29076202020100100

ANNUAL STATEMENT

For the Year Ended December 31, 2020

of the Condition and Affairs of the

Medical Mutual of Ohio

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

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

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

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

Statutory Home Office	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-687-7000 *(Area Code) (Telephone Number)*
Mail Address	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	2060 East Ninth Street .. Cleveland .. OH .. US .. 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-687-7000 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Kevin Spruch *(Name)*	216-687-2759 *(Area Code) (Telephone Number) (Extension)*
	Kevin.Spruch@medmutual.com *(E-Mail Address)*	216-360-4073 *(Fax Number)*

OFFICERS

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

OTHER

Thomas Parke Dewey	EVP	Patricia Bunn Decensi	EVP
Kathleen Rose Golovan	EVP	Andrea Marie Hogben	EVP
John Steven Kish	EVP	Teresa Jo Koenig	EVP
Steffany Matticola Larkins	EVP	Raymond Karl Mueller	EVP
David Gerard Quiring	EVP		

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me
This _____ day of _____ 2021

a. Is this an original filing? Yes [X] No [ ]
b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	2,870,579					2,870,579
Ohio State Medical Association	9,411,360					9,411,360
COSE	19,568,192					19,568,192
0299997. Group subscribers subtotal	28,979,552	0	0	0	0	28,979,552
0299998. Premiums due and unpaid not individually listed	11,325,798			13,461	13,461	11,325,798
0299999. Total group	40,305,350	0	0	13,461	13,461	40,305,350
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	43,175,929	0	0	13,461	13,461	43,175,929

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts	11,332,000	11,332,000	11,332,000	38,285,777	5,266,777	67,015,000
0199999. Total Pharmaceutical Rebate Receivables	11,332,000	11,332,000	11,332,000	38,285,777	5,266,777	67,015,000
Claim Overpayment Receivables						
Express Scripts	808,750	808,750	808,750	7,278,750	9,705,000	0
0299998. Claim Overpayment Receivables Not Listed Individually	4,462,456	380,712	380,712	3,426,406	6,923,771	1,726,515
0299999. Total Claim Overpayment Receivables	5,271,206	1,189,462	1,189,462	10,705,156	16,628,771	1,726,515
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually	29,831			64,398,952	50,544,832	13,883,951
0399999. Total Loans and Advances to Providers	29,831	0	0	64,398,952	50,544,832	13,883,951
Other Receivables						
0699998. Other Receivables Not Listed Individually	101,057	100,728	100,727	178		302,690
0699999. Total Other Receivables	101,057	100,728	100,727	178	0	302,690
0799999. Gross Health Care Receivables	16,734,094	12,622,190	12,622,189	113,390,063	72,440,380	82,928,156

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	64,517,240	64,512,633		72,281,777	64,517,240	63,057,195
2. Claim overpayment receivables	13,749,762	226,948,461	237,649	18,117,637	13,987,411	12,279,097
3. Loans and advances to providers		8,958,280		64,428,783	0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	228,266	7,323,953	178	302,512	228,444	228,326
7. Totals (Lines 1 through 6)	78,495,268	307,743,327	237,827	155,130,709	78,733,095	75,564,618

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999. Unreported claim and other claim reserves						376,638,508
0799999. Total claims unpaid						376,638,508
0899999. Accrued medical incentive pool and bonus amounts						9,132,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Medical Mutual Services, LLC	4,385,412					4,385,412	
Medical Health Insuring Corporation of Ohio	25,102,562					25,102,562	
Bravo Wellness, LLC	37,475					37,475	
Superior Dental Care, Inc	649,234					649,234	
0199999. Individually listed receivables	30,174,683	0	0	0	0	30,174,683	0
0399999. Total gross amounts receivable	30,174,683	0	0	0	0	30,174,683	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
MedMutual Life Insurance Company	Revenues collected on behalf of subsidiary	4,871,762	4,871,762	
0199999. Individually listed payables		4,871,762	4,871,762	0
0399999. Total gross payables		4,871,762	4,871,762	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	4,814,776	0.2	109,240	10.5		4,814,776
4. Total capitation payments	4,814,776	0.2	109,240	10.5	0	4,814,776
Other Payments:						
5. Fee-for-service	4,134,742	0.2	XXX	XXX		4,134,742
6. Contractual fee payments	1,988,494,096	90.4	XXX	XXX		1,988,494,096
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,256,774	0.2	XXX	XXX		4,256,774
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	196,805,936	9.0	XXX	XXX		196,805,936
12. Total other payments	2,193,691,548	99.8	XXX	XXX	0	2,193,691,548
13. Total (Line 4 plus Line 12)	2,198,506,324	100.0	XXX	XXX	0	2,198,506,324

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	28,897,267		10,228,275	18,668,992	18,668,992	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	45,579,316		3,973,533	41,605,783	41,605,783	0
6. Total	74,476,583	0	14,201,808	60,274,775	60,274,775	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.GA

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,079,941	23,921	324,331	9,135	53,533	43,594	2,059	34,430		588,938
2. First quarter	1,088,803	22,220	301,428	8,700	57,531	45,799	1,730	34,575		616,820
3. Second quarter	1,065,748	21,441	291,419	8,576	58,316	47,273	1,719	34,561		602,443
4. Third quarter	1,048,473	20,854	280,579	8,443	57,424	46,868	1,757	34,718		597,830
5. Current year	1,044,874	20,289	278,967	8,269	58,096	47,412	1,684	34,759		595,398
6. Current year member months	12,779,829	257,155	3,483,494	102,694	691,783	561,437	20,753	415,629		7,246,884
Total Member Ambulatory Encounters for Year:										
7. Physician	3,272,732	167,803	2,335,453	131,123	21	1,434	16,622	599,331		20,945
8. Non-physician	2,176,587	84,511	1,488,749	92,622	581	52,682	10,130	436,790		10,522
9. Totals	5,449,319	252,314	3,824,202	223,745	602	54,116	26,752	1,036,121	0	31,467
10. Hospital patient days incurred	156,500	3,053	65,407	17,775			1,645	68,230		390
11. Number of inpatient admissions	27,762	648	16,303	2,015			213	8,492		91
12. Health premiums written (b)	2,582,012,769	100,865,251	1,803,208,542	20,899,389	3,861,528	13,698,878	15,815,683	397,514,809		226,148,689
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,582,012,769	100,865,251	1,803,208,542	20,899,389	3,861,528	13,698,878	15,815,683	397,514,809		226,148,689
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,198,506,324	90,295,083	1,512,725,560	14,802,071	3,242,352	9,159,265	11,702,106	352,496,778		204,083,109
18. Amount incurred for provision of health care services	2,168,321,072	93,978,029	1,486,803,013	14,549,913	3,191,762	9,200,372	11,648,823	353,830,547		195,118,613

30.GT

(a) For health business: number of persons insured under PPO managed care products.....313,377 and number of persons insured under indemnity only products.....318.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....397,514,809

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.IN

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	729									729
2. First quarter	725									725
3. Second quarter	724									724
4. Third quarter	664									664
5. Current year	590									590
6. Current year member months	8,283									8,283
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	452,069									452,069
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	452,069									452,069
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,025,061									1,025,061
18. Amount incurred for provision of health care services	1,025,061									1,025,061

30.MI

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.NC

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,079,212	23,921	324,331	9,135	53,533	43,594	2,059	34,430		588,209
2. First quarter	1,088,078	22,220	301,428	8,700	57,531	45,799	1,730	34,575		616,095
3. Second quarter	1,065,024	21,441	291,419	8,576	58,316	47,273	1,719	34,561		601,719
4. Third quarter	1,047,809	20,854	280,579	8,443	57,424	46,868	1,757	34,718		597,166
5. Current year	1,044,284	20,289	278,967	8,269	58,096	47,412	1,684	34,759		594,808
6. Current year member months	12,771,546	257,155	3,483,494	102,694	691,783	561,437	20,753	415,629		7,238,601
Total Member Ambulatory Encounters for Year:										
7. Physician	3,272,732	167,803	2,335,453	131,123	21	1,434	16,622	599,331		20,945
8. Non-physician	2,176,587	84,511	1,488,749	92,622	581	52,682	10,130	436,790		10,522
9. Totals	5,449,319	252,314	3,824,202	223,745	602	54,116	26,752	1,036,121	0	31,467
10. Hospital patient days incurred	156,500	3,053	65,407	17,775			1,645	68,230		390
11. Number of inpatient admissions	27,762	648	16,303	2,015			213	8,492		91
12. Health premiums written (b)	2,581,560,700	100,865,251	1,803,208,542	20,899,389	3,861,528	13,698,878	15,815,683	397,514,809		225,696,620
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,581,560,700	100,865,251	1,803,208,542	20,899,389	3,861,528	13,698,878	15,815,683	397,514,809		225,696,620
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,197,481,263	90,295,083	1,512,725,560	14,802,071	3,242,352	9,159,265	11,702,106	352,496,778		203,058,048
18. Amount incurred for provision of health care services	2,167,296,011	93,978,029	1,486,803,013	14,549,913	3,191,762	9,200,372	11,648,823	353,830,547		194,093,552

30.OH

(a) For health business: number of persons insured under PPO managed care products.....313,377 and number of persons insured under indemnity only products.....318.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....397,514,809

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.PA

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

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

29076202043041000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

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

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

NONE

30.SC

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WI

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....730

NAIC Company Code.....29076

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

NONE

30.WV

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
	37-6532551	03/31/2015	Ohio State Medical Association Health Benefits Plan	OH	QA/G	CMM	225,130,660			8,802,265		
	81-6240902	01/01/2020	COSE Health and Wellness Trust	OH	QA/G	CMM	9,364,807			20,754,266		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates						234,495,467	0	0	29,556,531	0	0
1099999.	Total - Non-Affiliates						234,495,467	0	0	29,556,531	0	0
1199999.	Total - U.S.						234,495,467	0	0	29,556,531	0	0
9999999.	Total						234,495,467	0	0	29,556,531	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000.....	30-1157485....	01/01/2020	Dedicated Columbus Ohio, LLC.....	FL.....	172,917	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				172,917	0
2199999.	Total - Accident and Health Non-Affiliates.....				172,917	0
2299999.	Total - Accident and Health.....				172,917	0
2399999.	Total U.S.....				172,917	0
9999999.	Total.....				172,917	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
00000.....	30-1157485....	.01/01/2020	Dedicated Columbus Ohio, LLC.....	FL.....	QA/I.....	MR.....	240,491	.....	.....	.....	.....	.....	.....
1999999.	Total - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates.....			.....	.....	.....	240,491	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....			.....	.....	.....	240,491	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized.....			.....	.....	.....	240,491	0	0	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....			.....	.....	.....	240,491	0	0	0	0	0	0
9199999.	Total - U.S.....			.....	.....	.....	240,491	0	0	0	0	0	0
9999999.	Total.....			.....	.....	.....	240,491	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
00000.....	30-1157485.	.01/01/2020	Dedicated Columbus Ohio, LLC.....	.....	172,917	.....	172,917	.....	.....	.....	.....	.....	171,045	171,045
1999999.	Total - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates.....			0	172,917	0	172,917	0	.....XXX.....	0	0	0	171,045	171,045
2199999.	Total - General Account - Accident and Health - Non-Affiliates.....			0	172,917	0	172,917	0	.....XXX.....	0	0	0	171,045	171,045
2299999.	Total - General Account - Accident and Health.....			0	172,917	0	172,917	0	.....XXX.....	0	0	0	171,045	171,045
2399999.	Total - General Account.....			0	172,917	0	172,917	0	.....XXX.....	0	0	0	171,045	171,045
3599999.	Total - U.S.....			0	172,917	0	172,917	0	.....XXX.....	0	0	0	171,045	171,045
9999999.	Total.....			0	172,917	0	172,917	0	.....XXX.....	0	0	0	171,045	171,045

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating 1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

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

		1 2020	2 2019	3 2018	4 2017	5 2016
A.	**OPERATIONS ITEMS**					
1.	Premiums				30	6,160
2.	Title XVIII - Medicare	240				
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses		157	384	2,184	21,096
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable				5	3,283
8.	Reinsurance recoverable on paid losses	173			3,648	16,431
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Multiple beneficiary trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,386,870,138		2,386,870,138
2.	Accident and health premiums due and unpaid (Line 15)	63,505,668		63,505,668
3.	Amounts recoverable from reinsurers (Line 16.1)	172,917	(172,917)	0
4.	Net credit for ceded reinsurance	XXX	342,090	342,090
5.	All other admitted assets (balance)	161,089,548		161,089,548
6.	Totals assets (Line 28)	2,611,638,271	169,173	2,611,807,444
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	376,638,508		376,638,508
8.	Accrued medical incentive pool and bonus payments (Line 2)	9,132,000		9,132,000
9.	Premiums received in advance (Line 8)	45,220,929		45,220,929
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	1,872	(1,872)	0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	321,814,539	171,045	321,985,584
15.	Total liabilities (Line 24)	752,807,848	169,173	752,977,021
16.	Total capital and surplus (Line 33)	1,858,830,423	XXX	1,858,830,423
17.	Total liabilities, capital and surplus (Line 34)	2,611,638,271	169,173	2,611,807,444
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	172,917		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	172,917		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	1,872		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	(171,045)		
30.	Total ceded reinsurance payables/offsets	(169,173)		
31.	Total net credit for ceded reinsurance	342,090		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	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.....	.....

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
29076	34-0648820	Medical Mutual of Ohio		(712,944)			276,744,760			(4,000,000)	272,031,816	
95828	34-1442712	Medical Health Insuring Corporation of Ohio					(56,976,822)				(56,976,822)	
62375	21-0706531	MedMutual Life Insurance Company					1,176,361				1,176,361	
	34-1913462	Medical Mutual Services, LLC					(220,649,052)				(220,649,052)	
96280	31-1119867	Superior Dental Care, Inc					(1,200,202)				(1,200,202)	
	61-1739182	Bravo Wellness, LLC		712,944			904,955			4,000,000	5,617,899	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

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

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

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

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

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

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

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

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

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

21.

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Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Other Receivables	9,380,301	5,395,385	3,984,916	3,034,423
2597. Summary of remaining write-ins for Line 25	9,380,301	5,395,385	3,984,916	3,034,423

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Assumed Reinsurance Claims Payable	29,556,531		29,556,531	16,180,324
2305. Unclaimed Funds	1,962,172		1,962,172	2,025,729
2306. Guaranty Fund Liability	1,752,000		1,752,000	1,575,000
2397. Summary of remaining write-ins for Line 23	33,270,703	0	33,270,703	19,781,053

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Intangible Asset		55,797	55,797
2597. Summary of remaining write-ins for Line 25	0	55,797	55,797

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 1:

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
0604. Medicare Supplement	9,135	8,700	8,576	8,443	8,269	102,694
0697. Summary of remaining write-ins for Line 6	9,135	8,700	8,576	8,443	8,269	102,694

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2020
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

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

NAIC Company Code.....29076

Title.....Associate Actuary.....Telephone Number.....216-687-6650

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018, 2019 & 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
NA	NG8903-W	P	NO	246	10/17/1990			03/01/1990	MediComp	161,345	100,917	62.5	54			0.0	
NA	NG8817; CEP84000; CEP8600	P	NO	246	09/02/1988			01/01/1990	NonGroup Regular Option Medifil	152,727	106,829	69.9	31			0.0	
NA	NG8817; CEP84000; CEP8600	P	NO	246	09/02/1988			01/01/1990	NonGroup High Option Medifil	398,634	312,371	78.4	83			0.0	
NA	NG8903-W; NG8806; NG8806-S	P	NO	246	10/17/1990			12/31/1991	Medifil Ohio	371,205	247,683	66.7	108			0.0	
NA	NG8902-W	P	NO	246	10/17/1990			12/31/1991	Medifil Part A Deductible Not Covered	20,229	9,259	45.8	8			0.0	
YES	NG9200A/W 11/91	A	NO	246	11/26/1991			03/31/2000	Medifil Ohio A	42,317	26,154	61.8	19			0.0	
YES	NG9200C/W	C	NO	246	11/26/1991			03/31/2000	Medifil Ohio C	1,442,957	1,061,562	73.6	486			0.0	
YES	NG9200A/R1200	A	NO	246	12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	41,351	29,320	70.9	15			0.0	
YES	NG9200C/R1200	C	NO	246	12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	903,302	484,255	53.6	191			0.0	
YES	STMS - NG0000	C	YES	246	11/01/2002			01/31/2004	Medicare Select Plan C	3,310	5,472	165.3	1			0.0	
YES	STM-NG2004-A; R2004-NG/ME	A	NO	34	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan A	6,656	4,525	68.0	9			0.0	
YES	STM-NG2010-A	A	NO	34	06/14/2010			N/A	Medicare Supplement Individual Policy - Plan A	42,801	29,637	69.2	28			0.0	
YES	STM-NG2004-C; R2004-NG/ME	C	NO	34	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	362,893	233,895	64.5	226			0.0	
YES	STM-NG2010-C	C	NO	34	06/14/2010			N/A	Medicare Supplement Individual Policy - Plan C	1,346,687	844,565	62.7	528			0.0	
YES	STMS-NG2004; R2004-NG/ME	C	YES	34	12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	7,593	5,530	72.8	4			0.0	
YES	STM-NG2004-F; STM-NG2008-	F	NO	34	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	360,224	209,365	58.1	250			0.0	
YES	STM-NG2010-F	F	NO	34	06/14/2010			N/A	Medicare Supplement Individual Policy - Plan F	12,191,190	8,681,999	71.2	4,710			0.0	
YES	STM-NG2010-HI/F	F	NO	34	01/13/2011			N/A	Medicare Supplement Individual Policy - High Ded Plan F	447,630	170,393	38.1	413			0.0	
YES	STM-NG2010-N	N	NO	34	01/13/2011			N/A	Medicare Supplement Individual Policy - Plan N	1,086,467	774,313	71.3	593			0.0	
0199999.	Total Policy Experience on Individual Policies									19,389,518	13,338,044	68.8	7,757	0	0	0.0	0
Group Policies																	

360.OH

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2020
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

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

NAIC Company Code.....29076
Title.....Associate Actuary.....Telephone Number.....216-687-6650

360.OH.1

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018, 2019 & 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	STM-GRP/ASC2900-A	A	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	30,394	14,158	46.6	15			0.0	
YES	STM-GRP/ASC2010-A	A	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan A			0.0				0.0	
YES	STM-GRP/ASC2900-C	C	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C			0.0				0.0	
YES	STM-GRP/ASC2010-C	C	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan C	801,970	621,464	77.5	252			0.0	
YES	STM-GRP/ASC2900-F	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F			0.0				0.0	
YES	STM-GRP/ASC2010-F	F	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - Plan F	531,734	470,412	88.5	170			0.0	
YES	STM-GRP/ASC2900-HI/F	F	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	45,758	23,807	52.0	41			0.0	
YES	STM-GRP/ASC2010-HI/F	F	NO	3467	06/14/2010			N/A	Medicare Supplement from Medical Mutual - High Ded Plan F			0.0				0.0	
YES	STM-GRP/ASC2900-H	H	NO	3467	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	100,015	82,028	82.0	34			0.0	
0299999.	Total Policy Experience on Group Policies									1,509,871	1,211,869	80.3	512	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 2060 East Nine Street Cleveland OHIO 44115-1355
   2.2 Contact person and phone number..... Paul Mancino 216-687-2675
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

3.1 Address..... 2060 East Nine Street Cleveland OHIO 44115-1355
3.2 Contact person and phone number..... Paul Mancino 216-687-2675

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