



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
Medical Health Insuring Corporation of Ohio

| | | | | | | |
|---------------------------------------|---|-----------------|--|------------|----------------------|------------|
| NAIC Group Code | 0730 (Current) | 0730 (Prior) | NAIC Company Code | 95828 | Employer's ID Number | 34-1442712 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | | OH | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Property/Casualty | | | | | |
| Is HMO Federally Qualified? | Yes [] No [] | | | | | |
| Incorporated/Organized | 07/13/1984 | | Commenced Business | 01/01/1985 | | |
| Statutory Home Office | 2060 East Ninth Street (Street and Number) | | Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | 2060 East Ninth Street (Street and Number) | | Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code) 216-687-7000 (Area Code) (Telephone Number) | | | |
| Mail Address | 2060 East Ninth Street (Street and Number or P.O. Box) | | Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | 2060 East Ninth Street (Street and Number) | | Cleveland, OH, US 44115-1355 (City or Town, State, Country and Zip Code) 216-687-7000 (Area Code) (Telephone Number) | | | |
| Internet Website Address | www.MedMutual.com | | | | | |
| Statutory Statement Contact | Kevin Spruch (Name) | | 216-687-2759 (Area Code) (Telephone Number) | | | |
| | Kevin.Spruch@medmutual.com (E-mail Address) | | 216-360-4073 (FAX Number) | | | |

OFFICERS

CEO Richard Alan Chircosta _____ Treasurer Raymond Karl Mueller
Secretary Patricia Bunn Decensi

OTHER

DIRECTORS OR TRUSTEES

State of Ohio SS
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.

Richard Alan Chiricosta
CEO

Patricia Bunn Decensi
Secretary

Raymond Karl Mueller
Treasurer

Subscribed and sworn to before me this
day of _____

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

ASSETS

| | Current Year | | | Prior Year |
|--|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | 129,041,486 | | 129,041,486 | 121,348,738 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ 500,418 , Schedule E - Part 1), cash equivalents (\$ 90,210,202 , Schedule E - Part 2) and short-term investments (\$, Schedule DA) | 90,710,620 | | 90,710,620 | 128,400,150 |
| 6. Contract loans, (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives (Schedule DB) | | | 0 | 0 |
| 8. Other invested assets (Schedule BA) | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 219,752,106 | 0 | 219,752,106 | 249,748,888 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | .442,552 | 0 | .442,552 | .441,405 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 1,438,375 | 0 | 1,438,375 | 1,854,788 |
| 15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ 0) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 1,250,693 | 0 | 1,250,693 | 0 |
| 18.2 Net deferred tax asset | 2,033,492 | 0 | 2,033,492 | 5,160,241 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 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 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 24. Health care (\$ 10,992,970) and other amounts receivable | .16,830,239 | 5,837,269 | 10,992,970 | 11,123,000 |
| 25. Aggregate write-ins for other than invested assets | 8,260,911 | 267,002 | 7,993,909 | 4,771,158 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 250,008,368 | 6,104,272 | 243,904,097 | 273,099,480 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 250,008,368 | 6,104,272 | 243,904,097 | 273,099,480 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 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 | 39,083 | .39,083 | 0 | 0 |
| 2502. Other Receivables | 227,920 | 227,920 | 0 | 0 |
| 2503. Contraceptive Only Coverage Receivable | 7,993,909 | 0 | 7,993,909 | 4,771,158 |
| 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) | 8,260,911 | 267,002 | 7,993,909 | 4,771,158 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|---|--------------|----------------|----------------|----------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ 0 reinsurance ceded) | .61,878,750 | | .61,878,750 | .75,392,500 |
| 2. Accrued medical incentive pool and bonus amounts | 2,945,000 | | 2,945,000 | 2,217,000 |
| 3. Unpaid claims adjustment expenses | 1,374,071 | | 1,374,071 | 1,929,060 |
| 4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act | .43,760,000 | | .43,760,000 | .58,338,646 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserves | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | .17,209,344 | | .17,209,344 | .11,444,109 |
| 9. General expenses due or accrued | .11,307,815 | | .11,307,815 | .11,085,503 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses)) | | | 0 | 3,735,431 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 4,079,803 | | .4,079,803 | .25,102,562 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$ 0) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ 1,489,804 current) | 1,629,804 | 0 | 1,629,804 | .889,952 |
| 24. Total liabilities (Lines 1 to 23) | 144,184,588 | 0 | 144,184,588 | .190,134,763 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 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 | .174,066,417 | .139,066,417 |
| 29. Surplus notes | XXX | XXX | 0 | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | -(.78,346,908) | -(.60,101,700) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$). | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$). | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | .99,719,509 | .82,964,717 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 243,904,097 | 273,099,480 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Other Liabilities | 1,489,804 | | 1,489,804 | .534,398 |
| 2302. Premium Refund Accrual | 0 | | 0 | .262,554 |
| 2303. Guaranty Fund Liability | .140,000 | | .140,000 | .93,000 |
| 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) | 1,629,804 | 0 | 1,629,804 | .889,952 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 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 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 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 | | Prior Year |
|--|----------------|--------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months..... | XXX..... | 2,349,367 | 2,460,643 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX..... | 542,789,386 | 592,729,823 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX..... | 0 | (199,717) |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX..... | 0 | 0 |
| 5. Risk revenue..... | XXX..... | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues..... | XXX..... | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues..... | XXX..... | 0 | 0 |
| 8. Total revenues (Lines 2 to 7)..... | XXX..... | 542,789,386 | 592,530,106 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits..... | | 315,245,851 | 323,965,331 |
| 10. Other professional services..... | | 39,216,890 | 31,893,662 |
| 11. Outside referrals..... | | 15,497,977 | 12,856,992 |
| 12. Emergency room and out-of-area..... | | 24,318,224 | 28,576,165 |
| 13. Prescription drugs..... | | 57,597,341 | 67,040,371 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 1,931,101 | 2,093,957 |
| 16. Subtotal (Lines 9 to 15)..... | 0 | 453,807,383 | 466,426,478 |
| Less: | | | |
| 17. Net reinsurance recoveries..... | | 852,517 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0 | 452,954,866 | 466,426,478 |
| 19. Non-health claims (net)..... | | | 0 |
| 20. Claims adjustment expenses, including \$ 16,141,695 cost containment expenses..... | | 30,925,616 | 33,240,756 |
| 21. General administrative expenses..... | | 72,585,776 | 91,331,235 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | 5,601,000 | 700,000 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 562,067,258 | 591,698,469 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX..... | (19,277,872) | 831,637 |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17)..... | | 1,976,636 | 2,900,698 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ 16,645..... | | (81,599) | (7,498) |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | 0 | 1,895,037 | 2,893,200 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$)]..... | | | |
| 29. Aggregate write-ins for other income or expenses..... | 0 | (1,326,115) | (1,623,028) |
| 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..... | (18,708,950) | 2,101,809 |
| 31. Federal and foreign income taxes incurred..... | XXX..... | (2,879,780) | 1,752,125 |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX..... | (15,829,170) | 349,684 |
| 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 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)..... | XXX..... | 0 | 0 |
| 0701..... | XXX..... | | |
| 0702..... | XXX..... | | |
| 0703..... | XXX..... | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX..... | 0 | 0 |
| 0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)..... | XXX..... | 0 | 0 |
| 1401..... | | | |
| 1402..... | | | |
| 1403..... | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)..... | 0 | 0 | 0 |
| 2901. Other Expense, net of Other Income..... | | (1,326,115) | (1,623,028) |
| 2902..... | | | |
| 2903..... | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)..... | 0 | (1,326,115) | (1,623,028) |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CAPITAL AND SURPLUS ACCOUNT | | |
| 33. Capital and surplus prior reporting year..... | 82,964,717 | 89,762,186 |
| 34. Net income or (loss) from Line 32 | (15,829,170) | 349,684 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. Change in net deferred income tax | (3,126,749) | (2,019,423) |
| 39. Change in nonadmitted assets | 710,711 | (5,127,730) |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | |
| 44. Capital Changes: | | |
| 44.1 Paid in | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 |
| 44.3 Transferred to surplus..... | | |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 35,000,000 | 0 |
| 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 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 16,754,792 | (6,797,469) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 99,719,509 | 82,964,717 |
| DETAILS OF WRITE-INS | | |
| 4701. | | |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |
| 4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above) | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
CASH FLOW

| | 1 Current Year | 2 Prior Year |
|---|-------------------------------------|-----------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 528,789,030 | 565,448,983 |
| 2. Net investment income | 2,373,736 | 3,126,861 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 531,162,765 | 568,575,844 |
| 5. Benefit and loss related payments | 465,943,801 | 473,293,405 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 105,189,624 | 128,680,375 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ | tax on capital gains (losses) | 0 |
| 10. Total (Lines 5 through 9) | 571,133,425 | 601,973,780 |
| 11. Net cash from operations (Line 4 minus Line 10) | (39,970,660) | (33,397,936) |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 15,798,000 | 22,699,870 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 15,798,000 | 22,699,870 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 23,932,150 | 46,114,759 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 23,932,150 | 46,114,759 |
| 14. Net increase (decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (8,134,150) | (23,414,889) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 35,000,000 | 0 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | (24,584,720) | 23,621,666 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 10,415,280 | 23,621,666 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (37,689,530) | (33,191,159) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 128,400,150 | 161,591,309 |
| 19.2 End of year (Line 18 plus Line 19.1) | 90,710,620 | 128,400,150 |

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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1 + 2 - 3) |
|---|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical) | 290,607,519 | .0 | 10,404 | 290,597,115 |
| 2. Medicare Supplement | 246,916,333 | | 166,432 | 246,749,901 |
| 3. Dental only | 4,998,720 | | | 4,998,720 |
| 4. Vision only | 1,100,804 | | 657,155 | 443,649 |
| 5. Federal Employees Health Benefits Plan | 0 | | | 0 |
| 6. Title XVIII - Medicare | 0 | | | 0 |
| 7. Title XIX - Medicaid | 0 | | | 0 |
| 8. Other health | | | | 0 |
| 9. Health subtotal (Lines 1 through 8) | 543,623,377 | .0 | 833,991 | 542,789,386 |
| 10. Life | 0 | | | 0 |
| 11. Property/casualty | 0 | | | 0 |
| 12. Totals (Lines 9 to 11) | 543,623,377 | 0 | 833,991 | 542,789,386 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

| | 1 Total | 2 Comprehensive (Hospital & Medical) | 3 Medicare Supplement | 4 Dental Only | 5 Vision Only | 6 Federal Employees Health Benefits Plan | 7 Title XVIII Medicare | 8 Title XIX Medicaid | 9 Other Health | 10 Other Non-Health |
|--|-------------|--|-----------------------------|------------------|------------------|--|---------------------------------|-------------------------------|-------------------|---------------------------|
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 465,593,217 | 255,924,301 | 206,126,866 | 2,946,476 | 595,575 | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 852,517 | | 256,942 | | 595,575 | | | | | |
| 1.4 Net | 464,740,700 | 255,924,301 | 205,869,923 | 2,946,476 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | 1,203,101 | 1,203,025 | 76 | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 61,878,750 | 34,158,000 | 27,450,750 | 270,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 61,878,750 | 34,158,000 | 27,450,750 | 270,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | | | | | | | | | |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | 2,945,000 | 2,945,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Net healthcare receivables (a) | 203,185 | (1,007,017) | 1,210,202 | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 75,392,500 | 48,691,516 | 26,490,984 | 210,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 75,392,500 | 48,691,516 | 26,490,984 | 210,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 2,217,000 | 2,217,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Amounts recoverable from reinsurers December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Incurred Benefits: | | | | | | | | | | |
| 12.1 Direct | 451,876,282 | 242,397,801 | 205,876,430 | 3,006,476 | 595,575 | 0 | 0 | 0 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 852,517 | 0 | 256,942 | 0 | 595,575 | 0 | 0 | 0 | 0 | 0 |
| 12.4 Net | 451,023,765 | 242,397,801 | 205,619,487 | 3,006,476 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | 1,931,101 | 1,931,025 | 76 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 Total | 2 Comprehensive (Hospital & Medical) | 3 Medicare Supplement | 4 Dental Only | 5 Vision Only | 6 Federal Employees Health Benefits Plan | 7 Title XVIII Medicare | 8 Title XIX Medicaid | 9 Other Health | 10 Other Non-Health |
|---|------------|--|-----------------------------|------------------|------------------|--|---------------------------------|-------------------------------|-------------------|---------------------------|
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 0 | | | | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | |
| 1.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | 61,878,750 | 34,158,000 | 27,450,750 | 270,000 | | | | | | |
| 2.2 Reinsurance assumed | 0 | | | | | | | | | |
| 2.3 Reinsurance ceded | 0 | | | | | | | | | |
| 2.4 Net | 61,878,750 | 34,158,000 | 27,450,750 | 270,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | 0 | | | | | | | | | |
| 3.2 Reinsurance assumed | 0 | | | | | | | | | |
| 3.3 Reinsurance ceded | 0 | | | | | | | | | |
| 3.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 61,878,750 | 34,158,000 | 27,450,750 | 270,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net | 61,878,750 | 34,158,000 | 27,450,750 | 270,000 | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|---|--|--|---|--|------------|------------|
| | 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) | 21,741,412 | 234,182,888 | 719,000 | 33,439,000 | 22,460,412 | 48,691,516 |
| 2. Medicare Supplement | 22,947,859 | 182,922,064 | (142,750) | 27,593,500 | 22,805,109 | 26,490,984 |
| 3. Dental Only | 184,533 | 2,761,944 | 10,000 | 260,000 | 194,533 | 210,000 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | | | | | 0 | 0 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 44,873,804 | 419,866,896 | 586,250 | 61,292,500 | 45,460,054 | 75,392,500 |
| 10. Healthcare receivables (a) | | 16,830,239 | | | 0 | 16,627,054 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | .858,311 | 344,790 | 1,382,026 | 1,562,974 | 2,240,337 | 2,217,000 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 45,732,115 | 403,381,447 | 1,968,276 | 62,855,474 | 47,700,391 | 60,982,446 |

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 25,769 | 25,301 | 25,084 | 25,012 | 25,017 |
| 2. 2017 | 210,387 | 230,026 | 230,252 | 230,009 | 229,954 |
| 3. 2018 | XXX | 278,804 | 310,032 | 310,790 | 310,655 |
| 4. 2019 | XXX | XXX | 316,359 | 350,829 | 351,155 |
| 5. 2020 | XXX | XXX | XXX | 263,075 | 285,534 |
| 6. 2021 | XXX | XXX | XXX | XXX | 234,528 |

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 3,431 | 3,057 | 2,840 | 2,768 | 2,790 |
| 2. 2017 | 234,568 | 229,955 | 230,252 | 230,009 | 229,833 |
| 3. 2018 | XXX | 313,111 | 310,502 | 310,790 | 310,539 |
| 4. 2019 | XXX | XXX | 361,939 | 351,964 | 352,510 |
| 5. 2020 | XXX | XXX | XXX | 296,220 | 285,739 |
| 6. 2021 | XXX | XXX | XXX | XXX | 254,669 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

| Years in which Premiums were Earned and Claims were Incurred | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|-----------------|----------------|-----------------------------------|--------------------|--|--------------------|---------------|-----------------------------------|--|--------------------|
| | Premiums Earned | Claims Payment | Claim Adjustment Expense Payments | (Col. 3/2) Percent | Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | (Col. 5/1) Percent | Claims Unpaid | Unpaid Claims Adjustment Expenses | Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | (Col. 9/1) Percent |
| 1. 2017 | 238,304 | 229,954 | 11,215 | 4.9 | 241,169 | 101.2 | 0 | | 241,169 | 101.2 |
| 2. 2018 | 413,120 | 310,655 | 17,961 | 5.8 | 328,616 | 79.5 | 0 | | 328,616 | 79.5 |
| 3. 2019 | 451,631 | 351,155 | 18,285 | 5.2 | 369,440 | 81.8 | 0 | | 369,440 | 81.8 |
| 4. 2020 | 369,489 | 285,534 | 15,198 | 5.3 | 300,732 | 81.4 | 2,101 | | 302,833 | 82.0 |
| 5. 2021 | 290,597 | 234,528 | 16,834 | 7.2 | 251,362 | 86.5 | 35,002 | 764 | 287,128 | 98.8 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 5,453 | 5,483 | 5,489 | 5,489 | 5,472 |
| 2. 2017 | 45,797 | 52,983 | 53,072 | 53,090 | 53,080 |
| 3. 2018 | XXX | 58,125 | 66,680 | 66,792 | 66,756 |
| 4. 2019 | XXX | XXX | 121,976 | 142,326 | 142,433 |
| 5. 2020 | XXX | XXX | XXX | 152,081 | 174,984 |
| 6. 2021 | XXX | XXX | XXX | XXX | 182,922 |

Section B - Incurred Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 5,455 | 5,485 | 5,491 | 5,491 | 5,511 |
| 2. 2017 | 53,591 | 52,938 | 53,072 | 53,089 | 53,098 |
| 3. 2018 | XXX | 67,348 | 66,291 | 66,792 | 66,912 |
| 4. 2019 | XXX | XXX | 143,975 | 142,509 | 142,405 |
| 5. 2020 | XXX | XXX | XXX | 178,389 | 175,417 |
| 6. 2021 | XXX | XXX | XXX | XXX | 208,546 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2017 | 67,217 | 53,080 | 5,772 | 10.9 | 58,852 | 87.6 | 0 | | 58,852 | 87.6 |
| 2. 2018 | 83,366 | 66,756 | 6,984 | 10.5 | 73,740 | 88.5 | 0 | | 73,740 | 88.5 |
| 3. 2019 | 163,992 | 142,433 | 14,064 | 9.9 | 156,497 | 95.4 | 0 | | 156,497 | 95.4 |
| 4. 2020 | 218,206 | 174,984 | 15,590 | 8.9 | 190,574 | 87.3 | (143) | | 190,431 | 87.3 |
| 5. 2021 | 246,750 | 182,922 | 12,531 | 6.9 | 195,453 | 79.2 | 27,594 | 604 | 223,651 | 90.6 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2017 | .56 | .70 | .70 | .70 | .70 |
| 3. 2018 | XXX | 487 | 527 | 527 | 528 |
| 4. 2019 | XXX | XXX | 1,824 | 1,967 | 1,968 |
| 5. 2020 | XXX | XXX | XXX | 1,997 | 2,180 |
| 6. 2021 | XXX | XXX | XXX | XXX | 2,762 |

Section B - Incurred Health Claims - Dental Only

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 2 | 2 | .2 | .2 | .2 |
| 2. 2017 | .66 | .70 | .70 | .70 | .70 |
| 3. 2018 | XXX | 547 | 527 | 527 | 528 |
| 4. 2019 | XXX | XXX | 2,014 | 1,967 | 1,968 |
| 5. 2020 | XXX | XXX | XXX | 2,207 | 2,190 |
| 6. 2021 | XXX | XXX | XXX | XXX | 3,022 |

12.DO

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2017 | 197 | .70 | .26 | .37.1 | .96 | .48.7 | | | .96 | 48.7 |
| 2. 2018 | 1,137 | 528 | .96 | 18.2 | 624 | 54.9 | | | 624 | 54.9 |
| 3. 2019 | 3,503 | 1,968 | .276 | 14.0 | 2,244 | 64.1 | | | 2,244 | 64.1 |
| 4. 2020 | 4,031 | 2,180 | .127 | 5.8 | 2,307 | 57.2 | .10 | | 2,317 | 57.5 |
| 5. 2021 | 4,999 | 2,762 | .186 | 6.7 | 2,948 | 59.0 | 260 | 6 | 3,214 | 64.3 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2017 | .28 | .28 | .28 | .28 | .28 |
| 3. 2018 | XXX | 126 | 126 | 126 | 126 |
| 4. 2019 | XXX | XXX | 582 | 582 | 582 |
| 5. 2020 | XXX | XXX | XXX | 606 | 606 |
| 6. 2021 | XXX | XXX | XXX | XXX | XXX |

Section B - Incurred Health Claims - Vision Only

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2017 | .28 | .28 | .28 | .28 | .28 |
| 3. 2018 | XXX | 126 | 126 | 126 | 126 |
| 4. 2019 | XXX | XXX | 582 | 582 | 582 |
| 5. 2020 | XXX | XXX | XXX | 606 | 606 |
| 6. 2021 | XXX | XXX | XXX | XXX | XXX |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2017 | 45 | .28 | 0 | 0.0 | .28 | 62.2 | | | .28 | 62.2 |
| 2. 2018 | 201 | 126 | 0 | 0.0 | 126 | 62.7 | | | 126 | 62.7 |
| 3. 2019 | 983 | 582 | 0 | 0.0 | 582 | 59.2 | | | 582 | 59.2 |
| 4. 2020 | 1,003 | 606 | 0 | 0.0 | 606 | 60.4 | | | 606 | 60.4 |
| 5. 2021 | 444 | 0 | 0 | 0.0 | 0 | 0.0 | | | 0 | 0.0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2017 | | | | | |
| 3. 2018 | XXX | | | | |
| 4. 2019 | XXX | XXX | | | |
| 5. 2020 | XXX | XXX | XXX | | |
| 6. 2021 | XXX | XXX | XXX | XXX | |

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 14 | 14 | 14 | 0 | |
| 2. 2017 | | | | | |
| 3. 2018 | XXX | | | | |
| 4. 2019 | XXX | XXX | | | |
| 5. 2020 | XXX | XXX | XXX | | |
| 6. 2021 | XXX | XXX | XXX | XXX | |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2017 | | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 2. 2018 | | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 3. 2019 | | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 4. 2020 | | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 5. 2021 | | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 31,222 | 30,784 | 30,573 | 30,501 | 30,489 |
| 2. 2017 | 256,268 | 283,107 | 283,422 | 283,197 | 283,132 |
| 3. 2018 | XXX | 337,542 | 377,365 | 378,235 | 378,065 |
| 4. 2019 | XXX | XXX | 440,741 | 495,704 | 496,138 |
| 5. 2020 | XXX | XXX | XXX | 417,759 | 463,304 |
| 6. 2021 | XXX | XXX | XXX | XXX | 420,212 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2017 | 2 2018 | 3 2019 | 4 2020 | 5 2021 |
| 1. Prior | 8,902 | 8,558 | 8,347 | 8,261 | 8,303 |
| 2. 2017 | 288,253 | 282,991 | 283,422 | 283,196 | 283,029 |
| 3. 2018 | XXX | 381,132 | 377,446 | 378,235 | 378,105 |
| 4. 2019 | XXX | XXX | 508,510 | 497,022 | 497,465 |
| 5. 2020 | XXX | XXX | XXX | 477,422 | 463,952 |
| 6. 2021 | XXX | XXX | XXX | XXX | 466,237 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in which Premiums were Earned and Claims were Incurred | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|-----------------|----------------|-----------------------------------|--------------------|--|--------------------|---------------|-----------------------------------|--|--------------------|
| | Premiums Earned | Claims Payment | Claim Adjustment Expense Payments | (Col. 3/2) Percent | Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | (Col. 5/1) Percent | Claims Unpaid | Unpaid Claims Adjustment Expenses | Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | (Col. 9/1) Percent |
| 1. 2017 | 305,763 | 283,132 | 17,013 | 6.0 | 300,145 | 98.2 | 0 | 0 | 300,145 | 98.2 |
| 2. 2018 | 497,824 | 378,065 | 25,041 | 6.6 | 403,106 | 81.0 | 0 | 0 | 403,106 | 81.0 |
| 3. 2019 | 620,109 | 496,138 | 32,625 | 6.6 | 528,763 | 85.3 | 0 | 0 | 528,763 | 85.3 |
| 4. 2020 | 592,729 | 463,304 | 30,915 | 6.7 | 494,219 | 83.4 | 1,968 | 0 | 496,187 | 83.7 |
| 5. 2021 | 542,790 | 420,212 | 29,551 | 7.0 | 449,763 | 82.9 | 62,856 | 1,374 | 513,993 | 94.7 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

| | 1 Total | 2 Comprehensive (Hospital & Medical) | 3 Medicare Supplement | 4 Dental Only | 5 Vision Only | 6 Federal Employees Health Benefits Plan | 7 Title XVIII Medicare | 8 Title XIX Medicaid | 9 Other |
|--|------------|--|-----------------------------|------------------|------------------|--|---------------------------------|-------------------------------|------------|
| 1. Unearned premium reserves | 0 | | | | | | | | |
| 2. Additional policy reserves (a) | 33,701,000 | 8,461,000 | 25,240,000 | | | | | | |
| 3. Reserve for future contingent benefits | 0 | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$ for investment income) | 0 | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | 10,059,000 | 10,059,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Totals (gross) | 43,760,000 | 18,520,000 | 25,240,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Reinsurance ceded | 0 | | | | | | | | |
| 8. Totals (Net)(Page 3, Line 4) | 43,760,000 | 18,520,000 | 25,240,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Present value of amounts not yet due on claims | 0 | | | | | | | | |
| 10. Reserve for future contingent benefits | 0 | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals (gross) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Reinsurance ceded | 0 | | | | | | | | |
| 14. Totals (Net)(Page 3, Line 7) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. Premium Adjustments Payable Due to ACA Risk Adjustment | 10,059,000 | 10,059,000 | | | | | | | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | 10,059,000 | 10,059,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes \$ 33,701,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|--|--------------------------------------|--|--|-----------------------------|-----------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 1. Rent (\$ for occupancy of own building) | 163 | 373,229 | 757,118 | 0 | 1,130,510 |
| 2. Salary, wages and other benefits | 5,452,690 | 9,584,789 | 14,065,582 | 0 | 29,103,061 |
| 3. Commissions (less \$ ceded plus \$ assumed) | 0 | 0 | 34,047,144 | 0 | 34,047,144 |
| 4. Legal fees and expenses | 3,688 | 0 | 644,012 | 0 | 647,700 |
| 5. Certifications and accreditation fees | 1,114,859 | 0 | 0 | 0 | 1,114,859 |
| 6. Auditing, actuarial and other consulting services | 184,484 | 11,013 | 604,639 | 0 | 800,136 |
| 7. Traveling expenses | 6,643 | 5,315 | 218,508 | 0 | 230,466 |
| 8. Marketing and advertising | 16 | 0 | 862,975 | 0 | 862,991 |
| 9. Postage, express and telephone | 115,316 | 591,584 | 533,726 | 0 | 1,240,626 |
| 10. Printing and office supplies | 32,528 | 137,360 | 197,255 | 0 | 367,143 |
| 11. Occupancy, depreciation and amortization | 0 | 0 | 101,340 | 0 | 101,340 |
| 12. Equipment | 4,237 | 18,577 | 392,388 | 0 | 415,202 |
| 13. Cost or depreciation of EDP equipment and software | 2,085,799 | 1,924,813 | 1,603,981 | 0 | 5,614,593 |
| 14. Outsourced services including EDP, claims, and other services | 6,315,257 | 1,548,458 | 3,471,845 | 0 | 11,335,560 |
| 15. Boards, bureaus and association fees | 8,238 | 2,893 | 110,745 | 0 | 121,876 |
| 16. Insurance, except on real estate | 0 | 0 | 362,324 | 0 | 362,324 |
| 17. Collection and bank service charges | 0 | 0 | 0 | 281,851 | 281,851 |
| 18. Group service and administration fees | 0 | 0 | 0 | 0 | 0 |
| 19. Reimbursements by uninsured plans | 0 | 0 | 0 | 0 | 0 |
| 20. Reimbursements from fiscal intermediaries | 0 | 0 | 0 | 0 | 0 |
| 21. Real estate expenses | 0 | 0 | 0 | 0 | 0 |
| 22. Real estate taxes | 0 | 0 | 0 | 0 | 0 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | 0 | 0 | 0 | 0 | 0 |
| 23.2 State premium taxes | 0 | 0 | 6,511,443 | 0 | 6,511,443 |
| 23.3 Regulatory authority licenses and fees | 0 | 0 | 71,917 | 0 | 71,917 |
| 23.4 Payroll taxes | 292,071 | 585,890 | 552,555 | 0 | 1,430,516 |
| 23.5 Other (excluding federal income and real estate taxes) | 0 | 0 | 7,210,072 | 0 | 7,210,072 |
| 24. Investment expenses not included elsewhere | 0 | 0 | 0 | 8,733 | 8,733 |
| 25. Aggregate write-ins for expenses | 525,706 | 0 | 266,207 | 0 | 791,913 |
| 26. Total expenses incurred (Lines 1 to 25) | 16,141,695 | 14,783,921 | 72,585,776 | 290,584 | (a) 103,801,976 |
| 27. Less expenses unpaid December 31, current year | 717,200 | 656,872 | 11,283,657 | 24,158 | 12,681,886 |
| 28. Add expenses unpaid December 31, prior year | 900,502 | 1,028,558 | 11,083,144 | 2,359 | 13,014,563 |
| 29. Amounts receivable relating to uninsured plans, prior year | 0 | 0 | 0 | 0 | 0 |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | 0 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 16,324,997 | 15,155,607 | 72,385,263 | 268,785 | 104,134,653 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. Network Access Fees | 525,706 | 0 | 0 | 0 | 525,706 |
| 2502. Other | 0 | 0 | 266,207 | 0 | 266,207 |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 525,706 | 0 | 266,207 | 0 | 791,913 |

(a) Includes management fees of \$ 50,738,181 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|----------------------------|-------------------------|
| 1. U.S. government bonds | (a) 579,939 | .560,200 |
| 1.1 Bonds exempt from U.S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) 1,645,656 | 1,666,098 |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract Loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) 40,477 | 40,922 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | .0 | 0 |
| 10. Total gross investment income | 2,266,073 | 2,267,220 |
| 11. Investment expenses | (g) 290,584 | |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | (g) 0 | |
| 13. Interest expense | (h) | |
| 14. Depreciation on real estate and other invested assets | (i) | |
| 15. Aggregate write-ins for deductions from investment income | | 0 |
| 16. Total deductions (Lines 11 through 15) | | 290,584 |
| 17. Net investment income (Line 10 minus Line 16) | | 1,976,636 |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | .0 | 0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | 0 | 0 |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | 0 |
| 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) | | 0 |

(a) Includes \$ 75,995 accrual of discount less \$ 452,443 amortization of premium and less \$ 62,356 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$.0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) On Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|--|---|------------------------------------|---|---|--|
| 1. U.S. Government bonds | .0 | 0 | 0 | .0 | 0 |
| 1.1 Bonds exempt from U.S. tax | | | 0 | | |
| 1.2 Other bonds (unaffiliated) | (64,954) | 0 | (64,954) | .0 | 0 |
| 1.3 Bonds of affiliates | 0 | 0 | 0 | .0 | 0 |
| 2.1 Preferred stocks (unaffiliated) | 0 | 0 | 0 | .0 | 0 |
| 2.11 Preferred stocks of affiliates | 0 | 0 | 0 | .0 | 0 |
| 2.2 Common stocks (unaffiliated) | 0 | 0 | 0 | .0 | 0 |
| 2.21 Common stocks of affiliates | 0 | 0 | 0 | .0 | 0 |
| 3. Mortgage loans | | 0 | 0 | .0 | 0 |
| 4. Real estate | | 0 | 0 | .0 | 0 |
| 5. Contract loans | | | 0 | | |
| 6. Cash, cash equivalents and short-term investments | | | 0 | | |
| 7. Derivative instruments | | | 0 | | |
| 8. Other invested assets | | 0 | 0 | .0 | 0 |
| 9. Aggregate write-ins for capital gains (losses) | .0 | 0 | 0 | .0 | 0 |
| 10. Total capital gains (losses) | (64,954) | 0 | (64,954) | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 | 0 | .0 | 0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
EXHIBIT OF NON-ADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|--|---|---|---|
| 1. Bonds (Schedule D) | | 0 | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | | 0 | 0 |
| 2.2 Common stocks | | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | | 0 | 0 |
| 3.2 Other than first liens | | 0 | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | | 0 | 0 |
| 4.2 Properties held for the production of income | | 0 | 0 |
| 4.3 Properties held for sale | | 0 | 0 |
| 5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) | | 0 | 0 |
| 6. Contract loans | | 0 | 0 |
| 7. Derivatives (Schedule DB) | | 0 | 0 |
| 8. Other invested assets (Schedule BA) | | 0 | 0 |
| 9. Receivables for securities | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only) | | 0 | 0 |
| 14. Investment income due and accrued | 0 | 0 | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 0 | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | | 0 | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | | 0 | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 |
| 18.2 Net deferred tax asset | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | 0 | 0 |
| 20. Electronic data processing equipment and software | | 0 | 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 | 0 |
| 23. Receivable from parent, subsidiaries and affiliates | 0 | 0 | 0 |
| 24. Health care and other amounts receivable | 5,837,269 | 5,504,054 | (333,215) |
| 25. Aggregate write-ins for other than invested assets | 267,002 | 1,310,929 | 1,043,927 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 6,104,272 | 6,814,983 | .710,711 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 6,104,272 | 6,814,983 | .710,711 |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 |
| 2501. Prepaid Assets | 39,083 | 39,158 | .76 |
| 2502. Other Receivables | 227,920 | 1,271,771 | 1,043,851 |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 267,002 | 1,310,929 | 1,043,927 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations | 56,817 | 45,513 | 45,277 | 45,621 | 44,204 | 545,119 |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | | | | | | |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business..... | 149,614 | 147,767 | 149,739 | 152,168 | 153,486 | 1,804,248 |
| 7. Total | 206,431 | 193,280 | 195,016 | 197,789 | 197,690 | 2,349,367 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. Dental Only | 14,698 | 14,063 | 14,718 | 15,335 | 15,926 | 178,377 |
| 0602. Vision Only | 9,908 | 10,227 | 10,476 | 10,674 | 10,831 | 126,257 |
| 0603. Medicare Supplement | 125,008 | 123,477 | 124,545 | 126,159 | 126,729 | 1,499,614 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 149,614 | 147,767 | 149,739 | 152,168 | 153,486 | 1,804,248 |

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 Insuring Corporation of Ohio (the Company) 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 2021 or 2020 that departed from NAIC SAP.

| | F/S SSAP # | F/S Page | F/S Line # | 2021 | 2020 |
|---|---------------|-------------|---------------|-----------------|---------------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 3) | XXX | XXX | XXX | \$ (15,829,170) | \$ 349,684 |
| (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 | \$ (15,829,170) | \$ 349,684 |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 99,719,509 | \$ 82,964,717 |
| (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 | \$ 99,719,509 | \$ 82,964,717 |

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

The preparation of the statutory financial statements requires management to make estimates and assumptions that affect amounts reported in the statutory financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

C. Accounting Policy
Basis of Presentation

Statutory accounting practices vary from U.S. generally accepted accounting principles (GAAP). The more significant variances from GAAP are as follows:

Nonadmitted Assets

Certain assets designated as "nonadmitted", principally certain health care receivables, prepaid expenses and premiums in the course of collections over 90 days past due, not identified as an admitted asset in the NAIC's Accounting Practices and Procedures Manual, are excluded from the accompanying statutory statements of admitted assets, liabilities and capital and surplus and are charged directly to capital and surplus. In accordance with GAAP, such assets are included in the balance sheet, if necessary. Capital and surplus was reduced by nonadmitted assets of \$6,104,000 and \$6,815,000 at December 31, 2021 and 2020, respectively.

Investments

Investments in bonds are reported at cost, or the lower of amortized cost or fair value based on their NAIC rating; for GAAP, such fixed maturity investments are held as available-for-sale and are reported at fair value with unrealized holding gains and losses reported as a separate component of capital and surplus.

Under statutory accounting, a realized loss is recorded upon the sale of an investment at a loss or when a decline in the fair value of an investment is determined by management to be other than temporary. Realized capital gains and losses are determined on the first-in, first-out cost method.

For GAAP, when a decline in the fair value is other than temporary, the difference between the security's fair value and carrying value (amortized cost) must be realized in earnings if the Company has the intent to sell the security or does not have the intent and ability to hold the security until recovery of the carrying value. If the Company does not intend to sell the security and it is more likely than not that the Company will be required to sell the security before recovery of its amortized cost basis, the other-than-temporary impairment (OTTI) would be separated into (a) the amount representing the credit loss and (b) the amount related to all other factors. The amount of the total OTTI related to the credit loss would be recognized in earnings. The amount of the total OTTI related to other factors would be recognized in other comprehensive income.

Deferred Income Taxes

The Company computes deferred income taxes in accordance with Statement of Statutory Accounting Principle (SSAP) No. 101, Income Taxes. Under SSAP No. 101, gross deferred tax assets are reduced by a statutory valuation allowance adjustment if, based on the weight of available evidence, it is more-likely-than not that some portion or all of the gross deferred tax assets will not be realized to calculate the adjusted gross deferred tax assets.

Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including: (1) the nature of the deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of reversal; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be used; (6) unique tax rules that would impact the utilization of the deferred tax assets and (7) any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused.

Admitted adjusted deferred income tax assets are limited to (1) the amount of federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with the Internal Revenue Service (IRS) tax loss carryback provisions, not to exceed three years, plus (2) the amount of adjusted gross deferred income tax assets expected to be realized within three years limited to an amount that is no greater than 15% of current period's adjusted statutory surplus, plus (3) the amount of remaining adjusted gross deferred income tax assets that can be offset against existing gross deferred income tax liabilities after considering the character (i.e., ordinary versus capital) and reversal patterns of the deferred tax assets and liabilities. The remaining adjusted deferred income tax assets are nonadmitted.

Under GAAP, a deferred income tax asset is recorded for the amount of gross deferred income tax assets expected to be realized in all future years, and a valuation allowance is established for deferred income tax assets not expected to be realizable.

NOTES TO FINANCIAL STATEMENTS

Health Insurer Fee

The Company is subject to a mandatory annual non tax-deductible assessment on health insurers imposed by the ACA (the Health Insurer Fee). The Company estimates the expense for the Health Insurer Fee based upon the preceding year's ratio of the Company's applicable net written premium compared to the U.S. health insurance industry total applicable net written premium.

In accordance with NAIC SAP, the estimated liability and corresponding the Health Insurer Fee are both recognized in full on January 1 of the applicable calendar year in which the assessment is paid; and the Company reclassifies from unassigned surplus to special surplus the estimated assessment amount for the subsequent year. In accordance with GAAP, the liability would be recognized in full on January 1 with a corresponding deferred cost that is amortized to expense using a straight-line method of allocation.

The fee was permanently repealed for years 2021 and after as a result of H.R. 1865: Further Consolidated Appropriations Act, 2020. See Note 21 for further detail.

Premium Deficiency Reserves

Premium deficiency reserves are recognized when expected claims, claim adjustment expenses, and administrative costs exceed the premium to be collected for the remainder of the contract period. The Company considers anticipated net investment income as a factor in determining the premium deficiency reserve amount. Under GAAP, general overhead is excluded from the premium deficiency reserve calculation.

Statutory Statement of Cash Flow

Cash and short-term investments in the statutory statements of cash flow represent cash balances and investments with maturities of one year or less. In accordance with GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments with initial maturities of three months or less.

Other significant accounting policies are as follows:

Cash and Invested Assets

Short-term investments, principally money market accounts, include investments with maturities of one year or less at the time of acquisition and are principally stated at amortized cost, which approximates fair value.

U.S. government securities and corporate bonds not backed by other assets are recorded at amortized cost using the interest method or fair value based on their NAIC rating. Single class mortgage-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys or internal estimates and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities held. The fair values disclosed for these securities are obtained from independent pricing services.

Other-Than-Temporary Impairment

The Company reviews the values of the Company's investments on a quarterly basis. If the value of the investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been less than the amortized cost basis.
- The Company's ability and intent to hold the security long enough for it to recover its value.
- A significant deterioration in the earning performance, credit rating, asset quality or business prospects of the investee.
- A significant adverse change in the regulatory, economic, or technological environment of the investee.
- Factors that raise significant concerns about the investee's ability to continue as a going concern such as negative cash flows from operations, working capital deficiencies, or noncompliance with statutory capital requirements or debt covenants.

Fair Value Measurements

Assets recorded in the statutory statements of admitted assets, liabilities and surplus are categorized based on the level of judgment associated with the inputs used to measure their fair value. Level inputs are as follows:

Level 1- Values are unadjusted quoted prices for identical assets in active markets accessible at the measurement date.

Level 2- Inputs include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates, volatilities, spreads, and yield curves.

Level 3- Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset at the reporting date.

Unpaid Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects of trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

Federal Medical Loss Ratio Rebate

The Company is subject to the Affordable Care Act (ACA), which requires the payment of rebates to eligible policyholders or enrollees when the amounts paid for healthcare benefits and quality improvement initiatives fall below specified thresholds. Separate calculations are performed for each state and by group size (individual, small group, large group and Medicare Advantage).

Premiums

Premiums are earned and recorded pro rata over the period for which coverage is provided. Uncollected premiums include uncollected amounts from insured individuals and groups and are reported net of an allowance for amounts deemed uncollectible. Premium payments received prior to the period of coverage are classified as advance premiums.

Uncertain Tax Policies

The Company records uncertain tax positions on the basis of a two-step process whereby (1) the Company determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Company recognizes the largest amount of tax benefit that is more than 50 percent likely to be realized upon ultimate settlement with the related tax authority.

Changes to liabilities for uncertain tax positions are recorded as income tax expense in the accompanying statutory statement of revenue and expenses. The total liability for uncertain tax positions at December 31, 2021 and 2020 was \$1,383,000 and \$1,727,000, respectively, and is included in current federal income tax receivable from Parent on the statutory statements of admitted assets, liabilities, and capital and surplus. The Company does not expect any significant changes in its uncertain tax positions in 2022.

Premium Subsidy

Under regulations established by the ACA, Health and Human Services(HHS) pays the Company a portion of the premium (Premium Subsidy) for qualifying individual members. The Company recognizes monthly premiums received from members and the Premium Subsidy as premium revenue ratably over the contract period. The Premium Subsidy totaled \$101,278,000 and \$125,192,000 in 2021 and 2020, respectively, and is included in net premiums earned.

NOTES TO FINANCIAL STATEMENTS

ACA Risk Adjustment Program

The ACA authorized a permanent risk adjustment program designed to transfer funds from qualified individual and small group plans with below average risks scores to those respective plans with above average risk scores. The estimates of amounts owed or due from the permanent risk adjustment program is required to be reflected as an adjustment to earned premium if sufficient data is available to make an estimate. The Company accounts for the Premium Stabilization Program in accordance with the original SSAP No.107, Accounting for the Risk-Sharing Provisions of the Affordable Care Act (SSAP No. 107).

In 2021, the Company recognized a reduction of \$9,970,000 in net risk adjustment in net premiums earned, of which \$10,059,000 of the reduction in revenue related to the 2021 program year offset by \$89,000 related to the prior program years as the final settlement was unfavorable to the estimate recorded in the 2020 statutory financial statements.

In 2020, the Company recognized a reduction of \$36,065,000 in net risk adjustment in net premiums earned, of which \$30,238,000 of the reduction in revenue related to the 2020 program year, and a loss of \$5,827,000 related to the prior program years as the final settlement was unfavorable to the estimate recorded in the 2019 statutory financial statements.

D. Going Concern
Not Applicable.

NOTE 2 Accounting Changes and Corrections of Errors

Reclassifications

Certain amounts in the 2020 financial statements have been reclassified to conform to the 2021 method of presentation. These reclassifications have no impact on the Company's reported equity or net loss.

NOTE 3 Business Combinations and Goodwill

Not Applicable.

NOTE 4 Discontinued Operations

Not Applicable.

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
Not Applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale
Not Applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not Applicable.
- J. Real Estate
Not Applicable.
- K. Low Income Housing tax Credits (LIHTC)
Not Applicable.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | 1 Total Gross (Admitted & Non- admitted) Restricted from Current Year | 2 Total Gross (Admitted & Non- admitted) Restricted from Prior Year | 3 Increase/ (Decrease) (1 minus 2) | 4 Total Current Year Non- admitted Restricted | 5 Total Current Year Admitted Restricted (1 minus 4) | 6 Gross (Admitted & Non- admitted) Restricted to Total Assets (a) | 7 Admitted Restricted to Total Admitted Assets (b) |
|--|---|--|---|---|--|--|--|
| a. Subject to contractual obligation for which liability is not shown | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| b. Collateral held under security lending agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| c. Subject to repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| d. Subject to reverse repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| e. Subject to dollar repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| f. Subject to dollar reverse repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| g. Placed under option contracts | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| i. FHLB capital stock | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| j. On deposit with states | \$ 437,263 | \$ 402,170 | \$ 35,093 | \$ - | \$ 437,263 | 0.175% | 0.179% |
| k. On deposit with other regulatory bodies | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| l. Pledged collateral to FHLB (including assets backing funding agreements) | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| m. Pledged as collateral not captured in other categories | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| n. Other restricted assets | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| o. Total Restricted Assets | \$ 437,263 | \$ 402,170 | \$ 35,093 | \$ - | \$ 437,263 | 0.175% | 0.179% |

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

(b) Column 5 divided by Asset Page, Column 3, 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)
Not Applicable.
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable.
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not Applicable.

M. Working Capital Finance Investments
Not Applicable.N. Offsetting and Netting of Assets and Liabilities
Not Applicable.O. 5GI Securities
Not Applicable.P. Short Sales
Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

General Account

| | |
|--|------------|
| 1. Number of CUSIPs | 3 |
| 2. Aggregate Amount of Investment Income | \$ 144,218 |

R. Reporting Entity's Share of Cash Pool by Asset Type
Not Applicable.**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable.

NOTE 7 Investment Income

Not Applicable.

NOTE 8 Derivative Instruments

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

The Company is taxed as a stock property and casualty insurance company and files a consolidated federal income tax return with MMO and other affiliates.

Deferred income tax assets (DTAs) and liabilities (DTLs) represent the expected future tax consequences of temporary items with differences generated by statutory accounting as defined in SSAP No. 101. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis statutory statements of admitted assets, liabilities and capital and surplus are compared.

Current federal income tax, receivable in 2021 and payable in 2020, from Parent include all current income taxes, including interest, expected to be collected in a subsequent accounting period. Any tax related to the tax sharing agreement is included in the current federal income tax receivable/payable balance until the tax return is filed and amounts are then settled with the Parent.

The Company paid no federal income taxes during 2021 or 2020. At December 31, 2021 and 2020.

The Company is subject to federal income tax examinations by tax authorities for the years 2018 through 2021. 2017 and prior years are closed.

1.

| | As of End of Current Period | | | 12/31/2020 | | | Change | | |
|--|-----------------------------|----------------|------------------------------|-----------------|----------------|------------------------------|---------------------------------|--------------------------------|------------------------------|
| | (1) Ordinary | (2) Capital | (3) (Col. 1 + 2) Total | (4) Ordinary | (5) Capital | (6) (Col. 4 + 5) Total | (7) (Col. 1 - 4) Ordinary | (8) (Col. 2 - 5) Capital | (9) (Col. 7 + 8) Total |
| (a) Gross Deferred Tax Assets | \$ 9,409,743 | \$ - | \$ 9,409,743 | \$ 8,153,894 | \$ - | \$ 8,153,894 | \$ 1,255,849 | \$ - | \$ 1,255,849 |
| (b) Statutory Valuation Allowance Adjustment | \$ 7,372,896 | \$ - | \$ 7,372,896 | \$ 2,988,928 | \$ - | \$ 2,988,928 | \$ 4,383,968 | \$ - | \$ 4,383,968 |
| (c) Adjusted Gross Deferred Tax Assets (1a - 1b) | \$ 2,036,847 | \$ - | \$ 2,036,847 | \$ 5,164,966 | \$ - | \$ 5,164,966 | \$ (3,128,119) | \$ - | \$ (3,128,119) |
| (d) Deferred Tax Assets Nonadmitted | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| (e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) | \$ 2,036,847 | \$ - | \$ 2,036,847 | \$ 5,164,966 | \$ - | \$ 5,164,966 | \$ (3,128,119) | \$ - | \$ (3,128,119) |
| (f) Deferred Tax Liabilities | \$ 3,355 | \$ - | \$ 3,355 | \$ 4,725 | \$ - | \$ 4,725 | \$ (1,370) | \$ - | \$ (1,370) |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) | \$ 2,033,492 | \$ - | \$ 2,033,492 | \$ 5,160,241 | \$ - | \$ 5,160,241 | \$ (3,126,749) | \$ - | \$ (3,126,749) |

2.

| | As of End of Current Period | | | 12/31/2020 | | | Change | | |
|--|-----------------------------|----------------|------------------------------|-----------------|----------------|------------------------------|---------------------------------|--------------------------------|------------------------------|
| | (1) Ordinary | (2) Capital | (3) (Col. 1 + 2) Total | (4) Ordinary | (5) Capital | (6) (Col. 4 + 5) Total | (7) (Col. 1 - 4) Ordinary | (8) (Col. 2 - 5) Capital | (9) (Col. 7 + 8) Total |
| Admission Calculation Components SSAP No. 101 | | | | | | | | | |
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks | \$ 2,033,492 | \$ - | \$ 2,033,492 | \$ 2,007,771 | \$ - | \$ 2,007,771 | \$ 25,721 | \$ - | \$ 25,721 |
| (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) | \$ - | \$ - | \$ - | \$ 3,152,469 | \$ - | \$ 3,152,469 | \$ (3,152,469) | \$ - | \$ (3,152,469) |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. | \$ - | \$ - | \$ - | \$ 3,152,469 | \$ - | \$ 3,152,469 | \$ (3,152,469) | \$ - | \$ (3,152,469) |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. | XXX | XXX | \$ - | XXX | XXX | \$ 3,056,563 | XXX | XXX | \$ (3,056,563) |
| (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. | \$ 3,355 | \$ - | \$ 3,355 | \$ 4,725 | \$ - | \$ 4,725 | \$ (1,370) | \$ - | \$ (1,370) |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c)) | \$ 2,036,847 | \$ - | \$ 2,036,847 | \$ 5,164,965 | \$ - | \$ 5,164,965 | \$ (3,128,118) | \$ - | \$ (3,128,118) |

3.

| | 2021 | 2020 |
|---|---------------|---------------|
| a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. | 594.107% | 446.000% |
| b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. | \$ 97,686,017 | \$ 77,804,476 |

NOTES TO FINANCIAL STATEMENTS

4.

| | As of End of Current Period | | 12/31/2020 | | Change | |
|---|-----------------------------|----------------|-----------------|----------------|---------------------------------|--------------------------------|
| | (1) Ordinary | (2) Capital | (3) Ordinary | (4) Capital | (5) (Col. 1 - 3) Ordinary | (6) (Col. 2 - 4) Capital |
| Impact of Tax Planning Strategies: | | | | | | |
| (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. | | | | | | |
| 1. Adjusted Gross DTAs amount from Note 9A1(c) | \$ 2,036,847 | \$ - | \$ 5,164,966 | \$ - | \$ (3,128,119) | \$ - |
| 2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% |
| 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) | \$ 2,036,847 | \$ - | \$ 5,164,966 | \$ - | \$ (3,128,119) | \$ - |
| 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% | 0.000% |

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2021 and 2020.

C. Current income taxes incurred consist of the following major components:

| | (1) As of End of Current Period | (2) 12/31/2020 | (3) (Col. 1 - 2) Change | |
|---|---------------------------------------|-------------------|-------------------------------|--|
| | | | | |
| 1. Current Income Tax | | | | |
| (a) Federal | \$ (3,010,764) | \$ 1,597,241 | \$ (4,608,005) | |
| (b) Foreign | \$ - | \$ - | \$ - | |
| (c) Subtotal | \$ (3,010,764) | \$ 1,597,241 | \$ (4,608,005) | |
| (d) Federal income tax on net capital gains | \$ 16,645 | \$ - | \$ 16,645 | |
| (e) Utilization of capital loss carry-forwards | \$ - | \$ - | \$ - | |
| (f) Other | \$ 114,338 | \$ 154,884 | \$ (40,546) | |
| (g) Federal and foreign income taxes incurred | \$ (2,879,781) | \$ 1,752,125 | \$ (4,631,906) | |
| 2. Deferred Tax Assets: | | | | |
| (a) Ordinary: | | | | |
| (1) Discounting of unpaid losses | \$ - | \$ - | \$ - | |
| (2) Unearned premium reserve | \$ 722,793 | \$ 480,653 | \$ 242,140 | |
| (3) Policyholder reserves | \$ 7,358,920 | \$ 6,135,562 | \$ 1,223,358 | |
| (4) Investments | \$ - | \$ - | \$ - | |
| (5) Deferred acquisition costs | \$ - | \$ - | \$ - | |
| (6) Policyholder dividends accrual | \$ - | \$ - | \$ - | |
| (7) Fixed Assets | \$ - | \$ - | \$ - | |
| (8) Compensation and benefits accrual | \$ - | \$ - | \$ - | |
| (9) Pension accrual | \$ - | \$ - | \$ - | |
| (10) Receivables - nonadmitted | \$ - | \$ - | \$ - | |
| (11) Net operating loss carry-forward | \$ - | \$ - | \$ - | |
| (12) Tax credit carry-forward | \$ - | \$ - | \$ - | |
| (13) Other (including items <5% of total ordinary tax assets) | \$ 1,328,031 | \$ 1,537,679 | \$ (209,648) | |
| (99) Subtotal | \$ 9,409,744 | \$ 8,153,894 | \$ 1,255,850 | |
| (b) Statutory valuation allowance adjustment | \$ 7,372,896 | \$ 2,988,928 | \$ 4,383,968 | |
| (c) Nonadmitted | \$ - | \$ - | \$ - | |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | \$ 2,036,848 | \$ 5,164,966 | \$ (3,128,118) | |
| (e) Capital: | | | | |
| (1) Investments | \$ - | \$ - | \$ - | |
| (2) Net capital loss carry-forward | \$ - | \$ - | \$ - | |
| (3) Real estate | \$ - | \$ - | \$ - | |
| (4) Other (including items <5% of total ordinary tax assets) | \$ - | \$ - | \$ - | |
| (99) Subtotal | \$ - | \$ - | \$ - | |
| (f) Statutory valuation allowance adjustment | \$ - | \$ - | \$ - | |
| (g) Nonadmitted | \$ - | \$ - | \$ - | |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | \$ - | \$ - | \$ - | |
| (i) Admitted deferred tax assets (2d + 2h) | \$ 2,036,848 | \$ 5,164,966 | \$ (3,128,118) | |
| 3. Deferred Tax Liabilities: | | | | |
| (a) Ordinary: | | | | |
| (1) Investments | \$ - | \$ - | \$ - | |
| (2) Fixed Assets | \$ - | \$ - | \$ - | |
| (3) Deferred and uncollected premium | \$ - | \$ - | \$ - | |
| (4) Policyholder reserves | \$ - | \$ - | \$ - | |
| (5) Other (including items <5% of total ordinary tax liabilities) | \$ 3,355 | \$ 4,725 | \$ (1,370) | |
| (99) Subtotal | \$ 3,355 | \$ 4,725 | \$ (1,370) | |
| (b) Capital: | | | | |
| (1) Investments | \$ - | \$ - | \$ - | |
| (2) Real estate | \$ - | \$ - | \$ - | |
| (3) Other (including items <5% of total capital tax liabilities) | \$ - | \$ - | \$ - | |
| (99) Subtotal | \$ - | \$ - | \$ - | |
| (c) Deferred tax liabilities (3a99 + 3b99) | \$ 3,355 | \$ 4,725 | \$ (1,370) | |
| 4. Net deferred tax assets/liabilities (2i - 3c) | \$ 2,033,493 | \$ 5,160,241 | \$ (3,126,748) | |

NOTES TO FINANCIAL STATEMENTS

D. The provision for federal income tax benefits is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

| Description | December 31, 2021 | | | December 31, 2020 | | |
|--|---------------------|-------------------|---------------|----------------------|---------------------|---------------|
| | Amount | Tax Effect | Effective Tax | Amount | Tax Effect | Effective Tax |
| (Loss) Income before taxes | \$ (18,709,000) | \$ (3,928,000) | 21.0% | 2,102,000 | 441,000 | 21.0% |
| Change in valuation allowance | 20,876,000 | 4,384,000 | -23.4% | 14,233,000 | 2,989,000 | 142.2% |
| Change in reserves for uncertain tax positions | (1,635,000) | (343,000) | 1.8% | (1,959,000) | (411,000) | -19.6% |
| Change in nonadmitted assets | 710,000 | 149,000 | -0.8% | (5,128,000) | (1,077,000) | -51.2% |
| Health Insurer Fee | - | - | 0.0% | 8,616,000 | 1,809,000 | 86.1% |
| Permanent adjustments and other | 11,000 | 2,000 | 0.0% | 100,000 | 21,000 | 1.0% |
| Federal income tax (benefit) expense | \$ 1,253,000 | \$ 264,000 | -1.4% | \$ 17,964,000 | \$ 3,772,000 | 179.5% |
| Change in net deferred income taxes | | (2,880,000) | 15.4% | | 1,752,000 | 83.4% |
| Federal income tax on capital gains | | 3,127,000 | -16.8% | | 2,020,000 | 96.1% |
| Total statutory income taxes | | 17,000 | 0.0% | | - | 0.0% |
| | | 264,000 | -1.5% | | 3,772,000 | 179.5% |

E. At December 31, 2021 and 2020, the Company did not have any net operating loss carryforwards. The Company has no capital loss carryforwards to utilize in future years at December 31, 2021 and 2020.

F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

Medical Mutual of Ohio
MedMutual Life Insurance Company
Medical Health Insuring Corporation of Ohio
Superior Dental Care, Inc.

The Company is party to a written tax sharing agreement with its Parent and other affiliates. According to the agreement each member pays taxes or receives credits (from the Parent) as if the member had filed a separate tax return. The payment is finalized for the tax year after the return is filed and/or after an IRS audit is completed. A member generating a taxable loss, or whose net operating losses (NOLs) or other tax attributes are utilized in the current year, or whose tax attributes are utilized, is compensated for such losses or attributes utilized in the year absorbed.

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)
Not Applicable.

I. Alternative Minimum Tax (AMT) Credit
Not Applicable.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A-B: The Parent provides administrative services including billing, accounting, marketing, provider relations, claims adjudication, and management information systems to D-G: the Company in connection with an administrative services agreement. Expense allocations are reviewed periodically to ensure expenses are being appropriately charged to each affiliate, and could vary from year-to-year. In 2021 and 2020, charges to the Company for these services totaled \$50,738,000 and \$56,977,000, respectively. These charges could vary if the administrative services were provided by an unaffiliated vendor. Amounts payable and receivable between the Company and Parent are settled within three months.

The Company received a capital contribution of \$35,000 from MMO in 2021. No capital contributions were received in 2020.

C: H
-O. Not Applicable.

NOTE 11 Debt
Not Applicable.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Company has 25,000 shares of common stock authorized; 10,000 shares issued and outstanding. All shares have a par value of \$400.
- B. The Company has no preferred stock authorized or outstanding.
- C. The payment of dividends by the Company to MMO is limited and can only be made from earned profits unless prior approval is received from the Ohio Insurance Commissioner. The maximum amount of dividends that may be paid by insurance companies without prior approval of the Ohio Insurance Commissioner is also subject to restrictions relating to statutory capital and surplus and net income. There were no dividends paid by the Company in 2021 or 2020.
- D. Not Applicable.
- E. Within the limitations of (C) above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Not Applicable.
- H. Not Applicable.
- I. Changes in the balance of special surplus funds during 2020 was due to the decrease in the Health Insurer Fee. There were no changes in special surplus in 2021.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ -
- K. The Company issued the following surplus debentures or similar obligations:
Not Applicable.
- L. The impact of any restatement due to prior quasi-reorganizations is as follows:
Not Applicable.
- M. Not Applicable.

NOTE 14 Liabilities, Contingencies and Assessments

- A. Contingent Commitments
Not Applicable.
- B. Assessments
Not Applicable.
- C. Gain Contingencies
Not Applicable.
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
Not Applicable.
- E. Joint and Several Liabilities
Not Applicable.
- F. All Other Contingencies

Various lawsuits against the Company have arisen in the ordinary course of business. While the outcome of these matters cannot be predicted with certainty at this time, management believes they will not have a material adverse effect on the Company's financial position or results of operations.

The Company is subject to regulations that may result in assessments under state insurance guaranty association laws. The Company is not anticipating any significant assessments as of December 31, 2021.

NOTE 15 Leases

Not Applicable.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not Applicable.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
Not Applicable

Not Applicable.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
Not Applicable

Not Applicable.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 20 Fair Value Measurements

A.

- (1) Fair Value Measurements at Reporting Date
Not Applicable.
- (2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy
Not Applicable.
- (3) Not Applicable.

(4) Assets recorded in the statutory statements of admitted assets, liabilities and capital and surplus are categorized based on the level of judgment associated with the inputs used to measure their fair value. Level inputs are as follows:

Level 1- Values are unadjusted quoted prices for identical assets in active markets accessible at the measurement date.

Level 2- Inputs include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates, volatilities, spreads, and yield curves.

Level 3- Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset at the reporting date.

- (5) Not Applicable.

B. Not Applicable.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|-----------|----------------|-----------|-----------------------|----------------------------------|
| BONDS | \$ 129,601,112 | \$ 129,041,486 | | \$ 129,601,112 | | | |

D. Not Practicable to Estimate Fair Value
Not Applicable.

E. Not Applicable.

NOTE 21 Other ItemsA. Unusual or Infrequent Items
Premium Refunds

In response to the COVID-19 pandemic, the Company voluntarily refunded \$20,028,000 of 2020 premiums to its customers. The statutory statements of admitted assets, liabilities, and capital and surplus included \$263,000 of premium refunds owed to customers at December 31, 2020 classified in other liabilities that were paid in 2021. All other premium refunds were given via invoice credit in 2020 and charged to net premiums earned.

ACA Health Insurer Fee

On January 1, 2020, the Company recorded estimated liabilities and corresponding expenses related to the ACA Health Insurer Fee in the amount of \$10,059,000. The estimate was based on \$457,830,000 of assessable premiums written in 2019 and was included in special surplus at December 31, 2019. In 2020, the Company paid \$8,616 based on the final assessment for the ACA Health Insurer Fee which was included in general administrative expenses on the accompanying statutory statement of revenue and expenses.

The Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502, repealed the Health Insurer Fee for calendar years beginning after December 31, 2020, therefore, no fees were recorded or paid in 2021 and no amounts were reclassified to special surplus at December 31, 2020.

B. Troubled Debt Restructuring: Debtors
Not Applicable.

C. Other Disclosures

The Company is subject to certain RBC requirements specified by the NAIC and required by the ODI. Under those requirements, the amount of capital and surplus maintained by the Company is determined based on various risk factors. At December 31, 2021 and 2020, the Company met the RBC requirements.

MMO has guaranteed that the Company will maintain the minimum capital and surplus as required by Ohio law.

D. Business Interruption Insurance Recoveries
Not Applicable.E. State Transferable and Non-transferable Tax Credits
Not Applicable.F. Subprime Mortgage Related Risk Exposure
Not Applicable.G. Retained Assets
Not Applicable.H. Insurance-Linked Securities (ILS) Contracts
Not Applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 22 Events Subsequent

The Company has evaluated subsequent events from the end of the most recent fiscal year through February 28, 2022, the date the statutory financial statements were available to be issued, and determined that there have been no events that have occurred that would require adjustments to our disclosures in the financial statements.

NOTE 23 Reinsurance

Not Applicable.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable.

B. Not Applicable.

C. Not Applicable.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

At December 31, 2021 and 2020 no liability was recognized on the accompanying statutory statements of admitted assets, liabilities and capital and surplus as the calculated amounts exceeded the applicable thresholds.

In 2020, the Company recognized \$199,717 in medical loss ratio rebates in net premiums earned, of which \$199,717 of the reduction in revenue related to the 2019 program year as the final medical loss ratio was below the specified threshold for one segment.

| | 1 Individual | 2 Small Group Employer | 3 Large Group Employer | 4 Other Categories with Rebates | 5 Total |
|---|-----------------|------------------------------|------------------------------|--|------------|
| | | | | | |
| Prior Reporting Year | | | | | |
| (1) Medical loss ratio rebates incurred | \$ - | \$ - | \$ 199,717 | \$ - | \$ 199,717 |
| (2) Medical loss ratio rebates paid | \$ - | \$ - | \$ 199,717 | \$ - | \$ 199,717 |
| (3) Medical loss ratio rebates unpaid | \$ - | \$ - | \$ - | \$ - | \$ - |
| (4) Plus reinsurance assumed amounts | XXX | XXX | XXX | XXX | |
| (5) Less reinsurance ceded amounts | XXX | XXX | XXX | XXX | |
| (6) Rebates unpaid net of reinsurance | XXX | XXX | XXX | XXX | \$ - |
| Current Reporting Year-to-Date | | | | | |
| (7) Medical loss ratio rebates incurred | \$ - | \$ - | \$ - | \$ - | \$ - |
| (8) Medical loss ratio rebates paid | \$ - | \$ - | \$ - | \$ - | \$ - |
| (9) Medical loss ratio rebates unpaid | \$ - | \$ - | \$ - | \$ - | \$ - |
| (10) Plus reinsurance assumed amounts | XXX | XXX | XXX | XXX | \$ - |
| (11) Less reinsurance ceded amounts | XXX | XXX | XXX | XXX | \$ - |
| (12) Rebates unpaid net of reinsurance | XXX | XXX | XXX | XXX | \$ - |

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/NO)?

Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

| | Amount |
|--|---------------|
| a. Permanent ACA Risk Adjustment Program | |
| Assets | |
| 1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) | \$ - |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment | \$ 136,280 |
| 3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) | \$ 10,059,000 |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$ 9,970,062 |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) | \$ 136,195 |
| b. Transitional ACA Reinsurance Program | |
| 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 & Expense) | |
| 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 | |
| Assets | |
| 1. Accrued retrospective premium due to ACA Risk Corridors | \$ - |
| Liabilities | |
| 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | \$ - |
| Operations (Revenue & Expense) | |
| 3. Effect of ACA Risk Corridors on net premium income (paid/received) | \$ - |
| 4. Effect of ACA Risk Corridors on change in reserves for rate credits | \$ - |

NOTES TO FINANCIAL STATEMENTS

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

| | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 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 | Ref | Receivable | Payable |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | |
| 1. Premium adjustments receivable (including high risk pool payments) | \$ - | \$ - | \$ 1,257,962 | \$ - | \$ (1,257,962) | \$ - | \$ 1,257,962 | \$ - | A | \$ - | \$ - |
| 2. Premium adjustments (payable) (including high risk pool premium) | \$ - | \$ - | \$ - | \$ (31,407,669) | \$ - | \$ 31,407,669 | \$ - | \$ (1,169,023) | B | \$ - | \$ 30,238,646 |
| 3. Subtotal ACA Permanent Risk Adjustment Program | \$ - | \$ - | \$ 1,257,962 | \$ (31,407,669) | \$ (1,257,962) | \$ 31,407,669 | \$ 1,257,962 | \$ (1,169,023) | | \$ - | \$ 30,238,646 |
| 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 premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 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 | \$ - | \$ - | \$ 1,257,962 | \$ (31,407,669) | \$ (1,257,962) | \$ 31,407,669 | \$ 1,257,962 | \$ (1,169,023) | | \$ - | \$ 30,238,646 |

Explanations of Adjustments

A. ACA Risk Adjustment based on the final risk adjustment report received from HHS on June 30, 2021 and payments received(made) through December 2021.

B. ACA Risk Adjustment based on the final risk adjustment report received from HHS on June 30, 2021 and payments received(made) through December 2021.

C. Not Applicable.

D. Not Applicable.

E. Not Applicable.

F. Not Applicable.

G. Not Applicable.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

NOTES TO FINANCIAL STATEMENTS

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

| | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 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 | Ref | Receivable | Payable |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | A | \$ - | \$ - |
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | B | \$ - | \$ - |
| b. 2015 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | C | \$ - | \$ - |
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | D | \$ - | \$ - |
| c. 2016 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | E | \$ - | \$ - |
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | F | \$ - | \$ - |
| d. Total for Risk Corridors | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | \$ - | \$ - |

Explanations of Adjustments

A. Not Applicable.

B. Not Applicable.

C. Not Applicable.

D. Not Applicable.

E. Not Applicable.

F. Not Applicable.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(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 | 6 Net Admitted Asset (4 - 5) |
|-----------------------------|--|--|--------------------------------|--|--------------------------|---------------------------------|
| a. 2014 | \$ 4,977,524 | \$ - | \$ 4,977,524 | \$ - | \$ - | \$ - |
| b. 2015 | \$ 4,279,011 | \$ - | \$ 4,279,011 | \$ - | \$ - | \$ - |
| c. 2016 | \$ 13,342,649 | \$ - | \$ 13,342,649 | \$ - | \$ - | \$ - |
| d. Total (a + b + c) | \$ 22,599,184 | \$ - | \$ 22,599,184 | \$ - | \$ - | \$ - |

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

NOTES TO FINANCIAL STATEMENTS

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

The following table provides a reconciliation of the beginning and ending reserve balances for unpaid claims and claim adjustment expenses (CAE), net of reinsurance, and health care receivables.

| | 2021 | 2020 |
|--|---------------|---------------|
| Unpaid claims and CAE | \$ 79,539,000 | \$ 85,863,000 |
| Reinsurance recoverable, net of allowances | - | - |
| Health care receivables | (16,627,000) | (16,321,000) |
| Reserves at beginning of year, net | 62,912,000 | 69,542,000 |
| Add provision for claims and CAE, net of reinsurance, occurring in | | |
| Current year | 497,163,000 | 510,664,000 |
| Prior years | (13,282,000) | (10,996,000) |
| Net incurred claims and CAE during the current year | 483,881,000 | 499,668,000 |
| Deduct payments for claims and CAE, net of reinsurance: | | |
| Current year | 449,763,000 | 449,070,000 |
| Prior years | 47,661,000 | 57,228,000 |
| Net claims and CAE payments during the current year | 497,424,000 | 506,298,000 |
| Reserves at end of year, net | 49,369,000 | 62,912,000 |
| Health care receivables | 16,829,000 | 16,627,000 |
| Unpaid claims and unpaid claims adjustment expenses | \$ 66,198,000 | \$ 79,539,000 |

The foregoing reconciliation shows that a \$13,282,000 redundancy in the December 31, 2020 reserves emerged in 2021, and a \$10,996,000 redundancy in the December 31, 2019 reserves emerged in 2020. The majority of the 2021 and 2020 redundancies resulted from differences in claims severity and utilization as compared to expectations.

At December 31, 2021 and 2020, health care receivables above include \$5,837,000 and \$5,504,000, respectively, that are nonadmitted in accordance with the original SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans (SSAP No. 84).

NOTE 26 Intercompany Pooling Arrangements

Not Applicable.

NOTE 27 Structured Settlements

Not Applicable.

NOTE 28 Health Care Receivables
A. Pharmaceutical Rebate Receivables

The Company accounts for pharmaceutical rebate receivables in accordance with SSAP No. 84. The admitted receivable balances as of December 31, 2021 and 2020, are \$10,372,000 and \$11,123,000, respectively, are included in health care and other receivables on the statutory statements of admitted assets, liabilities and capital and surplus. These are comprised of the estimated pharmacy rebates for the current quarter as reported in the statutory financial statements plus the pharmacy rebates invoiced/confirmed for the preceding quarter. Additional details are included in the table below:

| 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 |
|------------|--|---|---|--|--|
| 12/31/2021 | \$ 5,139,000 | \$ 5,139,000 | \$ - | \$ - | \$ - |
| 09/30/2021 | \$ 4,791,000 | \$ 5,233,000 | \$ - | \$ - | \$ - |
| 06/30/2021 | \$ 4,349,000 | \$ 4,734,000 | \$ 4,401,000 | \$ - | \$ - |
| 03/31/2021 | \$ 2,612,000 | \$ 4,263,000 | \$ 4,330,000 | \$ (12,000) | \$ - |
| 12/31/2020 | \$ 5,450,000 | \$ 5,450,000 | \$ 508,000 | \$ 5,652,000 | \$ (2,000) |
| 09/30/2020 | \$ 4,418,000 | \$ 5,673,000 | \$ 5,597,000 | \$ 795,000 | \$ (43,000) |
| 06/30/2020 | \$ 5,403,000 | \$ 5,860,000 | \$ 5,526,000 | \$ (26,000) | \$ 754,000 |
| 03/31/2020 | \$ 4,667,000 | \$ 5,404,000 | \$ 5,652,000 | \$ (6,000) | \$ 376,000 |
| 12/31/2019 | \$ 6,426,000 | \$ 6,426,000 | \$ 1,099,000 | \$ 5,787,000 | \$ 236,000 |
| 09/30/2019 | \$ 5,243,000 | \$ 6,586,000 | \$ 5,768,000 | \$ 885,000 | \$ 24,000 |
| 06/30/2019 | \$ 4,915,000 | \$ 5,725,000 | \$ 5,837,000 | \$ 3,000 | \$ 1,021,000 |
| 03/31/2019 | \$ 4,418,000 | \$ 5,476,000 | \$ 5,125,000 | \$ 5,000 | \$ 639,000 |

B. Risk-Sharing Receivables

Not Applicable.

NOTE 29 Participating Policies

Not Applicable.

NOTE 30 Premium Deficiency Reserves

Aggregate health policy reserves include premium deficiency reserves and reserves for contracts subject to redetermination. Premium deficiency reserves are recognized for health contracts when expected claims, claim adjustment expenses, and administrative costs exceed the premium to be collected for the remainder of the contract period. The Company considers anticipated net investment income as a factor in determining the premium deficiency reserve amount. Premium deficiency reserves related to Medicare Supplement policies at December 31, 2021 and 2020 totaled \$25,240,000 and \$28,100,000, respectively. Premium deficiency reserves related to Individual ACA policies at December 31, 2021 totaled \$8,461,000. There were no premium deficiency reserves related to Individual ACA policies at December 31, 2020.

| | |
|---|----------------|
| 1. Liability carried for premium deficiency reserves | \$ 33,701,000 |
| 2. Date of the most recent evaluation of this liability | 12/31/2021 |
| 3. Was anticipated investment income utilized in the calculation? | Yes [X] No [] |

NOTE 31 Anticipated Salvage and Subrogation

The reserves for unpaid claims and CAE at December 31, 2021 and 2020, have been reduced by \$1,141,000 and \$1,208,000, respectively, related to anticipated subrogation claims recoverable.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1 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, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019

3.2 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. 12/31/2019

3.3 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). 10/27/2020

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 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]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [X] No []
 4.12 renewals? Yes [X] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

5.1 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.

5.2 If yes, provide the name of the 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 |
|---------------------|------------------------|------------------------|
| | | |
| | | |

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control; %
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If 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 |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |
| | | | | | |

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]
 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 PricewaterhouseCoopers, LLC, 200 Public Square, 18th Floor, Cleveland, OH 44114
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:

 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:

 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain

 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Mr. Derek Skoog, FSA, MAAA, PricewaterhouseCoopers, LLC, One North Wacker Drive, Chicago, IL 60606
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$
 12.2 If, yes provide explanation:

 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 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.
 14.11 If the response to 14.1 is No, please explain:

 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 Amount |
|--|--------------------------------------|--|-------------|
| | | | |
| | | | |
| | | | |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

| | |
|---|--|
| 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? | Yes [] No [X] |
| 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): | 20.11 To directors or other officers.....\$ |
| | 20.12 To stockholders not officers.....\$ |
| | 20.13 Trustees, supreme or grand (Fraternal Only) |
| 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): | 20.21 To directors or other officers.....\$ |
| | 20.22 To stockholders not officers.....\$ |
| | 20.23 Trustees, supreme or grand (Fraternal Only) |
| 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? | Yes [] No [X] |
| 21.2 If yes, state the amount thereof at December 31 of the current year: | 21.21 Rented from others.....\$ |
| | 21.22 Borrowed from others.....\$ |
| | 21.23 Leased from others |
| | 21.24 Other |
| 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? | Yes [X] No [] |
| 22.2 If answer is yes: | 22.21 Amount paid as losses or risk adjustment \$ |
| | 22.22 Amount paid as expenses |
| | 22.23 Other amounts paid |
| 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? | Yes [] No [X] |
| 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: | \$ |
| 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? | Yes [] No [X] |
| 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party. | |

| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |
|---------------------|--|
| | |
| | |

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 25.093 Total payable for securities lending reported on the liability page. \$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$
 26.22 Subject to reverse repurchase agreements \$
 26.23 Subject to dollar repurchase agreements \$
 26.24 Subject to reverse dollar repurchase agreements \$
 26.25 Placed under option agreements \$
 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$
 26.27 FHLB Capital Stock \$
 26.28 On deposit with states \$ 437,263
 26.29 On deposit with other regulatory bodies \$
 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$
 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$
 26.32 Other \$

26.3 For category (26.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |
| | | |

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 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.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No [X]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []
 27.42 Permitted accounting practice Yes [] No []
 27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

29. 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 []

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

29.02 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) |
|--------------|------------------|------------------------------|
| | | |
| | | |

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

29.05 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..... |
| | |

29.0597 For those firms/individuals listed in the table for Question 29.05, 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]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 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 |
|--|---------------------------------|------------------------------------|----------------------|---|
| | | | | |
| | | | | |

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [] No [X]

30.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|-----------------|--------------------------|--------------------------------------|
| | | |
| 30.2999 - Total | | 0 |

30.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from above table) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|---|--|---|---------------------------|
| | | | |
| | | | |

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31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------------|------------------------------------|-----------------|---|
| 31.1 Bonds | 129,041,486 | 129,601,112 | 559,626 |
| 31.2 Preferred stocks | .0 | | 0 |
| 31.3 Totals | 129,041,486 | 129,601,112 | 559,626 |

31.4 Describe the sources or methods utilized in determining the fair values:

The fair value of our securities was determined by utilizing prices obtained from our custodian, Fifth Third Bank. Fifth Third utilizes ICE Data Services for their pricing.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of 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]

36. 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 shares were 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 reported 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]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |
| | |

39.1 Amount of payments for legal expenses, if any?\$

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |
| | |

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | |
| | |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

| | | | |
|------|---|---|-------------|
| 1.1 | Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | |
| 1.2 | If yes, indicate premium earned on U.S. business only. | \$ 246,749,901 | |
| 1.3 | What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ | |
| 1.31 | Reason for excluding ..... | ..... |  |
| 1.4 | Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above | \$ | |
| 1.5 | Indicate total incurred claims on all Medicare Supplement Insurance. | \$ 205,876,508 | |
| 1.6 | Individual policies: | ..... |  |
| | Most current three years: | ..... |  |
| | 1.61 Total premium earned | \$ 159,527,846 | |
| | 1.62 Total incurred claims | \$ 139,217,686 | |
| | 1.63 Number of covered lives | 87,778 | |
| | All years prior to most current three years: | ..... |  |
| | 1.64 Total premium earned | \$ 87,222,056 | |
| | 1.65 Total incurred claims | \$ 66,658,822 | |
| | 1.66 Number of covered lives | 38,953 | |
| 1.7 | Group policies: | ..... |  |
| | Most current three years: | ..... |  |
| | 1.71 Total premium earned | \$ 0 | |
| | 1.72 Total incurred claims | \$ 0 | |
| | 1.73 Number of covered lives | 0 | |
| | All years prior to most current three years: | ..... |  |
| | 1.74 Total premium earned | \$ 0 | |
| | 1.75 Total incurred claims | \$ 0 | |
| | 1.76 Number of covered lives | 0 | |
| 2. | Health Test: | ..... |  |
| | 1 | 2 | |
| | Current Year | Prior Year | |
| 2.1 | Premium Numerator | 542,789,386 | 592,729,823 |
| 2.2 | Premium Denominator | 542,789,386 | 592,729,823 |
| 2.3 | Premium Ratio (2.1/2.2) | 1.000 | 1.000 |
| 2.4 | Reserve Numerator | 108,583,750 | 135,948,146 |
| 2.5 | Reserve Denominator | 108,583,750 | 135,948,146 |
| 2.6 | Reserve Ratio (2.4/2.5) | 1.000 | 1.000 |
| 3.1 | Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | |
| 3.2 | If yes, give particulars: ..... | ..... |  |
| 4.1 | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | |
| 4.2 | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] | |
| 5.1 | Does the reporting entity have stop-loss reinsurance? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | |
| 5.2 | If no, explain: Management considered (1) the increasing cost of retaining stop loss coverage, (2) the maximum exposure per enrollee, and (3) the strong surplus position of the Company in deciding to forego stop loss coverage during the year. Risk retention decisions are reviewed by management regularly. .... | ..... |  |
| 5.3 | Maximum retained risk (see instructions) | ..... |  |
| | 5.31 Comprehensive Medical | \$ | |
| | 5.32 Medical Only | \$ | |
| | 5.33 Medicare Supplement | \$ | |
| | 5.34 Dental & Vision | \$ | |
| | 5.35 Other Limited Benefit Plan | \$ | |
| | 5.36 Other | \$ | |
| 6. | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Hold harmless provisions and covered service provisions ..... | ..... |  |
| 7.1 | Does the reporting entity set up its claim liability for provider services on a service date basis? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | |
| 7.2 | If no, give details ..... | ..... |  |
| 8. | Provide the following information regarding participating providers: | ..... |  |
| | 8.1 Number of providers at start of reporting year | 60,093 | |
| | 8.2 Number of providers at end of reporting year | 63,643 | |
| 9.1 | Does the reporting entity have business subject to premium rate guarantees? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | |
| 9.2 | If yes, direct premium earned: | ..... |  |
| | 9.21 Business with rate guarantees between 15-36 months...\$ | | |
| | 9.22 Business with rate guarantees over 36 months ..\$ | | |

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GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []

10.2 If yes:

| | |
|--|--------------------|
| 10.21 Maximum amount payable bonuses..... | \$ 1,808,000 |
| 10.22 Amount actually paid for year bonuses..... | \$ 1,203,101 |
| 10.23 Maximum amount payable withholds..... | \$ |
| 10.24 Amount actually paid for year withholds..... | \$ |

11.1 Is the reporting entity organized as:

| | |
|---|---|
| 11.12 A Medical Group/Staff Model, | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |
| 11.14 A Mixed Model (combination of above)? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] |

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio

11.4 If yes, show the amount required. \$ 14,418,459

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []

11.6 If the amount is calculated, show the calculation

Greater of 10% of total liabilities or minimum net worth per ORC 1751.28

12. List service areas in which reporting entity is licensed to operate:

| |
|---------------------------|
| 1 Name of Service Area |
| |
| |

13.1 Do you act as a custodian for health savings accounts? Yes [] No []

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No []

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A []

14.2 If the answer to 14.1 is yes, please provide the following:

| 1 Company Name | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |
| | | | | | | |
| | | | | | | |

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$

15.2 Total Incurred Claims \$

15.3 Number of Covered Lives

| |
|---|
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary guarantee) |
| Universal Life (with or without secondary guarantee) |
| Variable Universal Life (with or without secondary guarantee) |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No []

16.1 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 []

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FIVE-YEAR HISTORICAL DATA

| | 1 2021 | 2 2020 | 3 2019 | 4 2018 | 5 2017 |
|--|--------------|--------------|--------------|-------------|--------------|
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 243,904,097 | 273,099,480 | 289,686,556 | 230,917,085 | 140,529,943 |
| 2. Total liabilities (Page 3, Line 24) | 144,184,588 | 190,134,763 | 199,924,370 | 146,703,258 | 94,189,903 |
| 3. Statutory minimum capital and surplus requirement | 14,418,459 | 19,013,476 | 19,992,437 | 14,670,326 | 9,418,990 |
| 4. Total capital and surplus (Page 3, Line 33) | 99,719,509 | 82,964,717 | 89,762,186 | 84,213,827 | 46,340,040 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 542,789,386 | 592,530,106 | 621,918,096 | 497,723,634 | 305,932,298 |
| 6. Total medical and hospital expenses (Line 18) | 452,954,866 | 466,426,478 | 505,042,715 | 375,525,848 | 275,302,505 |
| 7. Claims adjustment expenses (Line 20) | 30,925,616 | 33,240,756 | 31,737,151 | 24,673,303 | 16,711,609 |
| 8. Total administrative expenses (Line 21) | 72,585,776 | 91,331,235 | 88,865,754 | 68,850,152 | 41,700,534 |
| 9. Net underwriting gain (loss) (Line 24) | (19,277,872) | 831,637 | (27,027,524) | 31,793,331 | (28,387,350) |
| 10. Net investment gain (loss) (Line 27) | 1,895,037 | 2,893,200 | 4,956,994 | 2,772,556 | 1,202,794 |
| 11. Total other income (Lines 28 plus 29) | (1,326,115) | (1,623,028) | (2,381,980) | (1,953,570) | (1,718,925) |
| 12. Net income or (loss) (Line 32) | (15,829,170) | 349,684 | (24,034,158) | 24,372,479 | (19,167,421) |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | (39,970,660) | (33,397,936) | 35,601,468 | 74,502,672 | 19,258,454 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 99,719,509 | 82,964,717 | 89,762,186 | 84,213,827 | 85,727,285 |
| 15. Authorized control level risk-based capital | 16,442,494 | 17,443,588 | 19,241,615 | 14,878,323 | 17,850,957 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 197,690 | 206,431 | 213,507 | 127,779 | 86,803 |
| 17. Total members months (Column 6, Line 7) | 2,349,367 | 2,460,643 | 2,319,402 | 1,525,192 | 1,034,462 |
| Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | 83.4 | 78.7 | 81.2 | 75.4 | 90.0 |
| 20. Cost containment expenses | 3.0 | 2.6 | 2.4 | 2.5 | 3.0 |
| 21. Other claims adjustment expenses | 2.7 | 3.0 | 2.7 | 2.5 | 2.4 |
| 22. Total underwriting deductions (Line 23) | 103.6 | 99.9 | 104.3 | 93.6 | 109.3 |
| 23. Total underwriting gain (loss) (Line 24) | (3.6) | 0.1 | (4.3) | 6.4 | (9.3) |
| Unpaid Claims Analysis (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Col. 5) | 47,700,391 | 56,853,382 | 39,438,050 | 26,103,487 | 31,128,049 |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 60,982,446 | 67,849,373 | 43,474,765 | 31,709,695 | 44,079,303 |
| Investments In Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | | 0 | 0 | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Lines 26 to 31 above | | | | | |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

| States, etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | |
|--|---------------------------|---|------------------------------|----------------------------|------------------------|--|---|--|--------------------------------------|---------------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/ Casualty Premiums | 9 Total Columns 2 Through 8 | 10 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 | 543,623,377 | | | | | | 543,623,377 | |
| 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 Aliens | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | | XXX | 543,623,377 | 0 | 0 | 0 | 0 | 0 | 543,623,377 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | | XXX | | | | | | | | 0 |
| 61. Totals (Direct Business) | | XXX | 543,623,377 | 0 | 0 | 0 | 0 | 0 | 543,623,377 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | | XXX | | | | | | | | |
| 58002. | | XXX | | | | | | | | |
| 58003. | | XXX | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 R - Registered - Non-domiciled RRGs.....0

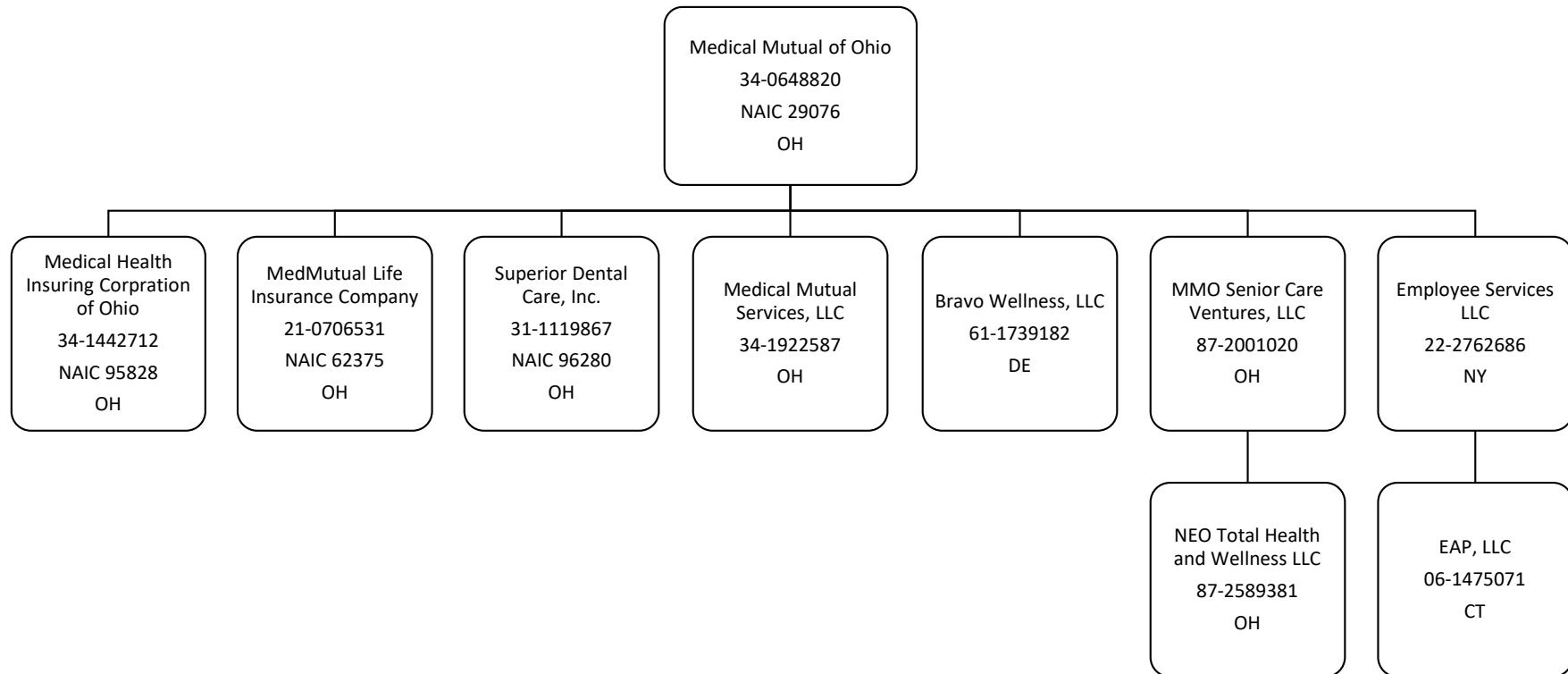
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0

N - None of the above - Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by state, etc.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
OVERFLOW PAGE FOR WRITE-INS