,802,459,130
17.	Total liabilities, capital and surplus (Line 34)	2,541,794,596	0	2,541,794,596
	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	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
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	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0730	Medical Mutual of Ohio.....	29076...	34-0648820..	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	RE.....	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..	.....	.....	.....	MedMutual 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.....	.....
0730	Medical Mutual of Ohio.....	96280...	31-1119867..	.....	.....	.....	Superior Dental Care, Inc.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076	34-0648820	Medical Mutual of Ohio		(75,000,000)			307,741,642				232,741,642	
95828	34-1442712	Medical Health Insuring Corporation of Ohio		25,000,000			(55,422,192)				(30,422,192)	
62375	21-0706531	MedMutual Life Insurance Company					(1,107,633)				(1,107,633)	
	34-1913462	Medical Mutual Services, LLC		50,000,000			(251,211,817)				(201,211,817)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

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

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

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

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

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

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

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

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

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

21.

22.

23.

24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Other Receivables	4,425,257	1,390,834	3,034,423	250,557
2505. Intangible Asset	55,797	55,797	0	
2597. Summary of remaining write-ins for Line 25	4,481,054	1,446,631	3,034,423	250,557

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Reinsurance Payable	16,180,324		16,180,324	7,492,262
2305. Unclaimed Funds	2,025,729		2,025,729	2,620,179
2306. Guaranty Fund Liability	1,575,000		1,575,000	1,500,000
2397. Summary of remaining write-ins for Line 23	19,781,053	0	19,781,053	11,612,441

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Amortization Deferred Acquisition			83,696		83,696
2597. Summary of remaining write-ins for Line 25	0	0	83,696	0	83,696

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Intangible Asset	55,797	139,493	83,696
2597. Summary of remaining write-ins for Line 25	55,797	139,493	83,696

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 1:

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
0604. Medicare Supplement	10,644	9,904	9,682	9,482	9,135	115,694
0697. Summary of remaining write-ins for Line 6	10,644	9,904	9,682	9,482	9,135	115,694

Supplement for the year 2019 of the **Medical Mutual of Ohio**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

NAIC Group Code.....730
Address (City, State and Zip Code).....Cleveland, Ohio 44115
Person Completing This Exhibit.....Tony Fearon

NAIC Company Code.....29076
Title.....Actuary.....Telephone Number.....216-687-6081

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
NA	NG8903-W	P	NO	246	10/17/1990			03/01/1990	MediComp	237,076	155,097	65.4	76			0.0	
NA	NG8817; CEP84000; CEP8600	P	NO	246	09/02/1988			01/01/1990	NonGroup Regular Option Medifil	220,912	163,262	73.9	49			0.0	
NA	NG8817; CEP84000; CEP8600	P	NO	246	09/02/1988			01/01/1990	NonGroup High Option Medifil	599,350	404,396	67.5	133			0.0	
NA	NG8903-W; NG8806; NG8806-S	P	NO	246	10/17/1990			12/31/1991	Medifil Ohio	507,557	412,893	81.3	149			0.0	
NA	NG8902-W	P	NO	246	10/17/1990			12/31/1991	Medifil Part A Deductible Not Covered	26,907	17,657	65.6	11			0.0	
YES	NG9200A/W 11/91	A	NO	246	11/26/1991			03/31/2000	Medifil Ohio A	50,185	30,402	60.6	24			0.0	
YES	NG9200C/W	C	NO	246	11/26/1991			03/31/2000	Medifil Ohio C	1,802,950	1,597,876	88.6	633			0.0	
YES	NG9200A/R1200	A	NO	246	12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	53,753	40,566	75.5	19			0.0	
YES	NG9200C/R1200	C	NO	246	12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	1,089,141	588,714	54.1	247			0.0	
YES	STMS - NG0000	C	YES	246	11/01/2002			01/31/2004	Medicare Select Plan C	3,442	881	25.6	1			0.0	
YES	STM-NG2004-A; R2004-NG/ME	A	NO	34	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan A	29,021	19,231	66.3	16			0.0	
YES	STM-NG2010-A	A	NO	34	06/14/2010			N/A	Medicare Supplement Individual Policy - Plan A	24,287	12,616	51.9	16			0.0	
YES	STM-NG2004-C; R2004-NG/ME	C	NO	34	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	1,471,406	1,032,685	70.2	465			0.0	
YES	STM-NG2010-C	C	NO	34	06/14/2010			N/A	Medicare Supplement Individual Policy - Plan C	483,114	306,650	63.5	199			0.0	
YES	STMS-NG2004; R2004-NG/ME	C	YES	34	12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	13,050	9,152	70.1	5			0.0	
YES	STM-NG2004-F; STM-NG2008-	F	NO	34	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	1,243,072	851,119	68.5	417			0.0	
YES	STM-NG2010-F	F	NO	34	06/14/2010			N/A	Medicare Supplement Individual Policy - Plan F	12,516,767	9,521,475	76.1	5,355			0.0	
YES	STM-NG2010-HI/F	F	NO	34	01/13/2011			N/A	Medicare Supplement Individual Policy - High Ded Plan F			0.0				0.0	
YES	STM-NG2010-N	N	NO	34	01/13/2011			N/A	Medicare Supplement Individual Policy - Plan N	1,202,727	896,592	74.5	728			0.0	
0199999.	Total Policy Experience on Individual Policies									21,574,717	16,061,264	74.4	8,543	0	0	0.0	0
Group Policies																	

360.OH

Supplement for the year 2019 of the **Medical Mutual of Ohio**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....730
Address (City, State and Zip Code).....Cleveland, Ohio 44115
Person Completing This Exhibit.....Tony Fearon

NAIC Company Code.....29076

Title.....Actuary.....Telephone Number.....216-687-6081

360.OH.1

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	STM-GRP/ASC2900-A	A	NO	3467	.09/29/2008			.05/31/2010	Medicare Supplement from Medical Mutual - Plan A	41,247	23,079	56.0	20			0.0	
YES	STM-GRP/ASC2010-A	A	NO	3467	.06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan A			0.0				0.0	
YES	STM-GRP/ASC2900-C	C	NO	3467	.09/29/2008			.05/31/2010	Medicare Supplement from Medical Mutual - Plan C	972,264	712,583	73.3	311			0.0	
YES	STM-GRP/ASC2010-C	C	NO	3467	.06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan C	6,415	2,744	42.8	2			0.0	
YES	STM-GRP/ASC2900-F	F	NO	3467	.09/29/2008			.05/31/2010	Medicare Supplement from Medical Mutual - Plan F	614,347	532,675	86.7	203			0.0	
YES	STM-GRP/ASC2010-F	F	NO	3467	.06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan F	20,915	10,842	51.8	8			0.0	
YES	STM-GRP/ASC2900-HI/F	F	NO	3467	.09/29/2008			.05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F			0.0				0.0	
YES	STM-GRP/ASC2010-HI/F	F	NO	3467	.06/14/2010			N/A	Medicare Supplement from Medical Mutual - High Ded Plan F			0.0				0.0	
YES	STM-GRP/ASC2900-H	H	NO	3467	.09/29/2008			.05/31/2010	Medicare Supplement from Medical Mutual - Plan H	128,101	113,827	88.9	48			0.0	
0299999.	Total Policy Experience on Group Policies									1,783,289	1,395,750	78.3	592	0	0	0.0	0

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 Nine Street Cleveland Ohio 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).

GENERAL INTERROGATORIES

3.1 Address..... 2060 East Nine Street Cleveland Ohio 44115-1355

3.2 Contact person and phone number..... Paul Mancino 216-687-2675

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

2019 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK