



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Medical Mutual of Ohio

NAIC Group Code 0730 0730 NAIC Company Code 29076 Employer's ID Number 34-0648820
(Current) (Prior)

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 03/30/1934 Commenced Business 01/01/1934

Statutory Home Office 2060 East Ninth Street, Cleveland, OH, US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2060 East Ninth Street
(Street and Number)
Cleveland, OH, US 44115-1355, 216-687-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2060 East Ninth Street, Cleveland, OH, US 44115-1355
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2060 East Ninth Street
(Street and Number)
Cleveland, OH, US 44115-1355, 216-687-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.MedMutual.com

Statutory Statement Contact Kevin Spruch, 216-687-2759
(Name) (Area Code) (Telephone Number)
Kevin.Spruch@medmutual.com, 216-360-4073
(E-mail Address) (FAX Number)

OFFICERS

Chairman, President & CEO Richard Alan Chiricosta Treasurer & CFO Raymond Karl Mueller
Secretary Patricia Bunn Decensi

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Ohio 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
Chairman, President & CEO

Patricia Bunn Decensi
Secretary

Raymond Karl Mueller
Treasurer & CFO

Subscribed and sworn to before me this _____ day of _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,464,394					1,464,394
Group Subscribers:						
COSE Health & Wellness Trust	20,205,556					20,205,556
CADA Group Health Plan	9,863,322					9,863,322
Builders Exchange Benefit Trust	6,036,918					6,036,918
0299997. Group subscriber subtotal	36,105,796	0	0	0	0	36,105,796
0299998. Premiums due and unpaid not individually listed	5,847,792					5,847,792
0299999. Total group	41,953,588	0	0	0	0	41,953,588
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	43,417,982	0	0	0	0	43,417,982

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	71,063,587	64,127,021		74,720,753	71,063,587	72,281,777
2. Claim overpayment receivables	19,427,245	164,795,314	210,747	17,992,895	19,637,991	18,355,286
3. Loans and advances to providers	18,707,881		45,720,902		64,428,783	64,428,783
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	309,485	9,510,068	(438)	306,578	309,047	302,690
7. Totals (Lines 1 through 6)	109,508,198	238,432,403	45,931,211	93,020,226	155,439,409	155,368,536

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

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,462,733	0.1	18,408	1.8		2,462,733
4. Total capitation payments	2,462,733	0.1	18,408	1.8	0	2,462,733
Other Payments:						
5. Fee-for-service	5,587,996	0.2	XXX	XXX		5,587,996
6. Contractual fee payments	2,030,269,071	90.1	XXX	XXX		2,030,269,071
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	7,499,862	0.3	XXX	XXX		7,499,862
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	207,953,620	9.2	XXX	XXX		207,953,620
12. Total other payments	2,251,310,549	99.9	XXX	XXX	0	2,251,310,549
13. TOTAL (Line 4 plus Line 12)	2,253,773,282	100%	XXX	XXX	0	2,253,773,282

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	28,897,267		13,728,489	15,168,778	15,168,778	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	43,393,493		6,641,104	36,752,389	36,752,389	
6. Total	72,290,761	0	20,369,594	51,921,167	51,921,167	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF	Georgia		DURING THE YEAR						(LOCATION)	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group								
Total Members at end of:											
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
Total Member Ambulatory Encounters for Year:											
7.	Physician										
8.	Non-Physician										
9.	Total										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.GA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	Indiana		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Michigan		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	590	0	0	0	0	0	0	0	0	590		
2. First Quarter	506									506		
3. Second Quarter	509									509		
4. Third Quarter	487									487		
5. Current Year	467									467		
6. Current Year Member Months	6,017									6,017		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	336,539									336,539		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	336,539									336,539		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services.....	731,641									731,641		
18. Amount Incurred for Provision of Health Care Services	731,641									731,641		

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

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

30.MI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	North Carolina		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.NC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,044,284	20,289	278,967	8,269	58,096	47,412	1,684	34,759	0	594,808		
2. First Quarter	1,032,694	18,641	262,793	7,916	57,699	48,542	1,606	33,781		601,716		
3. Second Quarter	1,022,579	17,923	257,398	7,824	57,843	48,348	1,641	33,729		597,873		
4. Third Quarter	1,008,221	17,271	251,161	7,760	59,162	48,628	1,649	33,976		588,614		
5. Current Year	1,000,409	16,680	247,592	7,619	58,775	47,651	1,672	34,023		586,397		
6. Current Year Member Months	12,214,343	214,542	3,074,907	93,884	699,452	579,284	19,627	406,462		7,126,185		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,926,709	131,116	2,015,154	131,132	21	1,571	14,428	607,440		25,847		
8. Non-Physician	2,237,580	79,976	1,515,566	94,027	628	62,931	10,162	459,253		15,037		
9. Total	5,164,289	211,092	3,530,720	225,159	649	64,502	24,590	1,066,693	0	40,884		
10. Hospital Patient Days Incurred	161,762	2,755	67,368	18,013			1,604	71,556		466		
11. Number of Inpatient Admissions	26,814	576	15,649	2,010			204	8,274		101		
12. Health Premiums Written (b)	2,526,010,399	96,046,242	1,726,485,677	21,042,676	4,174,185	14,493,425	12,520,274	405,138,584		246,109,335		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,526,010,399	96,046,242	1,726,485,677	21,042,676	4,174,185	14,493,425	12,520,274	405,138,584		246,109,335		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	2,253,041,641	75,625,431	1,547,405,560	14,858,678	2,910,806	10,789,932	11,228,187	373,564,976		216,658,071		
18. Amount Incurred for Provision of Health Care Services	2,233,539,777	72,973,107	1,537,158,229	15,386,963	3,055,851	11,347,037	10,787,880	366,768,819		216,061,891		

(a) For health business: number of persons insured under PPO managed care products273,519 and number of persons insured under indemnity only products280 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$405,138,584

HO 00



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	Pennsylvania		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1	South Carolina		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.SC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	West Virginia		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30100



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF	Wisconsin		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

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

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

30.W1



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Grand Total		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,044,874	20,289	278,967	8,269	58,096	47,412	1,684	34,759	0	595,398		
2. First Quarter	1,033,200	18,641	262,793	7,916	57,699	48,542	1,606	33,781	0	602,222		
3. Second Quarter	1,023,088	17,923	257,398	7,824	57,843	48,348	1,641	33,729	0	598,382		
4. Third Quarter	1,008,708	17,271	251,161	7,760	59,162	48,628	1,649	33,976	0	589,101		
5. Current Year	1,000,876	16,680	247,592	7,619	58,775	47,651	1,672	34,023	0	586,864		
6. Current Year Member Months	12,220,360	214,542	3,074,907	93,884	699,452	579,284	19,627	406,462	0	7,132,202		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,926,709	131,116	2,015,154	131,132	21	1,571	14,428	607,440	0	25,847		
8. Non-Physician	2,237,580	79,976	1,515,566	94,027	628	62,931	10,162	459,253	0	15,037		
9. Total	5,164,289	211,092	3,530,720	225,159	649	64,502	24,590	1,066,693	0	40,884		
10. Hospital Patient Days Incurred	161,762	2,755	67,368	18,013	0	0	1,604	71,556	0	466		
11. Number of Inpatient Admissions	26,814	576	15,649	2,010	0	0	204	8,274	0	101		
12. Health Premiums Written (b)	2,526,346,938	96,046,242	1,726,485,677	21,042,676	4,174,185	14,493,425	12,520,274	405,138,584	0	246,445,874		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,526,346,938	96,046,242	1,726,485,677	21,042,676	4,174,185	14,493,425	12,520,274	405,138,584	0	246,445,874		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,253,773,282	75,625,431	1,547,405,560	14,858,678	2,910,806	10,789,932	11,228,187	373,564,976	0	217,389,712		
18. Amount Incurred for Provision of Health Care Services	2,234,271,418	72,973,107	1,537,158,229	15,386,963	3,055,851	11,347,037	10,787,880	366,768,819	0	216,793,531		

(a) For health business: number of persons insured under PPO managed care products273,519 and number of persons insured under indemnity only products280 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$405,138,584

30.GT

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates							0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							0	0	0	0	0	0
	37-6532551	03/31/2015	Ohio State Medical Association Health Benefits Plan Trust	OH	OTH/G	CMM	7,956,307			42,875		
	81-6240902	01/01/2020	COSE Health and Wellness Trust	OH	OTH/G	CMM	240,402,575			26,527,767		
	34-1320838	05/01/2021	CADA Group Health Plan	OH	OTH/G	CMM	9,863,322			8,677,372		
	47-2303889	01/01/2021	Builders Exchange Benefit Plan Trust	OH	OTH/G	CMM	6,036,918			5,907,315		
0899999. U.S. Non-Affiliates							264,259,122	0	0	41,155,328	0	0
1099999. Total - Non-Affiliates							264,259,122	0	0	41,155,328	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							264,259,122	0	0	41,155,328	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							264,259,122	0	0	41,155,328	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999	Total General Account Authorized						0	0	0	0	0	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
00000	30-1157485	01/01/2020	Dedicated Columbus Ohio, LLC	FL	QA/I	MR	1,779,559						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	QA/G	OH	1,556,639						
1999999	General Account - Unauthorized U.S. Non-Affiliates						3,336,199	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						3,336,199	0	0	0	0	0	0
2299999	Total General Account Unauthorized						3,336,199	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0
3699999	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						3,336,199	0	0	0	0	0	0
4899999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						3,336,199	0	0	0	0	0	0
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	Totals						3,336,199	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account Life and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - Accident and Health U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1799999			Total General Account - Accident and Health Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1899999			Total General Account - Accident and Health Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
00000	30-1157485	01/01/2020	Dedicated Columbus Ohio, LLC	0	81,584	0	81,584	0					85,791	81,584
1999999			General Account - Accident and Health U.S. Non-Affiliates	0	81,584	0	81,584	0	XXX	0	0	0	85,791	81,584
2199999			Total General Account - Accident and Health Non-Affiliates	0	81,584	0	81,584	0	XXX	0	0	0	85,791	81,584
2299999			Total General Account Accident and Health	0	81,584	0	81,584	0	XXX	0	0	0	85,791	81,584
2399999			Total General Account	0	81,584	0	81,584	0	XXX	0	0	0	85,791	81,584
2699999			Total Separate Accounts - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	81,584	0	81,584	0	XXX	0	0	0	85,791	81,584
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	0	0	0	0	XXX	0	0	0	0	0
9999999			Totals	0	81,584	0	81,584	0	XXX	0	0	0	85,791	81,584

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	1,557	0	0	0	.30
2. Title XVIII - Medicare	1,780	240	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses		0	157	384	2,184
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	5
8. Reinsurance recoverable on paid losses	82	173	0	0	3,648
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0	0	0
18. Funds deposited by and withheld from (F)		0	0	0	0
19. Letters of credit (L)		0	0	0	0
20. Trust agreements (T)		0	0	0	0
21. Other (O)		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	2,389,907,251		2,389,907,251
2. Accident and health premiums due and unpaid (Line 15)	67,857,370		67,857,370
3. Amounts recoverable from reinsurers (Line 16.1)	81,584	(81,584)	0
4. Net credit for ceded reinsurance	XXX	164,022	164,022
5. All other admitted assets (Balance)	188,585,907		188,585,907
6. Total assets (Line 28)	2,646,432,113	82,438	2,646,514,551
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	368,909,347		368,909,347
8. Accrued medical incentive pool and bonus payments (Line 2)	8,089,000		8,089,000
9. Premiums received in advance (Line 8)	64,190,276		64,190,276
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	3,353		3,353
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)		(3,353)	(3,353)
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	298,931,174	85,791	299,016,965
15. Total liabilities (Line 24)	740,123,150	82,438	740,205,588
16. Total capital and surplus (Line 33)	1,906,308,963	XXX	1,906,308,963
17. Total liabilities, capital and surplus (Line 34)	2,646,432,113	82,438	2,646,514,551
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	81,584		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	81,584		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	3,353		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	(85,791)		
30. Total ceded reinsurance payables/offsets	(82,438)		
31. Total net credit for ceded reinsurance	164,022		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	RE		Board of Directors		Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	62375	21-0706531				MedMutual Life Insurance Company	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	96280	31-1119867				Superior Dental Care, Inc	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		61-1739182				Bravo Wellness, LLC	DE	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		22-2762686				Employee Services LLC	NY	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		06-1475071				EAP, LLC	CT	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2001020				MMO Senior Care Ventures, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2589381				NEO Total Health and Wellness LLC	OH	DS	MMO Senior Care Ventures, LLC	Ownership	50.000	Medical Mutual of Ohio	NO	

NONE

Asterisk	
----------	--

Schedule Y - Part 3

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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











	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

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

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

AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Bar Codes:

11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
20. Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0730..... NAIC Company Code 29076.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44115-1355.....
 Person Completing This Exhibit Mark Hoaglund.....
 Title Actuarial Assistant III..... Telephone Number 216-687-6674.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
N/A	NG8903-W	P	NO	0204060	10/17/1990			03/01/1990	MediComp	121,505	74,997	61.7	38	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; NG9001;	P	NO	0204060	09/02/1988			01/01/1990	NonGroup Regular Option Medifil	127,695	95,059	74.4	26	0	0	0.0	0
N/A	R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup High Option Medifil	299,810	150,987	50.4	62	0	0	0.0	0
N/A	NG8903-W; NG8806; NG8806-S; R2005w/oRx	P	NO	0204060	10/17/1990			12/31/1991	Medifil Ohio Medifil Part A Deductible	303,808	242,004	79.7	89	0	0	0.0	0
N/A	NG8902-W	P	NO	0204060	10/17/1990			12/31/1991	Not Covered	16,003	14,121	88.2	7	0	0	0.0	0
YES	NG9200A/W 11/91	A	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio A	35,086	14,226	40.5	16	0	0	0.0	0
YES	NG9200C/W	C	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio C	1,264,347	1,099,632	87.0	426	0	0	0.0	0
YES	NG9200A/R1200	A	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	38,901	32,630	83.9	12	0	0	0.0	0
YES	NG9200C/R1200	C	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	849,721	406,493	47.8	177	0	0	0.0	0
YES	STMS - NG0000	C	YES	0204060	11/01/2002			01/31/2004	Medicare Select Plan C	1,778	2,617	147.2	1	0	0	0.0	0
YES	STM-NG2004-A; R2004-NG/MED/OH; STM-NG2008-A	A	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-A	A	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan A	49,497	33,697	68.1	27	508	172	33.8	1
YES	STM-NG2004-C; R2004-NG/MED/OH; STM-NG2008-C	C	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-C	C	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan C	1,670,374	1,136,062	68.0	523	0	0	0.0	0
YES	STMS-NG2004; R2004-NG/MED/OH	C	YES	0034000	12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	9,962	9,324	93.6	4	0	0	0.0	0
YES	STM-NG2004-F; STM-NG2008-F	F	NO	0034000	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-F	F	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan F	13,212,625	9,816,654	74.3	4,753	993	79	7.9	1

360.OH



SUPPLEMENT FOR THE YEAR 2021 OF THE Medical Mutual of Ohio
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0730..... NAIC Company Code 29076.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44115-1355.....
 Person Completing This Exhibit Mark Hoaglund.....
 Title Actuarial Assistant III..... Telephone Number 216-687-6674.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	STM-NG2010-HI/F	F	NO	0034000	01/13/2011				Medicare Supplement Individual Policy - High Ded Plan F	476,095	183,469	38.5	414	2,000	0	0.0	3
YES	STM-NG2010-N	N	NO	0034000	01/13/2011				Medicare Supplement Individual Policy - Plan N	1,137,853	947,325	83.3	584	4,187	477	11.4	5
0199999. Total Experience on Individual Policies										19,615,059	14,259,298	72.7	7,159	7,688	727	9.5	10
YES	STM-GRP/ASC2900-A	A	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	26,054	5,523	21.2	12			0.0	
YES	STM-GRP/ASC2010-A	A	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan A	0	0	0.0	0			0.0	
YES	STM-GRP/ASC2900-C	C	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	0	0	0.0	0			0.0	
YES	STM-GRP/ASC2010-C	C	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan C	753,526	612,954	81.3	220			0.0	
YES	STM-GRP/ASC2900-F	F	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	0	0	0.0	0			0.0	
YES	STM-GRP/ASC2010-F	F	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan F	504,812	391,817	77.6	149			0.0	
YES	STM-GRP/ASC2900-HI/F	F	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	48,602	31,042	63.9	41			0.0	
YES	STM-GRP/ASC2010-HI/F	F	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - High Ded Plan F	0	0	0.0	0			0.0	
YES	STM-GRP/ASC2900-H	H	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	86,934	85,601	98.5	28			0.0	
0299999. Total Experience on Group Policies										1,419,929	1,126,937	79.4	450	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 2060 East Nine Street Cleveland, OH 44115-1355
 - 2.2 Contact Person and Phone Number: Paul Mancino 216-687-2675
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 2060 East Nine Street Cleveland, OH 44115-1355
 - 3.2 Contact Person and Phone Number: Paul Mancino 216-687-2675
- Explain any policies identified above as policy type "O".

360.OH.1