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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Medical Mutual of Ohio

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

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 (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

President & CEO	Steven Craig Glass	Treasurer & CFO	Raymond Karl Mueller
Secretary	Patricia Bunn Decensi		

OTHER

Thomas Parke Dewey, EVP	Patricia Bunn Decensi, EVP	Christopher James Albert Donovan, EVP
Andrea Marie Hogben, EVP	Teresa Jo Koenig, EVP	John Nicholas Kompare Jr., EVP
Raymond Karl Mueller, EVP	David Gerard Quiring, EVP	

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Cuyahoga SS

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.

Steven Craig Glass	Patricia Bunn Decensi	Raymond Karl Mueller
President & CEO	Secretary	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	1,945,289					1,945,289
Group Subscribers:						
COSE Health & Wellness Trust	21,924,885					21,924,885
CADA Group Health Plan	11,712,976					11,712,976
Builders Exchange Benefit Trust	6,777,303					6,777,303
0299997. Group subscriber subtotal	40,415,164	0	0	0	0	40,415,164
0299998. Premiums due and unpaid not individually listed	8,921,165					8,921,165
0299999. Total group	49,336,329	0	0	0	0	49,336,329
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)	51,281,618	0	0	0	0	51,281,618

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts	12,938,667	12,938,667	12,938,667	49,738,945	12,285,945	76,269,000
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	277,000	277,000	277,000	848,000	1,679,000	0
0199999. Total Pharmaceutical Rebate Receivables	13,215,667	13,215,667	13,215,667	50,586,945	13,964,945	76,269,000
Express Scripts	678,500	678,500	678,500	6,106,500	8,142,000	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	1,281,652	1,281,652	1,281,652	4,729,067	6,208,290	2,365,732
0299999. Total Claim Overpayment Receivables	1,960,152	1,960,152	1,960,152	10,835,567	14,350,290	2,365,732
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	2,299,195	2,299,195	2,299,195	2,299,195	4,337,836	4,858,943
0399999. Total Loans and Advances to Providers	2,299,195	2,299,195	2,299,195	2,299,195	4,337,836	4,858,943
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	112,971	112,957	112,957	474	474	338,885
0699999. Total Other Health Care Receivables	112,971	112,957	112,957	474	474	338,885
0799999 Gross health care receivables	17,587,984	17,587,970	17,587,970	63,722,180	32,653,545	83,832,560

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	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	73,815,873	61,352,553		90,233,945	73,815,873	74,720,753
2. Claim overpayment receivables	19,879,214	190,929,317	361,644	16,354,378	20,240,858	18,203,642
3. Loans and advances to providers	45,720,902	1,965,172		9,196,779	45,720,902	45,720,902
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables	3,519,786	6,709,238	0	339,359	3,519,786	306,140
7. Totals (Lines 1 through 6)	142,935,775	260,956,280	361,644	116,124,460	143,297,420	138,951,437

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						317,486,877
0699999. Total amounts withheld						
0799999. Total claims unpaid						317,486,877
0899999 Accrued medical incentive pool and bonus amounts						9,642,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Medical Mutual Services, LLC	85,075,928					85,075,928	
Medical Health Insuring Corporation of Ohio	8,969,303					8,969,303	
Bravo Wellness, LLC	64,107					64,107	
Superior Dental Care, Inc	280,503					280,503	
Reserve National Insurance Company	1,229,668					1,229,668	
Employee Services LLC	613,719					613,719	
0199999. Individually listed receivables	96,233,229	0	0	0	0	96,233,229	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	96,233,229	0	0	0	0	96,233,229	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
MedMutual Life Insurance	Revenues collected on behalf of subsidiary	4,201,670	4,201,670	
0199999. Individually listed payables		4,201,670	4,201,670	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		4,201,670	4,201,670	0

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	5,908,135	0.3	20,208	2.1		5,908,135
4. Total capitation payments	5,908,135	0.3	20,208	2.1	0	5,908,135
Other Payments:						
5. Fee-for-service	3,939,157	0.2	XXX	XXX		3,939,157
6. Contractual fee payments	1,934,200,888	89.4	XXX	XXX		1,934,200,888
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	8,851,348	0.4	XXX	XXX		8,851,348
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	210,337,718	9.7	XXX	XXX		210,337,718
12. Total other payments	2,157,329,112	99.7	XXX	XXX	0	2,157,329,112
13. TOTAL (Line 4 plus Line 12)	2,163,237,247	100%	XXX	XXX	0	2,163,237,247

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	29,177,429		17,399,562	11,777,867	1,177,867	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	29,177,429	0	17,399,562	11,777,867	1,177,867	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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

30.GA

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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

30.IN

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2022 NAIC Company Code 29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	467												467	
2. First Quarter	449												449	
3. Second Quarter	435												435	
4. Third Quarter	414												414	
5. Current Year	432												432	
6. Current Year Member Months	5,196												5,196	
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	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	312,710												312,710	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	312,710												312,710	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	868,521												868,521	
18. Amount Incurred for Provision of Health Care Services	868,521												868,521	

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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

30.NC

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,000,409	16,680	247,592	7,619	58,775	47,651	1,672	34,023					586,397	
2. First Quarter	964,843	15,030	233,975	7,360	56,091	47,463	1,650	34,779					568,495	
3. Second Quarter	962,664	14,518	231,875	7,266	56,130	47,602	1,692	35,020					568,561	
4. Third Quarter	958,158	13,957	229,774	7,186	56,847	47,243	1,750	35,336					566,065	
5. Current Year	958,831	13,521	231,315	7,211	57,574	46,944	1,761	35,577					564,928	
6. Current Year Member Months	11,541,739	173,519	2,790,355	87,205	678,964	568,371	20,438	421,204					6,801,683	
Total Member Ambulatory Encounters for Year:														
7 Physician	2,305,148	78,972	1,451,188	125,941	16	1,831	12,092	615,096					20,012	
8. Non-Physician	1,988,862	58,491	1,258,683	91,526	629	78,269	8,817	479,448					12,999	
9. Total	4,294,010	137,463	2,709,871	217,467	645	80,100	20,909	1,094,544	0	0	0	0	33,011	0
10. Hospital Patient Days Incurred	156,756	2,624	59,661	16,111			1,776	76,584	0	0	0	0	0	0
11. Number of Inpatient Admissions	25,060	496	13,620	1,888			221	8,835	0	0	0	0	0	0
12. Health Premiums Written (b)	2,482,946,831	85,543,367	1,652,293,008	20,430,664	4,044,767	14,316,735	13,902,101	436,839,268					255,576,922	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	2,482,946,831	85,543,367	1,652,293,008	20,430,664	4,044,767	14,316,735	13,902,101	436,839,268					255,576,922	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,162,368,726	73,687,266	1,432,724,049	14,992,493	2,816,741	11,059,378	9,674,094	395,860,878					221,553,826	
18. Amount Incurred for Provision of Health Care Services	2,104,370,282	73,417,100	1,383,131,533	14,470,761	2,816,754	10,891,629	9,215,954	392,392,234					218,034,318	

(a) For health business: number of persons insured under PPO managed care products 256,063 and number of persons insured under indemnity only products 239 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 436,839,268

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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

30.SC

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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

30.WV

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2022 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2022 NAIC Company Code 29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,000,876	16,680	247,592	7,619	58,775	47,651	1,672	34,023	0	0	0	0	586,864	0
2. First Quarter	965,292	15,030	233,975	7,360	56,091	47,463	1,650	34,779	0	0	0	0	568,944	0
3. Second Quarter	963,099	14,518	231,875	7,266	56,130	47,602	1,692	35,020	0	0	0	0	568,996	0
4. Third Quarter	958,572	13,957	229,774	7,186	56,847	47,243	1,750	35,336	0	0	0	0	566,479	0
5. Current Year	959,263	13,521	231,315	7,211	57,574	46,944	1,761	35,577	0	0	0	0	565,360	0
6. Current Year Member Months	11,546,935	173,519	2,790,355	87,205	678,964	568,371	20,438	421,204	0	0	0	0	6,806,879	0
Total Member Ambulatory Encounters for Year:														
7 Physician	2,305,148	78,972	1,451,188	125,941	16	1,831	12,092	615,096	0	0	0	0	20,012	0
8. Non-Physician	1,988,862	58,491	1,258,683	91,526	629	78,269	8,817	479,448	0	0	0	0	12,999	0
9. Total	4,294,010	137,463	2,709,871	217,467	645	80,100	20,909	1,094,544	0	0	0	0	33,011	0
10. Hospital Patient Days Incurred	156,756	2,624	59,661	16,111	0	0	1,776	76,584	0	0	0	0	0	0
11. Number of Inpatient Admissions	25,060	496	13,620	1,888	0	0	221	8,835	0	0	0	0	0	0
12. Health Premiums Written (b)	2,483,259,541	85,543,367	1,652,293,008	20,430,664	4,044,767	14,316,735	13,902,101	436,839,268	0	0	0	0	255,889,631	0
13. Life Premiums Direct	0	0	0	0	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	0	0	0	0
15. Health Premiums Earned	2,483,259,541	85,543,367	1,652,293,008	20,430,664	4,044,767	14,316,735	13,902,101	436,839,268	0	0	0	0	255,889,631	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,163,237,247	73,687,266	1,432,724,049	14,992,493	2,816,741	11,059,378	9,674,094	395,860,878	0	0	0	0	222,422,347	0
18. Amount Incurred for Provision of Health Care Services	2,105,238,803	73,417,100	1,383,131,533	14,470,761	2,816,754	10,891,629	9,215,954	392,392,234	0	0	0	0	218,902,839	0

(a) For health business: number of persons insured under PPO managed care products 256,063 and number of persons insured under indemnity only products 239 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 436,839,268

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
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
	81-6240902	01/01/2020	COSE Health and Wellness Trust	OH	OTH/G	CMM	251,556,829			25,525,130		
	34-1320838	05/01/2021	CADA Group Health Plan	OH	OTH/G	CMM	15,947,290			9,653,244		
	47-2303889	01/01/2021	Builders Exchange Benefit Plan Trust	OH	OTH/G	CMM	6,471,633			6,463,631		
	37-6532551	03/31/2015	Ohio State Medical Association Health Benefits Plan Trust	OH	OTH/G	CMM	22,507			0		
0899999. U.S. Non-Affiliates							273,998,258	0	0	41,642,006	0	0
1099999. Total - Non-Affiliates							273,998,258	0	0	41,642,006	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							273,998,258	0	0	41,642,006	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							273,998,258	0	0	41,642,006	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
00000	83-3843209	01/01/2022	WellBe Senior Medical, LLC	IL	18,746,628	2,544,332
00000	30-1157485	01/01/2020	Dedicated Columbus Ohio, LLC	FL	130,621	0
1999999. Accident and Health - U.S. Non-Affiliates					18,877,249	2,544,332
2199999. Total Accident and Health - Non-Affiliates					18,877,249	2,544,332
2299999. Total Accident and Health					18,877,249	2,544,332
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					18,877,249	2,544,332
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					18,877,249	2,544,332

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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	OTH/I	MR	843,027						
00000	83-3843209	01/01/2022	WellBe Senior Medical, LLC	IL	OTH/I	MR	18,895,904						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/G	CMM	1,412,200						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	CMM	13,866						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/G	MR	885,909						
1999999. General Account - Unauthorized U.S. Non-Affiliates							22,050,906	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							22,050,906	0	0	0	0	0	0
2299999. Total General Account Unauthorized							22,050,906	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							22,050,906	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)							22,050,906	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							22,050,906	0	0	0	0	0	0

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
.....	..83-3843209 ..	01/01/2022	WellBe Senior Medical, LLC	.....	21,290,960	.....	21,290,960	.....	.....	.....	.....	.....	18,895,904	18,895,904
.....	..30-1157485 ..	01/01/2020	Dedicated Columbus Ohio, LLC	.....	130,621	.....	130,621	.....	.....	.....	.....	.....	130,115	130,115
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	21,421,582	0	21,421,582	0	XXX	0	0	0	19,026,019	19,026,019
2199999. Total General Account - Accident and Health Non-Affiliates				0	21,421,582	0	21,421,582	0	XXX	0	0	0	19,026,019	19,026,019
2299999. Total General Account Accident and Health				0	21,421,582	0	21,421,582	0	XXX	0	0	0	19,026,019	19,026,019
2399999. Total General Account				0	21,421,582	0	21,421,582	0	XXX	0	0	0	19,026,019	19,026,019
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	21,421,582	0	21,421,582	0	XXX	0	0	0	19,026,019	19,026,019
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	21,421,582	0	21,421,582	0	XXX	0	0	0	19,026,019	19,026,019

(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

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2022	2 2021	3 2020	4 2019	5 2018
	A. OPERATIONS ITEMS					
1.	Premiums	1,426	1,557	0	0	0
2.	Title XVIII - Medicare	20,625	1,780	240	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
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	2,544	0	0	0	0
8.	Reinsurance recoverable on paid losses	18,877	82	173	0	0
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
18.	Funds deposited by and withheld from (F)			0	0	0
19.	Letters of credit (L)			0	0	0
20.	Trust agreements (T)			0	0	0
21.	Other (O)			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)	2,285,580,924		2,285,580,924
2.	Accident and health premiums due and unpaid (Line 15)	71,689,276		71,689,276
3.	Amounts recoverable from reinsurers (Line 16.1)	18,877,249	(18,877,249)	0
4.	Net credit for ceded reinsurance	XXX	19,026,019	19,026,019
5.	All other admitted assets (Balance)	211,209,277		211,209,277
6.	Total assets (Line 28)	2,587,356,727	148,770	2,587,505,497
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	314,942,545	2,544,332	317,486,877
8.	Accrued medical incentive pool and bonus payments (Line 2)	9,642,000		9,642,000
9.	Premiums received in advance (Line 8)	58,566,017		58,566,017
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)	2,395,562	(2,395,562)	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	364,146,954		364,146,954
15.	Total liabilities (Line 24)	749,693,078	148,770	749,841,848
16.	Total capital and surplus (Line 33)	1,837,663,649	XXX	1,837,663,649
17.	Total liabilities, capital and surplus (Line 34)	2,587,356,727	148,770	2,587,505,497
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	2,544,332		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	18,877,249		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	21,421,582		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	2,395,562		
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	2,395,562		
31.	Total net credit for ceded reinsurance	19,026,019		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
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	[illegible]						
29. Nevada	[illegible]						
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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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	
0730	Medical Mutual of Ohio	68462	73-0661453				Reserve National Insurance Company	IL	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	
	Medical Mutual of Ohio		73-1281615				Summerset Marketing Company	OK	DS	Reserve National Insurance Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1288167				Rural American Consumers A National Association	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1354019				National Association of Self-Employed Business Owners	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	

NONE

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
29076	34-0648820	Medical Mutual of Ohio		(109,400,000)			(274,119,043)				(383,519,043)	
95828	34-1442712	Medical Health Insuring Corporation of Ohio		20,000,000			58,253,451				78,253,451	
62375	21-0706531	MedMutual Life Insurance Company		10,000,000			(429,761)				9,570,239	
96280	31-1119867	Superior Dental Care, Inc					1,199,184				1,199,184	
68462	73-0661453	Reserve National Insurance Company					751,543				751,543	
	34-1922587	Medical Mutual Services, LLC		70,000,000			211,999,485				281,999,485	
	61-1739182	Bravo Wellness, LLC		16,800,000			1,695,605				18,495,605	
	22-2762686	Employee Services LLC		(9,000,000)			649,537				(8,350,463)	
	87-2001020	MMO Senior Care Ventures, LLC		1,600,000							1,600,000	
9999999 Control Totals									XXX			

Schedule Y - Part 3

N O N E

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

SUPPLEMENTAL FILINGS

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]

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SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
N/A	NG8903-W	P	NO		10/17/1990			03/01/1990	MediComp	87,857	76,036	86.5	28	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; NG9001; R2005w/oRx	P	NO		09/02/1988			01/01/1990	NonGroup Regular Option Medifil	86,089	35,061	40.7	19	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; CEP85000; NG9001;R2005w/oRx	P	NO		09/02/1988			01/01/1990	NonGroup High Option Medifil	198,497	78,908	39.8	41	0	0	0.0	0
N/A	NG8903-W; NG8806; NG8806-S; R2005w/oRx	P	NO		10/17/1990			12/31/1991	Medifil Ohio	225,020	198,519	88.2	63	0	0	0.0	0
N/A	NG8902-W	P	NO		10/17/1990			12/31/1991	Medifil Part A Deductible Not Covered	11,990	3,213	26.8	5	0	0	0.0	0
YES	NG9200A/W 11/91	A	NO		11/26/1991			03/31/2000	Medifil Ohio A	34,509	12,369	35.8	15	0	0	0.0	0
YES	NG9200C/W	C	NO		11/26/1991			03/31/2000	Medifil Ohio C	1,019,013	905,308	88.8	344	0	0	0.0	0
YES	NG9200A/R1200	A	NO		12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	35,493	29,446	83.0	11	0	0	0.0	0
YES	NG9200C/R1200	C	NO		12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	801,166	336,103	42.0	159	0	0	0.0	0
YES	STMS - NG0000	C	YES		11/01/2002			01/31/2004	Medicare Select Plan C	3,598	8,601	239.1	1	0	0	0.0	0
YES	STM-NG2004-A; R2004-NG/MED/OH; STM-NG2008-A	A	NO		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		06/14/2010				Medicare Supplement Individual Policy - Plan A	47,809	35,198	73.6	23	2,564	422	16.5	2
YES	STM-NG2004-C; R2004-NG/MED/OH; STM-NG2008-C	C	NO		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		06/14/2010				Medicare Supplement Individual Policy - Plan C	1,580,654	1,077,579	68.2	462	380	444	116.9	1
YES	STMS-NG2004; R2004-NG/MED/OH	C	YES		12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	8,805	6,191	70.3	3	0	0	0.0	0
YES	STM-NG2004-F; STM-NG2008-F	F	NO		07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0	0

SUPPLEMENT FOR THE YEAR 2022 OF THE Medical Mutual of Ohio

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Ohio
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Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

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										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	STM-NG2010-F	F	NO		06/14/2010				Medicare Supplement Individual Policy - Plan F	13,390,366	9,729,570	72.7	4,407	7,111	5,312	74.7	4
YES	STM-NG2010-HI/F	F	NO		01/13/2011				Medicare Supplement Individual Policy - High Ded Plan F	540,915	264,102	48.8	704	5,128	34,752	677.7	8
YES	STM-NG2010-N	N	NO		01/13/2011				Medicare Supplement Individual Policy - Plan N	1,099,364	743,753	67.7	516	15,372	8,275	53.8	10
0199999. Total Experience on Individual Policies										19,171,145	13,539,956	70.6	6,801	30,555	49,206	161.0	25
YES	STM-GRP/ASC2900-A	A	NO		09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	24,723	17,710	71.6	11	0		0.0	0
YES	STM-GRP/ASC2010-A	A	NO		06/14/2010				Medicare Supplement from Medical Mutual - Plan A	0	0	0.0	0	0		0.0	0
YES	STM-GRP/ASC2900-C	C	NO		09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	0	0	0.0	0	0		0.0	0
YES	STM-GRP/ASC2010-C	C	NO		06/14/2010				Medicare Supplement from Medical Mutual - Plan C	668,082	511,778	76.6	205	0		0.0	0
YES	STM-GRP/ASC2900-F	F	NO		09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	0	0	0.0	0	0		0.0	0
YES	STM-GRP/ASC2010-F	F	NO		06/14/2010				Medicare Supplement from Medical Mutual - Plan F	460,538	273,543	59.4	143	0		0.0	0
YES	STM-GRP/ASC2900-HI/F	F	NO		09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	0	0	0.0	0	0		0.0	0
YES	STM-GRP/ASC2010-HI/F	F	NO		06/14/2010				Medicare Supplement from Medical Mutual - High Ded Plan F	0	0	0.0	0	0		0.0	0
YES	STM-GRP/ASC2900-H	H	NO		09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	75,620	78,568	103.9	26	0		0.0	0
0299999. Total Experience on Group Policies										1,228,964	881,599	71.7	385	0	0	0.0	0

360.OH.1

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".