



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 0730 NAIC Company Code 95828 Employer's ID Number 34-1442712
(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 07/13/1984 Commenced Business 01/01/1985

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

CEO Richard Alan Chiricosta Treasurer Raymond Karl Mueller
Secretary Patricia Bunn Decensi

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura Richard Alan Chiricosta Thomas Parke Dewey
Steffany Matticola Larkins Raymond Karl Mueller

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 [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

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	14,204,761	8,718,982	0	14,185,269	14,204,761	13,498,840
2. Claim overpayment receivables	2,472,449	0	620,970	2,024,000	3,093,419	3,128,214
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	16,677,210	8,718,982	620,970	16,209,269	17,298,180	16,627,054

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						61,878,750
0699999. Total amounts withheld						
0799999. Total claims unpaid						61,878,750
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0899999 Accrued medical incentive pool and bonus amounts						2,945,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Medical Mutual of Ohio		4,079,803	4,079,803	
0199999. Individually listed payables		4,079,803	4,079,803	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		4,079,803	4,079,803	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	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
Payment Method						
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	5,582,948	1.2	XXX	XXX		5,582,948
6. Contractual fee payments	460,010,270	98.5	XXX	XXX		460,010,270
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,203,101	0.3	XXX	XXX		1,203,101
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	466,796,318	100.0	XXX	XXX	0	466,796,318
13. TOTAL (Line 4 plus Line 12)	466,796,318	100%	XXX	XXX	0	466,796,318

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 and Equipment Owned

N O N E



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Health Insuring Corporation 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	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	206,431	51,462	5,355	125,008	9,908	14,698	0	0	0	0		
2. First Quarter	193,280	45,513		123,477	10,227	14,063						
3. Second Quarter	195,016	45,277		124,545	10,476	14,718						
4. Third Quarter	197,789	45,621		126,159	10,674	15,335						
5. Current Year	197,690	44,204		126,729	10,831	15,926						
6. Current Year Member Months	2,349,367	545,119		1,499,614	126,257	178,377						
Total Member Ambulatory Encounters for Year:												
7. Physician	2,409,719	401,009		2,008,208		502						
8. Non-Physician	1,619,088	219,175		1,374,721		25,192						
9. Total	4,028,807	620,184	0	3,382,929	0	25,694	0	0	0	0		
10. Hospital Patient Days Incurred	182,159	14,239		167,920								
11. Number of Inpatient Admissions	25,384	2,887		22,497								
12. Health Premiums Written (b)	543,623,377	290,773,182	(165,663)	246,916,333	1,100,804	4,998,720						
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	543,623,377	290,773,182	(165,663)	246,916,333	1,100,804	4,998,720						
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	466,796,318	253,907,886	3,219,439	206,126,942	595,575	2,946,476						
18. Amount Incurred for Provision of Health Care Services	453,807,383	244,214,107	114,720	205,876,505	595,575	3,006,476						

(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 \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Health Insuring Corporation of Ohio

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Grand Total		2021							NAIC Company Code	95828
		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	206,431	51,462	5,355	125,008	9,908	14,698	0	0	0	0		
2. First Quarter	193,280	45,513	0	123,477	10,227	14,063	0	0	0	0		
3. Second Quarter	195,016	45,277	0	124,545	10,476	14,718	0	0	0	0		
4. Third Quarter	197,789	45,621	0	126,159	10,674	15,335	0	0	0	0		
5. Current Year	197,690	44,204	0	126,729	10,831	15,926	0	0	0	0		
6. Current Year Member Months	2,349,367	545,119	0	1,499,614	126,257	178,377	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	2,409,719	401,009	0	2,008,208	0	502	0	0	0	0		
8. Non-Physician	1,619,088	219,175	0	1,374,721	0	25,192	0	0	0	0		
9. Total	4,028,807	620,184	0	3,382,929	0	25,694	0	0	0	0		
10. Hospital Patient Days Incurred	182,159	14,239	0	167,920	0	0	0	0	0	0		
11. Number of Inpatient Admissions	25,384	2,887	0	22,497	0	0	0	0	0	0		
12. Health Premiums Written (b)	543,623,377	290,773,182	(165,663)	246,916,333	1,100,804	4,998,720	0	0	0	0		
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	543,623,377	290,773,182	(165,663)	246,916,333	1,100,804	4,998,720	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	466,796,318	253,907,886	3,219,439	206,126,942	595,575	2,946,476	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	453,807,383	244,214,107	114,720	205,876,505	595,575	3,006,476	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation 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
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	QA/G	OH	833,991						
1999999	General Account - Unauthorized U.S. Non-Affiliates						833,991	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						833,991	0	0	0	0	0	0
2299999	Total General Account Unauthorized						833,991	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						833,991	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)						833,991	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						833,991	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation 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	834	0	0	0	0
2. Title XVIII - Medicare	0	0	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	171	433	3,832
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	2,804
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

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)	219,752,106		219,752,106
2. Accident and health premiums due and unpaid (Line 15)	1,438,375		1,438,375
3. Amounts recoverable from reinsurers (Line 16.1)			0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	22,713,616		22,713,616
6. Total assets (Line 28)	243,904,097	0	243,904,097
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	61,878,750		61,878,750
8. Accrued medical incentive pool and bonus payments (Line 2)	2,945,000		2,945,000
9. Premiums received in advance (Line 8)	17,209,344		17,209,344
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)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	62,151,493		62,151,493
15. Total liabilities (Line 24)	144,184,588	0	144,184,588
16. Total capital and surplus (Line 33)	99,719,509	XXX	99,719,509
17. Total liabilities, capital and surplus (Line 34)	243,904,097	0	243,904,097
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

States, Etc.	Direct Business Only					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 Health Insuring Corporation 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	UDP		Board of Directors		Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	RE	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	IA	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	IA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		61-1739182				Bravo Wellness, LLC	DE	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		22-2762686				Employee Services LLC	NY	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		06-1475071				EAP, LLC	CT	NIA	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2001020				MMO Senior Care Ventures, LLC	OH	NIA	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	NIA	MMO Senior Care Ventures, LLC	Ownership	50.000	Medical Mutual of Ohio	NO	

NONE

Asterisk	
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Schedule Y - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Health Insuring Corporation of Ohio
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. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19.	
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 Health Insuring Corporation 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 95828.....
 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	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
N/A	HM9001	P	NO	0204060	03/15/1990		03/29/1990	12/31/1991	Medicare Gold + Medd supp			0.0				0.0	
YES	STM-MH2016-A	A	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan A	48,689	27,101	55.7	29	44,518	36,385	81.7	28
YES	STM-MH2016-C	C	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan C	457,139	342,277	74.9	173	536,433	399,817	74.5	181
YES	STM-MH2016-F	F	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan F	56,532,206	42,568,431	75.3	21,380	19,210,688	15,699,357	81.7	7,871
YES	STM-MH2016-H/F	F	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - High Ded Plan F	1,591,402	710,147	44.6	1,376	325,855	195,123	59.9	324
YES	STM-MH2016-G	G	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan G	17,255,733	14,459,252	83.8	10,204	134,604,080	119,690,708	88.9	76,784
YES	STM-MH2016-N	N	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan N	11,336,887	8,551,614	75.4	5,791	4,806,272	3,196,296	66.5	2,590
0199999. Total Experience on Individual Policies										87,222,056	66,658,822	76.4	38,953	159,527,846	139,217,686	87.3	87,778

GENERAL INTERROGATORIES

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

HO.09