



HEALTH QUARTERLY STATEMENT

As of September 30, 2020
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 | Kevin Spruch <i>(Name)</i> Kevin.Spruch@medmutual.com <i>(E-Mail Address)</i> | 216-687-2759 <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) | (Signature) | (Signature) |
| Richard Alan Chiricosta | Patricia Bunn Decensi | Raymond Karl Mueller |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| CEO | Secretary | Treasurer |
| (Title) | (Title) | (Title) |

Subscribed and sworn to before me
This 13TH day of November, 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 _____



JEANNINE L. FLEMING
Notary Public, State of Ohio
Recorded in Cuyahoga County
My Commission Expires
November 26, 2023

ASSETS

| | Current Statement Date | | | 4 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | 100,183,441 | | 100,183,441 | 98,127,453 |
| 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 (\$.....5,664,498), cash equivalents (\$.....135,069,679) and short-term investments (\$.....0)..... | 140,734,177 | | 140,734,177 | 161,591,309 |
| 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)..... | 240,917,618 | 0 | 240,917,618 | 259,718,762 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 599,941 | | 599,941 | 482,372 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 2,453,051 | | 2,453,051 | 3,266,911 |
| 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 (\$.....0) and contracts subject to redetermination (\$.....340,275)..... | 340,275 | | 340,275 | 184,000 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 | |
| 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..... | | | 0 | |
| 18.2 Net deferred tax asset..... | 7,070,494 | | 7,070,494 | 7,179,665 |
| 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..... | | | 0 | |
| 24. Health care (\$.....11,300,905) and other amounts receivable..... | 13,065,146 | 1,764,241 | 11,300,905 | 14,841,000 |
| 25. Aggregate write-ins for other than invested assets..... | 6,143,342 | 62,056 | 6,081,286 | 4,013,846 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 270,589,867 | 1,826,297 | 268,763,570 | 289,686,556 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 270,589,867 | 1,826,297 | 268,763,570 | 289,686,556 |

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..... | 58,736 | 58,736 | 0 | |
| 2502. Other Receivables..... | 1,004,584 | 3,320 | 1,001,264 | 1,406,626 |
| 2503. Contraceptive Only Coverage Receivable..... | 5,080,022 | | 5,080,022 | 2,607,220 |
| 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)..... | 6,143,342 | 62,056 | 6,081,286 | 4,013,846 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....0 reinsurance ceded)..... | 71,061,250 | | 71,061,250 | 80,230,000 |
| 2. Accrued medical incentive pool and bonus amounts..... | 4,730,000 | | 4,730,000 | 3,940,002 |
| 3. Unpaid claims adjustment expenses..... | 1,679,500 | | 1,679,500 | 1,693,000 |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act..... | 46,346,645 | | 46,346,645 | 82,785,646 |
| 5. Aggregate life policy reserves..... | | | 0 | |
| 6. Property/casualty unearned premium reserve..... | | | 0 | |
| 7. Aggregate health claim reserves..... | | | 0 | |
| 8. Premiums received in advance..... | 13,858,281 | | 13,858,281 | 15,236,909 |
| 9. General expenses due or accrued..... | 9,281,427 | | 9,281,427 | 13,602,116 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))..... | 4,985,402 | | 4,985,402 | 1,059,211 |
| 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..... | 11,173,669 | | 11,173,669 | 544,375 |
| 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 \$.....11,363,566 current)..... | 11,363,566 | 0 | 11,363,566 | 833,111 |
| 24. Total liabilities (Lines 1 to 23)..... | 174,479,740 | 0 | 174,479,740 | 199,924,370 |
| 25. Aggregate write-ins for special surplus funds..... | XXX | XXX | 0 | 10,059,000 |
| 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 | 139,066,417 | 139,066,417 |
| 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 | (48,782,587) | (63,363,231) |
| 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 | 94,283,830 | 89,762,186 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)..... | XXX | XXX | 268,763,570 | 289,686,556 |

DETAILS OF WRITE-INS

| | | | | |
|--|------------|-----|------------|------------|
| 2301. Other Liabilities..... | 863,566 | | 863,566 | 833,111 |
| 2302. Premium Refund Accrual..... | 10,500,000 | | 10,500,000 | |
| 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)..... | 11,363,566 | 0 | 11,363,566 | 833,111 |
| 2501. Estimated 2020 Health Insurance Fee..... | XXX | XXX | | 10,059,000 |
| 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 | 10,059,000 |
| 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..... | 1,841,603 | 1,703,172 | 2,319,402 |
| 2. Net premium income (including \$.....0 non-health premium income)..... | XXX..... | 438,668,101 | 466,717,477 | 621,918,096 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX..... | (491,717) | | |
| 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..... | 438,176,384 | 466,717,477 | 621,918,096 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 235,978,681 | 243,965,539 | 348,393,542 |
| 10. Other professional services..... | | 21,773,539 | 20,086,765 | 28,724,878 |
| 11. Outside referrals..... | | 9,469,724 | 12,198,494 | 16,124,211 |
| 12. Emergency room and out-of-area..... | | 21,621,277 | 20,583,182 | 30,162,923 |
| 13. Prescription drugs..... | | 47,695,978 | 57,805,059 | 77,401,785 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 2,193,895 | 1,195,582 | 4,406,670 |
| 16. Subtotal (Lines 9 to 15)..... | 0 | 338,733,094 | 355,834,621 | 505,214,009 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | | 171,294 | 171,294 |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0 | 338,733,094 | 355,663,327 | 505,042,715 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$.....12,169,606 cost containment expenses..... | | 24,632,565 | 23,167,002 | 31,737,151 |
| 21. General administrative expenses..... | | 68,299,507 | 64,155,111 | 88,865,754 |
| 22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)..... | | | | 23,300,000 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 431,665,166 | 442,985,440 | 648,945,620 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX..... | 6,511,218 | 23,732,037 | (27,027,524) |
| 25. Net investment income earned..... | | 2,435,841 | 3,792,219 | 4,815,250 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....24,997..... | | (32,495) | 103,493 | 141,744 |
| 27. Net investment gains or (losses) (Lines 25 plus 26)..... | 0 | 2,403,346 | 3,895,712 | 4,956,994 |
| 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 | (1,167,606) | (1,757,605) | (2,381,980) |
| 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..... | 7,746,958 | 25,870,144 | (24,452,510) |
| 31. Federal and foreign income taxes incurred..... | XXX..... | 2,977,099 | 5,388,884 | (418,352) |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX..... | 4,769,859 | 20,481,260 | (24,034,158) |

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..... | | (1,167,606) | (1,757,605) | (2,381,980) |
| 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 | (1,167,606) | (1,757,605) | (2,381,980) |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 Current Year to Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| 33. Capital and surplus prior reporting year..... | 89,762,186 | 84,213,827 | 84,213,827 |
| 34. Net income or (loss) from Line 32..... | 4,769,859 | 20,481,260 | (24,034,158) |
| 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..... | (109,171) | (517,115) | 5,151,032 |
| 39. Change in nonadmitted assets..... | (139,044) | 108,124 | (568,515) |
| 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..... | | | 25,000,000 |
| 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)..... | 4,521,644 | 20,072,269 | 5,548,359 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)..... | 94,283,830 | 104,286,096 | 89,762,186 |

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 |

CASH FLOW

| | 1 Current Year to Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS | | | |
| 1. Premiums collected net of reinsurance..... | 411,516,340 | 458,950,837 | 628,553,734 |
| 2. Net investment income..... | 2,440,063 | 3,946,942 | 5,036,957 |
| 3. Miscellaneous income..... | | | |
| 4. Total (Lines 1 through 3)..... | 413,956,403 | 462,897,779 | 633,590,691 |
| 5. Benefit and loss related payments..... | 343,856,363 | 344,329,513 | 480,668,107 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 98,403,412 | 87,015,154 | 117,321,116 |
| 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)..... | 442,259,775 | 431,344,667 | 597,989,223 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (28,303,372) | 31,553,112 | 35,601,468 |
| CASH FROM INVESTMENTS | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 20,699,870 | 15,850,000 | 17,850,000 |
| 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)..... | 20,699,870 | 15,850,000 | 17,850,000 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 22,885,147 | 15,036,501 | 44,885,594 |
| 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)..... | 22,885,147 | 15,036,501 | 44,885,594 |
| 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)..... | (2,185,277) | 813,499 | (27,035,594) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | | 25,000,000 |
| 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)..... | 9,631,517 | (2,148,402) | 1,609,067 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | 9,631,517 | (2,148,402) | 26,609,067 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | (20,857,132) | 30,218,209 | 35,174,941 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 161,591,309 | 126,416,368 | 126,416,368 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 140,734,177 | 156,634,577 | 161,591,309 |

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

| | | | |
|---------------|--|--|--|
| 20.0001 | | | |
|---------------|--|--|--|

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 | | | | | | | |
| Total Members at End of: | | | | | | | | | | |
| 1. Prior Year..... | 213,507 | 68,308 | 7,066 | 116,495 | 9,194 | 12,444 | | | | |
| 2. First Quarter..... | 203,362 | 55,805 | 6,788 | 118,431 | 9,298 | 13,040 | | | | |
| 3. Second Quarter..... | 204,486 | 53,957 | 6,835 | 120,671 | 9,491 | 13,532 | | | | |
| 4. Third Quarter..... | 206,401 | 53,055 | 6,130 | 123,188 | 9,794 | 14,234 | | | | |
| 5. Current Year..... | 0 | | | | | | | | | |
| 6. Current Year Member Months..... | 1,841,603 | 495,319 | 60,161 | 1,080,088 | 85,183 | 120,852 | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician..... | 1,734,960 | 400,658 | 25,095 | 1,308,961 | | 246 | | | | |
| 8. Non-Physician..... | 1,052,803 | 154,083 | 18,377 | 868,023 | | 12,320 | | | | |
| 9. Total..... | 2,787,763 | 554,741 | 43,472 | 2,176,984 | 0 | 12,566 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred..... | 116,581 | 11,989 | 1,149 | 103,443 | | | | | | |
| 11. Number of Inpatient Admissions..... | 17,194 | 2,494 | 223 | 14,477 | | | | | | |
| 12. Health Premiums Written (a)..... | 438,668,101 | 235,202,500 | 32,474,153 | 167,333,045 | 715,116 | 2,943,287 | | | | |
| 13. Life Premiums Direct..... | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | 0 | | | | | | | | | |
| 15. Health Premiums Earned..... | 438,668,101 | 235,202,500 | 32,474,153 | 167,333,045 | 715,116 | 2,943,287 | | | | |
| 16. Property/Casualty Premiums Earned..... | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 343,856,363 | 195,114,708 | 20,642,760 | 126,173,650 | 449,909 | 1,475,336 | | | | |
| 18. Amount Incurred for Provision of Health Care Services..... | 338,733,094 | 187,854,658 | 19,467,687 | 129,495,504 | 449,909 | 1,465,336 | | | | |

007

(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 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 Claims and Other Claim Reserves..... | | | | | | 71,061,250 |
| 0799999. Total Claims Unpaid..... | | | | | | 71,061,250 |
| 0899999. Accrued Medical Incentive Pool and Bonus Amounts..... | | | | | | 4,730,000 |

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)..... | 30,338,307 | 184,015,264 | 2,128,551 | 43,821,466 | 32,466,858 | 58,430,621 |
| 2. Medicare Supplement..... | 20,123,975 | 106,049,675 | 348,705 | 24,582,528 | 20,472,680 | 21,609,379 |
| 3. Dental only..... | 141,782 | 1,333,554 | | 180,000 | 141,782 | 190,000 |
| 4. Vision only..... | | 449,909 | | | 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)..... | 50,604,064 | 291,848,402 | 2,477,256 | 68,583,994 | 53,081,320 | 80,230,000 |
| 10. Healthcare receivables (a)..... | | 13,065,146 | | | 0 | 16,320,629 |
| 11. Other non-health..... | | | | | 0 | |
| 12. Medical incentive pools and bonus amounts..... | 924,919 | 478,978 | 2,835,130 | 1,894,870 | 3,760,049 | 3,940,002 |
| 13. Totals (Lines 9-10+11+12)..... | 51,528,983 | 279,262,234 | 5,312,386 | 70,478,864 | 56,841,369 | 67,849,373 |

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

The accompanying statutory financial statements of Medical Health Insurance Corporation of Ohio (the Company or MHICO) have been prepared in conformity with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP), as prescribed by the Ohio Department of Insurance (ODI). No accounting practices were employed by the Company in 2019 or 2020 that departed from NAIC SAP.

| | SSAP # | F/S Page | F/S Line # | Current Year to Date | 2019 |
|---|--------|----------|------------|----------------------|-----------------|
| NET INCOME | | | | | |
| (1) Medical Health Insuring Corporation of Ohio Company state basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ 4,769,859 | \$ (24,034,158) |
| (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 | \$ 4,769,859 | \$ (24,034,158) |
| SURPLUS | | | | | |
| (5) Medical Health Insuring Corporation of Ohio Company state basis (Page 3, line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 94,283,830 | \$ 89,762,186 |
| (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 | \$ 94,283,830 | \$ 89,762,186 |

B. Use of Estimates in the Preparation of the Financial Statement

No significant changes.

C. Accounting Policy

No significant changes.

D. Going Concern

No significant changes.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes.

Note 3 – Business Combinations and Goodwill

No significant changes.

Note 4 – Discontinued Operations

No significant changes.

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

Not applicable.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

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.

NOTES TO FINANCIAL STATEMENTS

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.

J. Real Estate

- (1) Recognized Impairment Loss
- (2) Sold or Classified Real Estate Investments as Held for Sale
- (3) Changes to a Plan of Sale for an Investment in Real Estate
- (4) Retail Land Sales Operations
- (5) Real Estate Investments with Participating Mortgage Loan Features

K. Low-Income Housing Tax Credits (LIHTC)

- (1) Number of Remaining Years of Unexpired Tax Credits and Holding Period for LIHTC Investments
- (2) Amount of LIHTC and Other Tax Benefits Recognized
- (3) Balance of Investment Recognized
- (4) Regulatory Reviews
- (5) LIHTC investments which Exceed 10% of Total Admitted Assets
- (6) Recognized Impairment
- (7) Amount and Nature of Write-Downs or Reclassifications

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

| Restricted Asset Category | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | 3 Increase (Decrease) (1 minus 2) | 4 Total Current Year Nonadmitted Restricted | 5 Total Current Year Admitted Restricted (1 minus 4) | 6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | 7 Additional Restricted to Total Admitted Assets (b) |
|--|--|--|--------------------------------------|--|---|--|---|
| a. Subject to contractual obligation for which liability is not shown | \$ | \$ | \$ | \$ | \$ | % | % |
| b. Collateral held under security lending arrangements | | | | | | % | % |
| c. Subject to repurchase agreements | | | | | | % | % |
| d. Subject to reverse repurchase agreements | | | | | | % | % |
| e. Subject to dollar repurchase agreements | | | | | | % | % |
| f. Subject to dollar reverse repurchase agreements | | | | | | % | % |
| g. Placed under option contracts | | | | | | % | % |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock | | | | | | % | % |
| i. FHLB capital stock | | | | | | % | % |
| j. On deposit with states | 403,638 | 407,963 | (4,325) | | 403,638 | 0.1% | 0.2% |
| k. On deposit with other regulatory bodies | | | | | | % | % |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | | | | | | % | % |
| m. Pledged as collateral not captured in other categories | | | | | | % | % |
| n. Other restricted assets | | | | | | % | % |
| o. Total Restricted Assets | \$ 403,638 | \$ 407,963 | \$ (4,325) | \$ | \$ 403,638 | 0.1% | 0.2% |

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 1, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

| | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | 3 Increase (Decrease) (1 minus 2) | 4 Total Current Year Admitted Restricted | 5 Gross (Admitted & Nonadmitted) Restricted to Total Assets | 6 Admitted Restricted to Total Admitted Assets |
|------------------|--|--|--------------------------------------|---|--|---|
| | \$ | \$ | \$ | \$ | % | % |
| Total (a) | \$ | \$ | \$ | \$ | % | % |

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|
| | | | | | | |

NOTES TO FINANCIAL STATEMENTS

| | Total Gross (Admitted & Nonadmitted) Restricted from Current Year | Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | Increase (Decrease) (1 minus 2) | Total Current Year Admitted Restricted | Gross (Admitted & Nonadmitted) Restricted to Total Assets | Admitted Restricted to Total Admitted Assets |
|-----------|---|---|---------------------------------|--|---|--|
| | \$ | \$ | \$ | \$ | % | % |
| Total (a) | \$ | \$ | \$ | \$ | % | % |

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

| Collateral Assets | 1 Book/Adjusted Carrying Value (BACV) | 2 Fair Value | 3 % of BACV to Total Assets (Admitted and Nonadmitted) * | 4 % of BACV to Total Admitted Assets ** |
|--|--|-----------------|---|--|
| a. Cash, Cash Equivalents and Short-Term Investments | \$ | \$ | % | % |
| b. Schedule D, Part 1 | | | % | % |
| c. Schedule D, Part 2, Sec. 1 | | | % | % |
| d. Schedule D, Part 2, Sec. 2 | | | % | % |
| e. Schedule B | | | % | % |
| f. Schedule A | | | % | % |
| g. Schedule BA, Part 1 | | | % | % |
| h. Schedule DL, Part 1 | | | % | % |
| i. Other | | | % | % |
| j. Total Collateral Assets (a+b+c+d+e+f+g+i) | \$ | \$ | % | % |

*. Column 1 divided by Asset Page, Line 26 (Column 1)

** Column 1 divided by Asset Page, Line 26, (Column 3)

| | 1 Amount | 2 % of Liability to Total Liabilities |
|---|-------------|--|
| k. Recognized Obligation to Return Collateral Asset | \$ | % |

* Column 1 divided by Liability Page, Line 24 (Column 3)

M. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:
Not Applicable.

| | Gross Asset Current | Non-admitted Asset Current | Net Admitted Asset Current |
|-----------------------|---------------------|----------------------------|----------------------------|
| a. WCFI Designation 1 | \$ | \$ | \$ |
| b. WCFI Designation 2 | | | |
| c. WCFI Designation 3 | | | |
| d. WCFI Designation 4 | | | |
| e. WCFI Designation 5 | | | |
| f. WCFI Designation 6 | | | |
| g. Total | \$ | \$ | \$ |

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

| | Book/Adjusted Carrying Value |
|--------------------|------------------------------|
| a. Up to 180 Days | \$ |
| b. 181 to 365 Days | |
| c. Total | \$ |

T05L029901;99;NINVEST:WORKCAP;D

(3) Any Events of Default or Working Capital Finance Investments

N. Offsetting and Netting of Assets and Liabilities

| | Gross Amount Recognized | Amount Offset* | Net Amount Presented on Financial Statements |
|-----------------|-------------------------|----------------|--|
| (1) Assets | \$ | \$ | \$ |
| (2) Liabilities | \$ | \$ | \$ |

* For derivative assets and derivative liabilities, the amount of offset shall agree to Schedule DB, Part D, Section 1.

O. 5GI Securities

| Investment | Number of 5GI Securities | | Aggregate BACV | | Aggregate Fair Value | |
|--------------------------|--------------------------|------------|----------------|------------|----------------------|------------|
| | Current Year | Prior Year | Current Year | Prior Year | Current Year | Prior Year |
| (1) Bonds – AC | \$ | \$ | \$ | \$ | \$ | \$ |
| (2) Bonds – FV | | | | | | |
| (3) LB & SS – AC | | | | | | |
| (4) LB & SS – FV | | | | | | |
| (5) Preferred Stock – AC | | | | | | |
| (6) Preferred Stock – FV | | | | | | |

NOTES TO FINANCIAL STATEMENTS

| Investment | Number of 5GI Securities | | Aggregate BACV | | Aggregate Fair Value | |
|-------------------------|--------------------------|------------|----------------|------------|----------------------|------------|
| | Current Year | Prior Year | Current Year | Prior Year | Current Year | Prior Year |
| (7) Total (1+2+3+4+5+6) | \$ | \$ | \$ | \$ | \$ | \$ |

AC – Amortized Cost FV – Fair Value

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

| | Proceeds Received | Current Fair Value of Securities Sold Short | Unrealized Gain or Loss | Expected Settlement (# of Days) | Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days | Fair Value of Short Sales Expected to be Settled by Secured Borrowing |
|---------------------|-------------------|---|-------------------------|---------------------------------|---|---|
| (a) Bonds | \$ | \$ | \$ | | \$ | \$ |
| (b) Preferred Stock | | | | | | |
| (c) Common Stock | | | | | | |
| (d) Totals (a+b+c) | \$ | \$ | \$ | XXX | \$ | \$ |

(2) Settled Short Sale Transactions

| | Proceeds Received | Current Fair Value of Securities Sold Short | Realized Gain or Loss on Transaction | Fair Value of Short Sales That Exceeded 3 Settlement Days | Fair Value of Short Sales Settled by Secured Borrowing |
|---------------------|-------------------|---|--------------------------------------|---|--|
| (a) Bonds | \$ | \$ | \$ | \$ | \$ |
| (b) Preferred Stock | | | | | |
| (c) Common Stock | | | | | |
| (d) Totals (a+b+c) | \$ | \$ | \$ | \$ | \$ |

Q. Prepayment Penalty and Acceleration Fees

| | |
|---|------------|
| (1) Number of CUSIPs | 8 |
| (2) Aggregate Amount of Investment Income | \$ 433,674 |

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

No significant changes.

Note 8 – Derivative Instruments

Not applicable.

Note 9 – Income Taxes

No significant changes.

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

No significant changes.

Note 11 – Debt

A. Debt Including Capital Notes

Not applicable.

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-I. Not applicable.

Note 13 – Capital and Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations

No significant changes.

Note 14 – Liabilities, Contingencies and Assessments

No significant changes.

Note 15 – Leases

NOTES TO FINANCIAL STATEMENTS

No significant changes.

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

No significant changes.

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

No significant changes.

C. Wash Sales

No significant changes.

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

No significant changes.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

| Description for Each Type of Asset or Liability | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Total |
|---|---------|---------|---------|-----------------------|-------|
| Assets at Fair Value | | | | | |
| | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ |
| Liabilities at Fair Value | | | | | |
| | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ |

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

| Description | Beginning Balance | 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 as of Current Period |
|-----------------------|-------------------|------------------------|--------------------------|---|--|-----------|-----------|-------|-------------|-------------------------------------|
| a. Assets | | | | | | | | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| b. Liabilities | | | | | | | | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

(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 for Derivative Assets and Liabilities

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) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|-----------|----------------|-----------|-----------------------|----------------------------------|
| BONDS | \$ 104,835,799 | \$ 100,183,441 | \$ | \$ 104,835,799 | \$ | \$ | \$ |

D. Not Practicable to Estimate Fair Value

| Type of Class or Financial Instrument | Carrying Value | Effective Interest | Maturity Date | Explanation |
|---------------------------------------|----------------|--------------------|---------------|-------------|
|---------------------------------------|----------------|--------------------|---------------|-------------|

NOTES TO FINANCIAL STATEMENTS

| | | | |
|--|----|------|--|
| | | Rate | |
| | \$ | | |

Not applicable.

E. NAV Practical Expedient Investments

Note 21 – Other Items

On August 5, 2020 the Parent company's Board of Directors approved a plan to voluntarily refund premium to its customers, subject to regulatory approval.

As of the balance sheet date, regulatory approval had been received for the voluntary premium refunds on Individual ACA business. As such, the accompanying September 30, 2020 financial statements include an estimate of \$10.5 million in voluntary premium refunds for this line of business. No amounts were recorded for other lines of business as amounts were still being finalized and regulatory approval had not yet been sought as of the balance sheet date.

Note 22 – Events Subsequent

On October 19, 2020 the Company received a favorable proposed stipulation of judgment in its claim against the United States for non-payment of amounts owed under the risk corridors program established under the Patient Protection and Affordable Care Act for the years 2014-2016. As such, the Company anticipates collecting the \$21.8 million it is owed. No amounts were recorded in the accompanying September 30, 2020 financial statements as the case hadn't yet been filed at the balance sheet date.

Note 23 – Reinsurance

No significant changes.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

No significant changes.

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium

No significant changes.

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features

No significant changes.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

No significant changes.

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 to date:

| | AMOUNT |
|--|---------------|
| a. Permanent ACA Risk Adjustment Program | AMOUNT |
| Assets | |
| 1. Premium adjustments receivable due to ACA Risk Adjustment | \$ 340,275 |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment | \$ 89,157 |
| 3. Premium adjustments payable due to ACA Risk Adjustment | \$ 18,654,646 |
| Operations (Revenue & Expenses) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$ 24,489,383 |
| 5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid) | \$ 88,704 |
| b. Transitional ACA Reinsurance Program | AMOUNT |
| Assets | |
| 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 | \$ |
| Liabilities | |
| 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 | \$ |
| Operations (Revenue & Expenses) | |
| 7. Ceded reinsurance premiums due to ACA Reinsurance | \$ |
| 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | \$ |
| 9. ACA Reinsurance contributions – not reported as ceded premium | \$ |
| c. Temporary ACA Risk Corridors Program | AMOUNT |

NOTES TO FINANCIAL STATEMENTS

| | |
|---|----|
| Assets | |
| 1. Accrued retrospective premium due to ACA Risk Corridors | \$ |
| Liabilities | |
| 3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | \$ |
| Operations (Revenue & Expenses) | |
| 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 | \$ |

(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 to Date on Business Written Before Dec. 31 of the Prior Year | | Differences | | Adjustments | | Ref | Unsettled Balances as of the Reporting Date | |
|--|--|-----------------|--|-----------------|---|---|------------------------|------------------------|-----|--|--|
| | | | | | 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 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | |
| 1. Premium adjustments receivable | \$ 184,000 | \$ | \$ 6,894 | \$ | \$ 177,106 | \$ | \$ 163,169 | \$ | A | \$ 340,275 | \$ |
| 2. Premium adjustments (payable) | | (55,385,646) | | (61,383,552) | | 5,997,906 | | (5,998,552) | B | | (646) |
| 3. Subtotal ACA Permanent Risk Adjustment Program | \$ 184,000 | \$ (55,385,646) | \$ 6,894 | \$ (61,383,552) | \$ 177,106 | \$ 5,997,906 | \$ 163,169 | \$ (5,998,552) | | \$ 340,275 | \$ (646) |
| b. Transitional ACA Reinsurance Program | | | | | | | | | | | |
| 1. Amounts recoverable for claims paid | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ | \$ |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | I | \$ | \$ |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | J | | |
| 3. Subtotal ACA Risk Corridors Program | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ | \$ |
| d. Total for ACA Risk Sharing Provisions | \$ 184,000 | \$ (55,385,646) | \$ 6,894 | \$ (61,383,552) | \$ 177,106 | \$ 5,997,906 | \$ 163,169 | \$ (5,998,552) | | \$ 340,275 | \$ (646) |

Explanations of Adjustments

- A. ACA Risk Adjustment based on the final risk adjustment report received from HHS on July 17, 2020, risk adjustment data validation adjustments report from HHS on August 18, 2020 and payment and receipts through September 30, 2020.
- B. ACA Risk Adjustment based on the final risk adjustment report received from HHS on July 17, 2020, risk adjustment data validation adjustments report from HHS on August 18, 2020 and payment and receipts through September 30, 2020.
- C. N/A
- D. N/A
- E. N/A
- F. N/A
- G. N/A
- H. N/A
- I. N/A
- J. N/A

NOTES TO FINANCIAL STATEMENTS

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

| | Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year | | Received or Paid as of the Current Year to Date on Business Written Before Dec. 31 of the Prior Year | | Differences | | Adjustments | | Unsettled Balances as of the Reporting Date | | |
|--|--|-----------|--|-----------|---|---|------------------------|------------------------|--|--|----|
| | | | | | 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 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | A | \$ | \$ |
| 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. 2020 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | E | \$ | \$ |
| 2. Reserve for rate credits or policy experience rating refunds | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | F | \$ | \$ |
| d. Total for Risk Corridors | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ | \$ |

- A. N/A
 B. N/A
 C. N/A
 D. N/A
 E. N/A
 F. N/A

(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 | \$ 4,144,017 | \$ 833,508 | \$ | \$ | \$ |
| b. 2015 | 4,279,011 | 4,279,011 | | | | |
| c. 2016 | 13,342,649 | 13,342,649 | | | | |
| d. Total (a+b+c) | \$ 22,599,185 | \$ 21,765,677 | \$ 833,508 | \$ | \$ | \$ |

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, 2019 were \$69.5 million. As of September 30, 2020, \$70.7 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years, and \$17.5 million in health care receivables have been recovered. Reserves remaining for prior years are \$5.3 million based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at September 30, 2020. No health care receivables are remaining to be recovered related to prior years. Therefore, there has been a \$11.0 million favorable prior year development since December 31, 2019. 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 changes.

Note 26 – Intercompany Pooling Arrangements

No significant changes.

NOTES TO FINANCIAL STATEMENTS**Note 27 – Structured Settlements**

Not applicable for Health Companies.

Note 28 – Health Care Receivables

| Quarter Date | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|--------------|--|---|---|--|--|
| 09/30/2020 | 4,417,905 | | | | |
| 06/30/2020 | 5,403,000 | 5,860,000 | | | |
| 03/31/2020 | 4,667,000 | 5,404,000 | 5,239,000 | | |
| | | | | | |
| 12/31/2019 | 6,426,000 | 6,426,000 | 1,043,985 | 5,786,835 | 271,148 |
| 09/30/2019 | 5,243,000 | 6,586,000 | 5,750,097 | 884,973 | 36,159 |
| 06/30/2019 | 4,915,000 | 5,724,709 | 5,821,463 | 3,269 | 1,018,890 |
| 03/31/2019 | 4,418,000 | 5,476,000 | 5,112,206 | 4,500 | 631,088 |
| | | | | | |
| 12/31/2018 | 5,151,000 | 5,151,000 | 307,116 | 4,884,767 | 71,390 |
| 09/30/2018 | 3,470,000 | 4,592,000 | 3,895,284 | 702,066 | 31,307 |
| 06/30/2018 | 3,338,000 | 4,189,716 | 3,879,733 | 2,494 | 525,434 |
| 03/31/2018 | 1,927,000 | 3,814,093 | 3,600,326 | 1,661 | 375,249 |

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes

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? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 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]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 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? Yes [] No [] N/A [X]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019
- 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 [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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 [X]
- 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 [X]
- 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 [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
- 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 [X] 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 [X]
- 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 invested assets? Yes [] No [X]
- 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 invested assets? Yes [] No [X]

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 [X] No []
- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - 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 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The security was purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

| | | | |
|---------------------------|--|---------|----------|
| 1. Operating Percentages: | | | |
| 1.1 | A&H loss percent | | 80.0 % |
| 1.2 | A&H cost containment percent | | 2.8 % |
| 1.3 | A&H expense percent excluding cost containment expenses | | 18.4 % |
| | | | |
| 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. | | 0 |
| 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. | | 0 |
| | | | |
| 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 of the reporting entity?..... | Yes [] | No [X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|------------------------------|----------------|---------------------|------------------------|----------------------------------|-----------------------------------|-----------------------------|------------------------|--|--|
|------------------------------|----------------|---------------------|------------------------|----------------------------------|-----------------------------------|-----------------------------|------------------------|--|--|

NONE

Medical Health Insuring Corporation of Ohio

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | 1 | Direct Business Only | | | | | | | |
|--|-------------------|------------------------------|----------------------|--------------------|--|--|----------------------------|---------------------------|------------------------|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/Casualty Premiums | Total Columns 2 through 7 | 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 | 438,668,101 | | | | | | 438,668,101 | |
| 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 | 438,668,101 | 0 | 0 | 0 | 0 | 0 | 438,668,101 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans..... | XXX | | | | | | | 0 | |
| 61. Total (Direct Business)..... | XXX | 438,668,101 | 0 | 0 | 0 | 0 | 0 | 438,668,101 | 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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|----------------|-----------------------------|-------------------|--------------|--------------|-------|--|---|----------------------|----------------------------------|--|---|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Members | | | | | | | | | | | | | | | |
| 0730 | Medical Mutual of Ohio..... | 29076.. | 34-0648820.. | ..... | ..... | ..... | Medical Mutual of Ohio..... | OH..... | 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..... | ..... |
| ..... | Medical Mutual of Ohio..... | ..... | 61-1739182.. | ..... | ..... | ..... | Bravo Wellness, LLC..... | DE..... | 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.

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..... | 98,127,453 | 71,004,566 |
| 2. Cost of bonds and stocks acquired..... | 22,885,147 | 44,885,594 |
| 3. Accrual of discount..... | 72,760 | 106,215 |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | (7,498) | 179,497 |
| 6. Deduct consideration for bonds and stocks disposed of..... | 21,133,544 | 17,850,277 |
| 7. Deduct amortization of premium..... | 194,551 | 198,419 |
| 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..... | 433,674 | 277 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... | 100,183,441 | 98,127,453 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 100,183,441 | 98,127,453 |

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 |
|--|--|--|--|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 92,513,676 | 6,300,940 | 5,613,951 | (41,901) | 82,171,561 | 92,513,676 | 93,158,764 | 90,060,008 |
| 2. NAIC 2 (a)..... | 7,034,859 | | | (10,182) | 7,041,489 | 7,034,859 | 7,024,677 | 8,067,445 |
| 3. NAIC 3 (a)..... | | | | | | | 0 | |
| 4. NAIC 4 (a)..... | | | | | | | 0 | |
| 5. NAIC 5 (a)..... | | | | | | | 0 | |
| 6. NAIC 6 (a)..... | | | | | | | 0 | |
| 7. Total Bonds..... | 99,548,535 | 6,300,940 | 5,613,951 | (52,083) | 89,213,050 | 99,548,535 | 100,183,441 | 98,127,453 |
| PREFERRED STOCK | | | | | | | | |
| 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..... | 99,548,535 | 6,300,940 | 5,613,951 | (52,083) | 89,213,050 | 99,548,535 | 100,183,441 | 98,127,453 |

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(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.

**Sch. DA - Pt. 1
NONE**

**Sch. DA - Verification
NONE**

**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..... | 155,978,659 | 119,309,705 |
| 2. Cost of cash equivalents acquired..... | 26,609,158 | 36,668,954 |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | 47,518,138 | |
| 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)..... | 135,069,679 | 155,978,659 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 135,069,679 | 155,978,659 |

**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 and Administrative Symbol |
| Bonds - U.S. Special Revenue and Special Assessment | | | | | | | | | | |
| 3136G4 X2 4 | FEDERAL NATIONAL MORTGAGE ASSOCIATION..... | | | 09/09/2020..... | ANCORA ADVISORS..... | | 2,002,960 | 2,000,000 | 433 | 1 |
| 3199999 | Total - Bonds - U.S. Special Revenue and Special Assessments..... | | | | | | 2,002,960 | 2,000,000 | 433 | XXX |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | |
| 110122 CN 6 | BRISTOL-MYERS SQUIBB CO..... | | | 09/17/2020..... | ANCORA ADVISORS..... | | 2,272,280 | 2,000,000 | 17,067 | 1FE |
| 478160 CP 7 | JOHNSON & JOHNSON..... | | | 09/21/2020..... | ANCORA ADVISORS..... | | 2,025,700 | 2,000,000 | 1,478 | 1FE |
| 3899999 | Total - Bonds - Industrial and Miscellaneous..... | | | | | | 4,297,980 | 4,000,000 | 18,545 | XXX |
| 8399997 | Total - Bonds - Part 3..... | | | | | | 6,300,940 | 6,000,000 | 18,978 | XXX |
| 8399999 | Total - Bonds..... | | | | | | 6,300,940 | 6,000,000 | 18,978 | XXX |
| 9999999 | Total - Bonds, Preferred and Common Stocks..... | | | | | | 6,300,940 | XXX | 18,978 | XXX |

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 and Administrative Symbol |
| Bonds - U.S. Special Revenue and Special Assessment | | | | | | | | | | | | | | | | | | | | | |
| 3133EL C3 6 | FEDERAL FARM CREDIT BANKS..... | | 09/10/2020 | CALLED @ 100.0000000..... | | 2,000,000 | 2,000,000 | 1,997,000 | | | 137 | | 137 | | 1,997,137 | | 2,863 | 2,863 | 5,373 | 11/26/2025 | 1..... |
| 313370 US 5 | FEDERAL HOME LOAN BANKS..... | | 09/11/2020 | MATURITY..... | | 1,500,000 | 1,500,000 | 1,563,516 | 1,507,836 | | (7,836) | | (7,836) | | 1,500,000 | | | 0 | 43,125 | 09/11/2020 | 1..... |
| 3199999 | Total - Bonds - U.S. Special Revenue and Special Assessments..... | | | | | 3,500,000 | 3,500,000 | 3,560,516 | 1,507,836 | 0 | (7,699) | 0 | (7,699) | 0 | 3,497,137 | 0 | 2,863 | 2,863 | 48,498 | XXX | XXX |
| Bonds - Industrial and Miscellaneous | | | | | | | | | | | | | | | | | | | | | |
| 78409V AK 0 | S&P GLOBAL INC..... | | 09/12/2020 | CALLED @ 119.8978715..... | | 2,397,957 | 2,000,000 | 2,144,500 | 2,129,808 | | (12,994) | | (12,994) | | 2,116,814 | | (116,814) | (116,814) | 492,558 | 02/15/2026 | 1FE..... |
| 3899999 | Total - Bonds - Industrial and Miscellaneous..... | | | | | 2,397,957 | 2,000,000 | 2,144,500 | 2,129,808 | 0 | (12,994) | 0 | (12,994) | 0 | 2,116,814 | 0 | (116,814) | (116,814) | 492,558 | XXX | XXX |
| 8399997 | Total - Bonds - Part 4..... | | | | | 5,897,957 | 5,500,000 | 5,705,016 | 3,637,644 | 0 | (20,693) | 0 | (20,693) | 0 | 5,613,951 | 0 | (113,951) | (113,951) | 541,056 | XXX | XXX |
| 8399999 | Total - Bonds..... | | | | | 5,897,957 | 5,500,000 | 5,705,016 | 3,637,644 | 0 | (20,693) | 0 | (20,693) | 0 | 5,613,951 | 0 | (113,951) | (113,951) | 541,056 | XXX | XXX |
| 9999999 | Total - Bonds, Preferred and Common Stocks..... | | | | | 5,897,957 | XXX | 5,705,016 | 3,637,644 | 0 | (20,693) | 0 | (20,693) | 0 | 5,613,951 | 0 | (113,951) | (113,951) | 541,056 | XXX | XXX |

QE05

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. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

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 or 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 | |
| Open Depositories | | | | | | | | |
| PREMIER BANK..... YOUNGSTOWN, OHIO..... | |1.250 |16,141 | |5,147,699 |5,147,699 |5,163,840 | XXX |
| HUNTINGTON BANK..... CLEVELAND, OHIO..... | | | | |500,177 |500,027 |500,657 | 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 |16,141 |0 |5,647,877 |5,647,726 |5,664,498 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX |16,141 |0 |5,647,877 |5,647,726 |5,664,498 | XXX |
| 0599999. Total Cash..... | XXX | XXX |16,141 |0 |5,647,877 |5,647,726 |5,664,498 | 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 |
| Exempt Money Market Mutual Funds as Identified by the SVO | | | | | | | | |
| 60934N 10 4 | FEDERATED GOVERNMENT OBLIGATIONS FUND INSTITUTIONAL SHARES..... | | 09/30/2020..... |0.010 | |135,069,679 |21 |585,789 |
| 8599999 | Total - Exempt Money Market Mutual Funds as Identified by the SVO..... | | | | |135,069,679 |21 |585,789 |
| 8899999 | Total - Cash Equivalents | | | | |135,069,679 |21 |585,789 |

QE14