



## HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023  
OF THE CONDITION AND AFFAIRS OF THE

## Medical Health Insuring Corporation of Ohio

NAIC Group Code 0730 (Current) 0730 (Prior) NAIC Company Code 95828 Employer's ID Number 34-1442712

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile \_\_\_\_\_ United States of America

Licensed as business type: \_\_\_\_\_ Property/Casualty \_\_\_\_\_

Is HMO Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 07/13/1984 Commenced Business 01/01/1985

Statutory Home Office 2060 East Ninth Street, 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](http://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

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

## OTHER

#### **DIRECTORS OR TRUSTEES**

Thomas Parke Dewey **DIRECTORS OR TRUSTEES** Steven Craig Glass **Raymond Karl Mueller**

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  
President & CEO

Patricia Bunn Decensi  
Secretary

Raymond Karl Mueller  
Treasurer

Subscribed and sworn to before me this  
day of \_\_\_\_\_

- a. Is this an original filing? .....
- b. If no,
  - 1. State the amendment number.....
  - 2. Date filed .....
  - 3. Name of 1st attorney.....

## ASSETS

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 115,232,024            | 0                       | 115,232,024                               | 118,374,455   |
| 2. Stocks:  |                        |                         |   | 0   |
| 2.1 Preferred stocks .....  |                        |                         | 0   | 0   |
| 2.2 Common stocks .....   | 0                      | 0                       | 0   | 0   |
| 3. Mortgage loans on real estate:   |                        |                         |   | 0   |
| 3.1 First liens .....   |                        |                         | 0   | 0   |
| 3.2 Other than first liens.....   |                        |                         | 0   | 0   |
| 4. Real estate:   |                        |                         |   | 0   |
| 4.1 Properties occupied by the company (less \$ encumbrances) .....   | 0                      | 0                       | 0   | 0   |
| 4.2 Properties held for the production of income (less \$ encumbrances) .....   |                        |                         | 0   | 0   |
| 4.3 Properties held for sale (less \$ encumbrances) .....   |                        |                         | 0   | 0   |
| 5. Cash (\$ 2,013,285 ), cash equivalents (\$ 110,944,569 ) and short-term investments (\$ ) .....  | 112,957,854            |                         | 112,957,854                               | 109,253,044   |
| 6. Contract loans (including \$ premium notes) .....  |                        |                         | 0   | 0   |
| 7. Derivatives .....  |                        |                         | 0   | 0   |
| 8. Other invested assets .....  |                        |                         | 0   | 0   |
| 9. Receivables for securities .....   |                        |                         | 0   | 0   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         | 0   | 0   |
| 11. Aggregate write-ins for invested assets .....   | 0                      | 0                       | 0   | 0   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 228,189,879            | 0                       | 228,189,879                               | 227,627,499   |
| 13. Title plants less \$ charged off (for Title insurers only) .....  |                        |                         | 0   | 0   |
| 14. Investment income due and accrued .....   | 748,150                | 0                       | 748,150                                   | .657,316  |
| 15. Premiums and considerations:  |                        |                         |   |   |
| 15.1 Uncollected premiums and agents' balances in the course of collection  | 1,861,619              | 0                       | 1,861,619                                 | 1,601,157   |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) ..... |                        |                         | 0   | 0   |
| 15.3 Accrued retrospective premiums (\$ 1,099,246 ) and contracts subject to redetermination (\$ 1,099,246 ) .....                              | 1,099,246              | 0                       | 1,099,246                                 | 1,160,335   |
| 16. Reinsurance:  |                        |                         |   |   |
| 16.1 Amounts recoverable from reinsurers .....  | 0                      | 0                       | 0   | 0   |
| 16.2 Funds held by or deposited with reinsured companies .....  |                        |                         | 0   | 0   |
| 16.3 Other amounts receivable under reinsurance contracts .....   |                        |                         | 0   | 0   |
| 17. Amounts receivable relating to uninsured plans .....  | 0                      | 0                       | 0   | 0   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  | 9,246,086              | 0                       | 9,246,086                                 | 7,006,075   |
| 18.2 Net deferred tax asset .....   | 0                      | 0                       | 0   | 0   |
| 19. Guaranty funds receivable or on deposit .....   | 0                      | 0                       | 0   | 0   |
| 20. Electronic data processing equipment and software .....   | 0                      | 0                       | 0   | 0   |
| 21. Furniture and equipment, including health care delivery assets (\$ ) .....  | 0                      | 0                       | 0   | 0   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         | 0   | 0   |
| 23. Receivables from parent, subsidiaries and affiliates .....  | 1,601,632              | 0                       | 1,601,632                                 | 0   |
| 24. Health care (\$ 7,395,000 ) and other amounts receivable .....  | 9,211,090              | 1,816,090               | 7,395,000                                 | 14,189,000  |
| 25. Aggregate write-ins for other than invested assets .....  | 1,028,024              | 4,024                   | 1,023,999                                 | 2,275,147   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....                            | 252,985,725            | 1,820,114               | 251,165,611                               | 254,516,530   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |                        |                         | 0   | 0   |
| 28. Total (Lines 26 and 27)   | 252,985,725            | 1,820,114               | 251,165,611                               | 254,516,530   |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 1101. ....  |                        |                         |   |   |
| 1102. ....  |                        |                         |   |   |
| 1103. ....  |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)   | 0                      | 0                       | 0   | 0   |
| 2501. Other Receivables .....   | 4,024                  | 4,024                   | 0   | 0   |
| 2502. Contraceptive Only Coverage Receivable .....  | 1,023,999              | 0                       | 1,023,999                                 | 2,275,147   |
| 2503. ....  |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)   | 1,028,024              | 4,024                   | 1,023,999                                 | 2,275,147   |

## LIABILITIES, CAPITAL AND SURPLUS

|  | Current Period |                |               | Prior Year    |
|--|----------------|----------------|---------------|---------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total    | 4<br>Total    |
| 1. Claims unpaid (less \$ reinsurance ceded) .....   | 73,726,250     |                | 73,726,250    | 74,473,750    |
| 2. Accrued medical incentive pool and bonus amounts .....  | 795,000        |                | 795,000       | 1,307,000     |
| 3. Unpaid claims adjustment expenses .....   | 1,971,745      |                | 1,971,745     | 1,977,395     |
| 4. Aggregate health policy reserves, including the liability of<br>\$ 0 for medical loss ratio rebate per the Public<br>Health Service Act ..... | 68,616,387     |                | 68,616,387    | 56,075,000    |
| 5. Aggregate life policy reserves .....  |                |                | 0             | 0             |
| 6. Property/casualty unearned premium reserve .....  |                |                | 0             | 0             |
| 7. Aggregate health claim reserves .....   |                |                | 0             | 0             |
| 8. Premiums received in advance .....  | 11,975,195     |                | 11,975,195    | 13,066,205    |
| 9. General expenses due or accrued .....   | 9,248,692      |                | 9,248,692     | 12,390,905    |
| 10.1 Current federal and foreign income tax payable and interest thereon<br>(including \$ on realized gains (losses)) .....                      | 0              |                | 0             | 0             |
| 10.2 Net deferred tax liability .....  | 0              |                | 0             | 0             |
| 11. Ceded reinsurance premiums payable .....   | 0              |                | 0             | 0             |
| 12. Amounts withheld or retained for the account of others .....   | 0              |                | 0             | 0             |
| 13. Remittances and items not allocated .....  | 0              |                | 0             | 0             |
| 14. Borrowed money (including \$ current) and<br>interest thereon \$ (including<br>\$ current) .....   |                |                | 0             | 0             |
| 15. Amounts due to parent, subsidiaries and affiliates .....   | 0              |                | 0             | 8,969,303     |
| 16. Derivatives .....  |                |                | 0             | 0             |
| 17. Payable for securities .....   | 0              |                | 0             | 0             |
| 18. Payable for securities lending .....   |                |                | 0             | 0             |
| 19. Funds held under reinsurance treaties (with \$<br>authorized reinsurers, \$ unauthorized<br>reinsurers and \$ certified reinsurers) .....    |                |                | 0             | 0             |
| 20. Reinsurance in unauthorized and certified (\$ )<br>companies .....   | 0              |                | 0             | 0             |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....  |                |                | 0             | 0             |
| 22. Liability for amounts held under uninsured plans .....   | 0              |                | 0             | 0             |
| 23. Aggregate write-ins for other liabilities (including \$ 7,547,621<br>current) .....  | 7,714,621      | 0              | 7,714,621     | 7,986,232     |
| 24. Total liabilities (Lines 1 to 23) .....  | 174,047,890    | 0              | 174,047,890   | 176,245,791   |
| 25. Aggregate write-ins for special surplus funds .....  | XXX            | XXX            | 0             | 0             |
| 26. Common capital stock .....   | XXX            | XXX            | 4,000,000     | 4,000,000     |
| 27. Preferred capital stock .....  | XXX            | XXX            |               |               |
| 28. Gross paid in and contributed surplus .....  | XXX            | XXX            | 194,066,417   | 194,066,417   |
| 29. Surplus notes .....  | XXX            | XXX            |               |               |
| 30. Aggregate write-ins for other than special surplus funds .....   | XXX            | XXX            | 0             | 0             |
| 31. Unassigned funds (surplus) .....   | XXX            | XXX            | (120,948,696) | (119,795,678) |
| 32. Less treasury stock, at cost:  |                |                |               |               |
| 32.1 shares common (value included in Line 26<br>\$ ) .....  | XXX            | XXX            |               |               |
| 32.2 shares preferred (value included in Line 27<br>\$ ) .....   | XXX            | XXX            |               |               |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | XXX            | XXX            | 77,117,722    | 78,270,739    |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX            | XXX            | 251,165,611   | 254,516,530   |
| <b>DETAILS OF WRITE-INS</b>  |                |                |               |               |
| 2301. Other Liabilities .....  | 2,406,788      |                | 2,406,788     | 1,650,232     |
| 2302. Drug Benefits Discount Liability .....   | 5,140,833      |                | 5,140,833     | 6,169,000     |
| 2303. Guaranty Fund Liability .....  | 167,000        |                | 167,000       | 167,000       |
| 2398. Summary of remaining write-ins for Line 23 from overflow page .....  | 0              | 0              | 0             | 0             |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)  | 7,714,621      | 0              | 7,714,621     | 7,986,232     |
| 2501. ....   | XXX            | XXX            |               | 0             |
| 2502. ....   | XXX            | XXX            |               |               |
| 2503. ....   | XXX            | XXX            |               |               |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | XXX            | XXX            | 0             | 0             |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)  | XXX            | XXX            | 0             | 0             |
| 3001. ....   | XXX            | XXX            |               |               |
| 3002. ....   | XXX            | XXX            |               |               |
| 3003. ....   | XXX            | XXX            |               |               |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....  | XXX            | XXX            | 0             | 0             |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)  | XXX            | XXX            | 0             | 0             |

**STATEMENT OF REVENUE AND EXPENSES**

|  | Current Year<br>To Date |              | Prior Year<br>To Date | Prior Year Ended<br>December 31 |
|--|-------------------------|--------------|-----------------------|---------------------------------|
|  | 1<br>Uncovered          | 2<br>Total   | 3<br>Total            | 4<br>Total                      |
| 1. Member Months .....   | ....XXX.....            | 1,202,416    | 1,214,964             | 2,450,791                       |
| 2. Net premium income ( including \$ non-health premium income).....   | ....XXX.....            | 311,324,208  | 309,528,937           | 616,592,755                     |
| 3. Change in unearned premium reserves and reserve for rate credits.....   | ....XXX.....            |              |                       | 0                               |
| 4. Fee-for-service (net of \$ medical expenses).....   | ....XXX.....            |              |                       | 0                               |
| 5. Risk revenue .....  | ....XXX.....            |              |                       | 0                               |
| 6. Aggregate write-ins for other health care related revenues .....  | ....XXX.....            | 0            | 0                     | 0                               |
| 7. Aggregate write-ins for other non-health revenues .....   | ....XXX.....            | 0            | 0                     | 0                               |
| 8. Total revenues (Lines 2 to 7) .....   | ....XXX.....            | 311,324,208  | 309,528,937           | 616,592,755                     |
| <b>Hospital and Medical:</b>   |                         |              |                       |                                 |
| 9. Hospital/medical benefits .....   |                         | 182,891,026  | 183,785,400           | 368,245,439                     |
| 10. Other professional services .....  |                         | 23,392,153   | 23,529,158            | 49,119,937                      |
| 11. Outside referrals .....  |                         | 10,672,503   | 9,032,896             | 18,444,745                      |
| 12. Emergency room and out-of-area .....   |                         | 15,073,082   | 16,310,521            | 32,924,189                      |
| 13. Prescription drugs .....   |                         | 29,885,050   | 31,689,420            | 72,468,690                      |
| 14. Aggregate write-ins for other hospital and medical .....   | 0                       | 0            | 0                     | 0                               |
| 15. Incentive pool, withhold adjustments and bonus amounts .....   |                         | 620,075      | 1,478,836             | 1,233,434                       |
| 16. Subtotal (Lines 9 to 15) .....   | 0                       | 262,533,888  | 265,826,230           | 542,436,434                     |
| <b>Less:</b>   |                         |              |                       |                                 |
| 17. Net reinsurance recoveries .....   |                         | 482,026      | 431,226               | 911,210                         |
| 18. Total hospital and medical (Lines 16 minus 17) .....   | 0                       | 262,051,863  | 265,395,005           | 541,525,225                     |
| 19. Non-health claims (net) .....  |                         |              |                       |                                 |
| 20. Claims adjustment expenses, including \$ 11,625,748 cost containment expenses .....  |                         | 21,244,754   | 19,093,309            | 39,873,603                      |
| 21. General administrative expenses .....  |                         | 40,766,092   | 36,907,242            | 77,031,447                      |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .....            |                         | 0            | 0                     | 4,807,000                       |
| 23. Total underwriting deductions (Lines 18 through 22).....   | 0                       | 324,062,709  | 321,395,556           | 663,237,275                     |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....   | ....XXX.....            | (12,738,501) | (11,866,620)          | (46,644,520)                    |
| 25. Net investment income earned .....   |                         | 3,347,831    | 952,992               | 3,175,509                       |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....   | 0                       | 0            | (58,996)              | (58,996)                        |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....   | 0                       | 3,347,831    | 893,996               | 3,116,514                       |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )]..... |                         |              |                       |                                 |
| 29. Aggregate write-ins for other income or expenses .....   | 0                       | (654,950)    | (1,120,331)           | (1,974,737)                     |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....    | ....XXX.....            | (10,045,619) | (12,092,954)          | (45,502,744)                    |
| 31. Federal and foreign income taxes incurred .....  | ....XXX.....            | (2,240,011)  | (2,340,923)           | (8,455,899)                     |
| 32. Net income (loss) (Lines 30 minus 31) .....  | ....XXX.....            | (7,805,608)  | (9,752,031)           | (37,046,845)                    |
| <b>DETAILS OF WRITE-INS</b>  |                         |              |                       |                                 |
| 0601. ....   | ....XXX.....            |              |                       |                                 |
| 0602. ....   | ....XXX.....            |              |                       |                                 |
| 0603. ....   | ....XXX.....            |              |                       |                                 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....   | ....XXX.....            | 0            | 0                     | 0                               |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)   | ....XXX.....            | 0            | 0                     | 0                               |
| 0701. ....   | ....XXX.....            |              |                       |                                 |
| 0702. ....   | ....XXX.....            |              |                       |                                 |
| 0703. ....   | ....XXX.....            |              |                       |                                 |
| 0798. Summary of remaining write-ins for Line 7 from overflow page .....   | ....XXX.....            | 0            | 0                     | 0                               |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)   | ....XXX.....            | 0            | 0                     | 0                               |
| 1401. ....   |                         |              |                       |                                 |
| 1402. ....   |                         |              |                       |                                 |
| 1403. ....   |                         |              |                       |                                 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....  | 0                       | 0            | 0                     | 0                               |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)  | 0                       | 0            | 0                     | 0                               |
| 2901. Other Expense, net of Other Income .....   |                         | (654,950)    | (1,120,331)           | (1,974,737)                     |
| 2902. ....   |                         |              |                       |                                 |
| 2903. ....   |                         |              |                       |                                 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....  | 0                       | 0            | 0                     | 0                               |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)  | 0                       | (654,950)    | (1,120,331)           | (1,974,737)                     |

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

|  | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>CAPITAL AND SURPLUS ACCOUNT</b>   |                              |                            |                                      |
| 33. Capital and surplus prior reporting year.....                                      | 78,270,739                   | 99,719,509                 | 99,719,509                           |
| 34. Net income or (loss) from Line 32 .....  | (7,805,608)                  | (9,752,031)                | (37,046,845)                         |
| 35. Change in valuation basis of aggregate policy and claim reserves .....             |                              |                            |                                      |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... |                              |                            |                                      |
| 37. Change in net unrealized foreign exchange capital gain or (loss) .....             |                              |                            |                                      |
| 38. Change in net deferred income tax .....  |                              | (2,033,492)                | (2,033,492)                          |
| 39. Change in nonadmitted assets .....   | 6,652,591                    | 1,799,578                  | (2,368,433)                          |
| 40. Change in unauthorized and certified reinsurance .....                             | 0                            | 0                          | 0                                    |
| 41. Change in treasury stock .....   | 0                            | 0                          | 0                                    |
| 42. Change in surplus notes .....  | 0                            | 0                          | 0                                    |
| 43. Cumulative effect of changes in accounting principles.....                         |                              |                            |                                      |
| 44. Capital Changes:   |                              |                            |                                      |
| 44.1 Paid in .....   |                              |                            | 0                                    |
| 44.2 Transferred from surplus (Stock Dividend).....                                    | 0                            | 0                          | 0                                    |
| 44.3 Transferred to surplus.....   |                              |                            |                                      |
| 45. Surplus adjustments:   |                              |                            |                                      |
| 45.1 Paid in .....   | 0                            | 0                          | 20,000,000                           |
| 45.2 Transferred to capital (Stock Dividend) .....                                     |                              |                            |                                      |
| 45.3 Transferred from capital .....  |                              |                            |                                      |
| 46. Dividends to stockholders .....  |                              |                            |                                      |
| 47. Aggregate write-ins for gains or (losses) in surplus .....                         | 0                            | 0                          | 0                                    |
| 48. Net change in capital & surplus (Lines 34 to 47) .....                             | (1,153,017)                  | (9,985,945)                | (21,448,770)                         |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                      | 77,117,722                   | 89,733,564                 | 78,270,739                           |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |                                      |
| 4701. .....  |                              |                            | 0                                    |
| 4702. .....  |                              |                            |                                      |
| 4703. .....  |                              |                            |                                      |
| 4798. Summary of remaining write-ins for Line 47 from overflow page .....              | 0                            | 0                          | 0                                    |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)                        | 0                            | 0                          | 0                                    |

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio  
**CASH FLOW**

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>  |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....   | 322,575,213                  | 317,373,133                | 618,634,497                          |
| 2. Net investment income .....   | 3,399,438                    | 1,259,769                  | 3,409,326                            |
| 3. Miscellaneous income .....  | 0                            | 0                          | 0                                    |
| 4. Total (Lines 1 to 3) .....  | 325,974,650                  | 318,632,902                | 622,043,823                          |
| 5. Benefit and loss related payments .....   | 251,211,150                  | 250,990,261                | 529,908,455                          |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                             |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....   | 65,813,669                   | 59,061,985                 | 117,194,301                          |
| 8. Dividends paid to policyholders .....   |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....                 | 0                            | 0                          | 0                                    |
| 10. Total (Lines 5 through 9) .....  | 317,024,818                  | 310,052,246                | 647,102,756                          |
| 11. Net cash from operations (Line 4 minus Line 10) .....  | 8,949,832                    | 8,580,656                  | (25,058,933)                         |
| <b>Cash from Investments</b>   |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:   |                              |                            |                                      |
| 12.1 Bonds .....   | 3,000,000                    | 10,390,000                 | 17,390,000                           |
| 12.2 Stocks .....  | 0                            | 0                          | 0                                    |
| 12.3 Mortgage loans .....  | 0                            | 0                          | 0                                    |
| 12.4 Real estate .....   | 0                            | 0                          | 0                                    |
| 12.5 Other invested assets .....   | 0                            | 0                          | 0                                    |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                    | 0                            | 0                          | 0                                    |
| 12.7 Miscellaneous proceeds .....  | 0                            | 0                          | 0                                    |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....  | 3,000,000                    | 10,390,000                 | 17,390,000                           |
| 13. Cost of investments acquired (long-term only):   |                              |                            |                                      |
| 13.1 Bonds .....   | 0                            | 1,030,690                  | 7,228,165                            |
| 13.2 Stocks .....  | 0                            | 0                          | 0                                    |
| 13.3 Mortgage loans .....  | 0                            | 0                          | 0                                    |
| 13.4 Real estate .....   | 0                            | 0                          | 0                                    |
| 13.5 Other invested assets .....   | 0                            | 0                          | 0                                    |
| 13.6 Miscellaneous applications .....  | 0                            | 0                          | 0                                    |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....   | 0                            | 1,030,690                  | 7,228,165                            |
| 14. Net increase (or decrease) in contract loans and premium notes .....   | 0                            | 0                          | 0                                    |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....  | 3,000,000                    | 9,359,310                  | 10,161,835                           |
| <b>Cash from Financing and Miscellaneous Sources</b>   |                              |                            |                                      |
| 16. Cash provided (applied):   |                              |                            |                                      |
| 16.1 Surplus notes, capital notes .....  | 0                            | 0                          | 0                                    |
| 16.2 Capital and paid in surplus, less treasury stock .....  | 0                            | 0                          | 20,000,000                           |
| 16.3 Borrowed funds .....  | 0                            | 0                          | 0                                    |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....  | 0                            | 0                          | 0                                    |
| 16.5 Dividends to stockholders .....   | 0                            | 0                          | 0                                    |
| 16.6 Other cash provided (applied) .....   | (8,245,021)                  | 3,199,901                  | 13,439,522                           |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) ..... | (8,245,021)                  | 3,199,901                  | 33,439,522                           |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>   |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                | 3,704,811                    | 21,139,867                 | 18,542,424                           |
| 19. Cash, cash equivalents and short-term investments:   |                              |                            |                                      |
| 19.1 Beginning of year .....   | 109,253,044                  | 90,710,620                 | 90,710,620                           |
| 19.2 End of period (Line 18 plus Line 19.1) .....  | 112,957,854                  | 111,850,487                | 109,253,044                          |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

|   | 1           | Comprehensive<br>(Hospital & Medical) |          | 4                      | 5           | 6           | 7   | 8                       | 9                     | 10         | 11                   | 12                | 13              | 14                  |
|---|-------------|---------------------------------------|----------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|-----------------|---------------------|
|   |             | 2                                     | 3        |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
|   | Total       | Individual                            | Group    | Medicare<br>Supplement | Vision Only | Dental Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Credit A&H | Disability<br>Income | Long-Term<br>Care | Other<br>Health | Other<br>Non-Health |
| <b>Total Members at end of:</b>                                 |             |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 1. Prior Year .....   | 203,451     | 49,722                                | 0        | 124,447                | 11,700      | 17,582      | 0   | 0                       | 0                     | 0          | 0                    | 0                 | 0               | 0                   |
| 2. First Quarter .....  | 200,633     | 49,759                                | 0        | 121,115                | 11,679      | 18,080      | 0   | 0                       | 0                     | 0          | 0                    | 0                 | 0               | 0                   |
| 3. Second Quarter .....   | 200,625     | 48,985                                | 0        | 121,358                | 11,871      | 18,411      |   |                         |                       |            |                      |                   |                 |                     |
| 4. Third Quarter .....  | 0           |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 5. Current Year .....   | 0           |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 6. Current Year Member Months                                   | 1,202,416   | 296,803                               |          | 726,313                | 70,417      | 108,883     |   |                         |                       |            |                      |                   |                 |                     |
| <b>Total Member Ambulatory Encounters for Period:</b>           |             |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 7 Physician .....   | 1,194,960   | 167,207                               |          | 1,027,466              | 0           | 287         |   |                         |                       |            |                      |                   |                 |                     |
| 8. Non-Physician .....  | 878,389     | 119,840                               |          | 742,346                | 0           | 16,203      |   |                         |                       |            |                      |                   |                 |                     |
| 9. Total .....  | 2,073,349   | 287,047                               | 0        | 1,769,812              | 0           | 16,490      | 0   | 0                       | 0                     | 0          | 0                    | 0                 | 0               | 0                   |
| 10. Hospital Patient Days Incurred                              | 97,154      | 8,341                                 |          | 88,813                 |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 11. Number of Inpatient Admissions                              | 13,390      | 1,640                                 |          | 11,750                 |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 12. Health Premiums Written (a) .....                           | 311,834,414 | 174,874,563                           | 0        | 133,262,510            | 618,951     | 3,078,390   |   |                         |                       |            |                      |                   |                 |                     |
| 13. Life Premiums Direct .....                                  | 0           |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 14. Property/Casualty Premiums Written .....                    | 0           |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 15. Health Premiums Earned .....                                | 311,834,414 | 174,874,563                           | 0        | 133,262,510            | 618,951     | 3,078,390   |   |                         |                       |            |                      |                   |                 |                     |
| 16. Property/Casualty Premiums Earned .....                     | 0           |                                       |          |                        |             |             |   |                         |                       |            |                      |                   |                 |                     |
| 17. Amount Paid for Provision of Health Care Services .....     | 250,665,009 | 131,713,558                           | (12,918) | 116,667,158            | 292,494     | 2,004,717   |   |                         |                       |            |                      |                   |                 |                     |
| 18. Amount Incurred for Provision of Health Care Services ..... | 262,533,888 | 138,740,601                           | 82       | 121,515,995            | 292,494     | 1,984,717   |   |                         |                       |            |                      |                   |                 |                     |

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

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

## **CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

## **Aging Analysis of Unpaid Claims**

| Aging Analysis of Unpaid Claims                              |                  |                   |                   |                    |                    |            |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
| <b>Claims Unpaid (Reported)</b>                              |                  |                   |                   |                    |                    |            |
| 0299999 Aggregate accounts not individually listed-uncovered |                  |                   |                   |                    |                    |            |
| 0399999 Aggregate accounts not individually listed-covered   |                  |                   |                   |                    |                    |            |
| 0499999 Subtotals  | 0                | 0                 | 0                 | 0                  | 0                  | 0          |
| 0599999 Unreported claims and other claim reserves           |                  |                   |                   |                    |                    | 73,726,25  |
| 0699999 Total amounts withheld                               |                  |                   |                   |                    |                    |            |
| 0799999 Total claims unpaid                                  |                  |                   |                   |                    |                    | 73,726,25  |
| 0899999 Accrued medical incentive pool and bonus amounts     |                  |                   |                   |                    |                    | 795,00     |

## STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT****ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

| Line of Business   | Claims Paid<br>Year to Date   |   | Liability<br>End of Current Quarter                  |   | 5          | 6          |
|--|---|---|--|---|------------|------------|
|  | 1<br>On<br>Claims Incurred Prior<br>to January 1 of<br>Current Year | 2<br>On<br>Claims Incurred<br>During the Year | 3<br>On<br>Claims Unpaid<br>Dec. 31<br>of Prior Year | 4<br>On<br>Claims Incurred<br>During the Year |            |            |
| 1. Comprehensive (hospital and medical) individual ..... | 14,677,970  | 115,903,610                                   | 5,785,000  | 34,774,250                                    | 20,462,970 | 45,587,750 |
| 2. Comprehensive (hospital and medical) group .....      | (12,918)  | 0   | (5,000)  | (2,000)                                       | (17,918)   | (20,000)   |
| 3. Medicare Supplement .....                             | 25,693,407  | 90,784,122                                    | 2,780,000  | 30,054,000                                    | 28,473,407 | 28,546,000 |
| 4. Dental Only .....                                     | 195,810   | 1,808,907                                     | 10,000   | 330,000                                       | 205,810    | 360,000    |
| 5. Vision Only .....                                     |   |   |  |   | 0          | 0          |
| 6. Federal Employees Health Benefits Plan .....          |   |   |  |   | 0          | 0          |
| 7. Title XVIII - Medicare .....                          |   |   |  |   | 0          | 0          |
| 8. Title XIX - Medicaid .....                            |   |   |  |   | 0          | 0          |
| 9. Credit A&H .....                                      |   |   |  |   | 0          | 0          |
| 10. Disability Income .....                              |   |   |  |   | 0          | 0          |
| 11. Long-term care .....                                 |   |   |  |   | 0          | 0          |
| 12. Other health .....                                   |   |   |  |   | 0          | 0          |
| 13. Health subtotal (Lines 1 to 12) .....                | 40,554,269  | 208,496,639                                   | 8,570,000  | 65,156,250                                    | 49,124,269 | 74,473,750 |
| 14. Health care receivables (a) .....                    | 153,690   | 9,057,400                                     |  |   | 153,690    | 22,339,469 |
| 15. Other non-health .....                               |   |   |  |   | 0          | 0          |
| 16. Medical incentive pools and bonus amounts .....      | 767,276   | 364,799                                       | 415,000  | 380,000                                       | 1,182,276  | 1,307,000  |
| 17. Totals (Lines 13 - 14 + 15 + 16)                     | 41,167,855  | 199,804,038                                   | 8,985,000  | 65,536,250                                    | 50,152,855 | 53,441,281 |

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

# NOTES TO FINANCIAL STATEMENTS

**NOTE 1 Summary of Significant Accounting Policies and Going Concern**
**A. Accounting Practices**

The financial statements of the Medical Health Insuring Corporation of Ohio (the Company) are presented based on accounting practices prescribed or permitted by the Ohio Department of Insurance. The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of a health insuring corporation for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has not adopted any prescribed practices that differ from those found in NAIC SAP.

|   | SSAP # | F/S<br>Page | F/S<br>Line # | 2023           | 2022            |
|---|--------|-------------|---------------|----------------|-----------------|
| <b>NET INCOME</b>   |        |             |               |                |                 |
| (1) State basis (Page 4, Line 32, Columns 2 & 4)                              | XXX    | XXX         | XXX           | \$ (7,805,608) | \$ (37,046,845) |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: |        |             |               |                |                 |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:  |        |             |               |                |                 |
| (4) NAIC SAP (1-2-3=4)  | XXX    | XXX         | XXX           | \$ (7,805,608) | \$ (37,046,845) |
| <b>SURPLUS</b>  |        |             |               |                |                 |
| (5) State basis (Page 3, Line 33, Columns 3 & 4)                              | XXX    | XXX         | XXX           | \$ 77,117,722  | \$ 78,270,739   |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: |        |             |               |                |                 |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:  |        |             |               |                |                 |
| (8) NAIC SAP (5-6-7=8)  | XXX    | XXX         | XXX           | \$ 77,117,722  | \$ 78,270,739   |

**B. Use of Estimates in the Preparation of the Financial Statements**  
 No significant changes.

**C. Accounting Policy**  
 No significant changes.

**D. Going Concern**  
 Not applicable.

**NOTE 2 Accounting Changes and Corrections of Errors**  
 No significant changes.

**NOTE 3 Business Combinations and Goodwill**  
 Not applicable.

**NOTE 4 Discontinued Operations**  
 Not applicable.

**NOTE 5 Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not Applicable.
- B. Debt Restructuring  
Not Applicable.
- C. Reverse Mortgages  
Not Applicable.
- D. Loan-Backed Securities  
Not Applicable.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not Applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable.
- J. Real Estate  
Not Applicable.
- K. Low Income Housing tax Credits (LIHTC)  
Not Applicable.
- L. Restricted Assets

## NOTES TO FINANCIAL STATEMENTS

## 1. Restricted Assets (Including Pledged)

| Restricted Asset Category  | 1<br>Total Gross<br>(Admitted &<br>Non-<br>admitted)<br>Restricted<br>from<br>Current<br>Year | 2<br>Total Gross<br>(Admitted &<br>Non-<br>admitted)<br>Restricted<br>from Prior<br>Year | 3<br>Increase/<br>(Decrease)<br>(1 minus 2) | 4<br>Total<br>Current<br>Year<br>Non-<br>admitted<br>Restricted | 5<br>Total<br>Current<br>Year<br>Admitted<br>Restricted<br>(1 minus 4) | 6<br>Gross<br>(Admitted &<br>Non-<br>admitted)<br>Restricted<br>to<br>Total<br>Assets<br>(a) | 7<br>Admitted<br>Restricted<br>to<br>Total<br>Admitted<br>Assets (b) |
|--|---|--|---|---|--|--|--|
| a. Subject to contractual obligation for which liability is not shown              |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| b. Collateral held under security lending agreements                               |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| c. Subject to repurchase agreements  |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| d. Subject to reverse repurchase agreements  |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| e. Subject to dollar repurchase agreements   |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| f. Subject to dollar reverse repurchase agreements                                 |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| g. Placed under option contracts   |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| i. FHLB capital stock  |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| j. On deposit with states  | \$ 426,992  | \$ 430,416   | \$ (3,424)                                  | \$ 426,992  | \$ 426,992   | 0.169%   | 0.170%   |
| k. On deposit with other regulatory bodies   |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| l. Pledged collateral to FHLB (including assets backing funding agreements)        |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| m. Pledged as collateral not captured in other categories                          |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| n. Other restricted assets   |   |  | \$ -  | \$ -  | \$ -   | 0.000%   | 0.000%   |
| o. Total Restricted Assets (Sum of a through n)                                    | \$ 426,992  | \$ 430,416   | \$ (3,424)                                  | \$ -  | \$ 426,992   | 0.169%   | 0.170%   |

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

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)  
Not Applicable.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)  
Not Applicable.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements  
Not Applicable.

M. Working Capital Finance Investments  
Not Applicable.

N. Offsetting and Netting of Assets and Liabilities  
Not Applicable.

O. 5GI Securities  
Not Applicable.

P. Short Sales  
Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

General Account

|  |      |
|--|------|
| 1. Number of CUSIPs                      | 0    |
| 2. Aggregate Amount of Investment Income | \$ - |

R. Reporting Entity's Share of Cash Pool by Asset Type  
Not Applicable.

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**  
Not Applicable.

**NOTE 7 Investment Income**  
Not Applicable.

**NOTE 8 Derivative Instruments**  
Not Applicable.

**NOTE 9 Income Taxes**  
No significant changes.

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**  
No significant changes.

**NOTE 11 Debt**  
Not Applicable.

**NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**  
Not applicable.

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

# NOTES TO FINANCIAL STATEMENTS

No significant changes.

**NOTE 14 Liabilities, Contingencies and Assessments**

No significant changes.

**NOTE 15 Leases**

Not applicable.

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

Not applicable.

**NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not Applicable.

**NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not applicable.

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

Not applicable.

**NOTE 20 Fair Value Measurements**

A.

(1) Fair Value Measurements at Reporting Date  
Not Applicable.

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy  
Not Applicable.

(3) Not Applicable.

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

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

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

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

(5) Not Applicable.

B. Not Applicable.

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

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2)      | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|-----------|----------------|-----------|-----------------------|----------------------------------|
| BONDS                        | \$ 106,484,449       | \$ 115,232,024  |           | \$ 106,484,449 |           |                       |                                  |

D. Not Practicable to Estimate Fair Value

Not Applicable.

E. Not Applicable.

**NOTE 21 Other Items**

No significant changes.

**NOTE 22 Events Subsequent**

No significant changes.

**NOTE 23 Reinsurance**

Not applicable.

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Method Used to Estimate Accrued Retrospective Premium Adjustments  
Not applicable.

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium  
Not applicable.

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features  
Not applicable.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.  
Not applicable.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [X] No [ ]

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

|  | Amount       |
|--|--------------|
| a. Permanent ACA Risk Adjustment Program   |              |
| Assets   |              |
| 1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) | \$ 1,099,246 |
| Liabilities  |              |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment                                     | \$ 220,971   |

## NOTES TO FINANCIAL STATEMENTS

|  |                 |
|--|-----------------|
| 3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)                       | \$ 30,108,387   |
| Operations (Revenue & Expense)   |                 |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$ (11,490,904) |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)   | \$ 65,297       |
| b. Transitional ACA Reinsurance Program  |                 |
| Assets   |                 |
| 1. Amounts recoverable for claims paid due to ACA Reinsurance  |                 |
| 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)                                 |                 |
| 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance                            |                 |
| Liabilities  |                 |
| 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium                    |                 |
| 5. Ceded reinsurance premiums payable due to ACA Reinsurance   |                 |
| 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance                            |                 |
| Operations (Revenue & Expense)   |                 |
| 7. Ceded reinsurance premiums due to ACA Reinsurance   |                 |
| 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments                  |                 |
| 9. ACA Reinsurance contributions – not reported as ceded premium   |                 |
| c. Temporary ACA Risk Corridors Program  |                 |
| Assets   |                 |
| 1. Accrued retrospective premium due to ACA Risk Corridors   |                 |
| Liabilities  |                 |
| 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors                          |                 |
| Operations (Revenue & Expense)   |                 |
| 3. Effect of ACA Risk Corridors on net premium income (paid/received)  |                 |
| 4. Effect of ACA Risk Corridors on change in reserves for rate credits   |                 |

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

|   | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year |                 | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year |         | Differences                                  |  | Adjustments            |                        | Unsettled Balances as of the Reporting Date     |   |                 |
|---|--|-----------------|--|---------|--|--|------------------------|------------------------|---|---|-----------------|
|   |  |                 |  |         | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | Cumulative Balance from Prior Years (Col 1-3+7) | Cumulative Balance from Prior Years (Col 2-4+8) |                 |
|   | 1  | 2               | 3  | 4       | 5  | 6  | 7                      | 8                      | 9   | 10  |                 |
|   | Receivable   | Payable         | Receivable   | Payable | Receivable                                   | Payable                                      | Receivable             | Payable                | Ref   | Receivable                                      | Payable         |
| a. Permanent ACA Risk Adjustment Program  |  |                 |  |         |  |  |                        |                        |   |   |                 |
| 1. Premium adjustments receivable (including high risk pool payments)                           | \$ 1,160,335   |                 | \$ 1,111,572   |         | \$ 48,763                                    | \$ -   | \$ 1,050,483           |                        | A   | \$ 1,099,246                                    | \$ -            |
| 2. Premium adjustments (payable) (including high risk pool premium)                             |  | \$ (17,567,000) |  |         | \$ -   | \$ (17,567,000)                              |                        | \$ (4,566,387)         | B   | \$ -  | \$ (22,133,387) |
| 3. Subtotal ACA Permanent Risk Adjustment Program   | \$ 1,160,335   | \$ (17,567,000) | \$ 1,111,572   | \$ -    | \$ 48,763                                    | \$ (17,567,000)                              | \$ 1,050,483           | \$ (4,566,387)         |   | \$ 1,099,246                                    | \$ (22,133,387) |
| b. Transitional ACA Reinsurance Program   |  |                 |  |         |  |  |                        |                        |   |   |                 |
| 1. Amounts recoverable for claims paid  |  |                 |  |         | \$ -   | \$ -   |                        |                        | C   | \$ -  | \$ -            |
| 2. Amounts recoverable for claims unpaid (contra liability)                                     |  |                 |  |         | \$ -   | \$ -   |                        |                        | D   | \$ -  | \$ -            |
| 3. Amounts receivable relating to uninsured plans   |  |                 |  |         | \$ -   | \$ -   |                        |                        | E   | \$ -  | \$ -            |
| 4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium |  |                 |  |         | \$ -   | \$ -   |                        |                        | F   | \$ -  | \$ -            |
| 5. Ceded reinsurance premiums payable   |  |                 |  |         | \$ -   | \$ -   |                        |                        | G   | \$ -  | \$ -            |
| 6. Liability for amounts held under uninsured plans   |  |                 |  |         | \$ -   | \$ -   |                        |                        | H   | \$ -  | \$ -            |
| 7. Subtotal ACA Transitional Reinsurance Program  | \$ -   | \$ -            | \$ -   | \$ -    | \$ -   | \$ -   | \$ -                   | \$ -                   |   | \$ -  | \$ -            |
| c. Temporary ACA Risk Corridors Program   |  |                 |  |         |  |  |                        |                        |   |   |                 |
| 1. Accrued retrospective premium  |  |                 |  |         | \$ -   | \$ -   |                        |                        | I   | \$ -  | \$ -            |
| 2. Reserve for rate credits or policy experience rating refunds                                 |  |                 |  |         | \$ -   | \$ -   |                        |                        | J   | \$ -  | \$ -            |
| 3. Subtotal ACA Risk Corridors Program  | \$ -   | \$ -            | \$ -   | \$ -    | \$ -   | \$ -   | \$ -                   | \$ -                   |   | \$ -  | \$ -            |
| d. Total for ACA Risk Sharing Provisions  | \$ 1,160,335   | \$ (17,567,000) | \$ 1,111,572   | \$ -    | \$ 48,763                                    | \$ (17,567,000)                              | \$ 1,050,483           | \$ (4,566,387)         |   | \$ 1,099,246                                    | \$ (22,133,387) |

### Explanations of Adjustments

A. ACA Risk Adjustment based on the final risk adjustment based on payments received through March 31,2023.  
 ACA Risk Adjustment based on the final risk adjustment report received from HHS on June 30, 2023 and payments received(made) through June 2023.

B. ACA Risk Adjustment based on the final risk adjustment based on payments received through March 31,2023.  
 ACA Risk Adjustment based on the final risk adjustment report received from HHS on June 30, 2023 and payments received(made) through June 2023

C. Not applicable.

D. Not applicable.

E. Not applicable.

F. Not applicable.

G. Not applicable.

# NOTES TO FINANCIAL STATEMENTS

H. Not applicable.

I. Not applicable.

J. Not applicable.

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

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date

| Risk Corridors Program Year | 1<br>Estimated Amount to be Filed or Final Amount Filed with CMS | 2<br>Non-Accrued Amounts for Impairment or Other Reasons | 3<br>Amounts received from CMS | 4<br>Asset Balance (Gross of Non-admissions) (1-2-3) | 5<br>Non-admitted Amount | 6<br>Net Admitted Asset (4 - 5) |
|-----------------------------|--|--|--------------------------------|--|--------------------------|---------------------------------|
| a. 2014                     | \$ 4,977,524   |  | \$ 4,977,524                   | \$ -   |                          | \$ -                            |
| b. 2015                     | \$ 4,279,011   |  | \$ 4,279,011                   | \$ -   |                          | \$ -                            |
| c. 2016                     | \$ 13,342,649  |  | \$ 13,342,649                  | \$ -   |                          | \$ -                            |
| d. Total (a + b + c)        | \$ 22,599,184  | \$ -   | \$ 22,599,184                  | \$ -   | \$ -                     | \$ -                            |

**NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses**

Reserves for unpaid claims and claims adjustment expenses net of health care receivables as of December 31, 2022 were \$55.4 million. As of June 30, 2023, \$66.3 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years, and \$23.0 million in health care receivables have been recovered. Reserves remaining for prior years are \$9.0 million based on the estimation of unpaid claims, claims adjustment expenses, and amounts expected to be received through subrogation at June 30, 2023. Health care receivables remaining to be recovered related to prior years are \$154,000. Therefore, there has been a \$3.3 million favorable prior year development since December 31, 2022. The redundancy that emerged resulted from differences in claims severity and utilization as compared to expectations.

**NOTE 26 Intercompany Pooling Arrangements**

Not applicable.

**NOTE 27 Structured Settlements**

Not applicable.

**NOTE 28 Health Care Receivables**

A. Pharmaceutical Rebate Receivables

| Date       | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|--|---|---|--|--|
| 06/30/2023 | \$ 7,395,000   |   |   |  |  |
| 03/31/2023 | \$ 6,474,000   | \$ 7,395,000                                      | \$ 7,575,965                                      |  |  |
| 12/31/2022 | \$ 7,131,000   | \$ 7,131,000                                      | \$ 887,310  | \$ 6,965,424   |  |
| 09/30/2022 | \$ 6,143,000   | \$ 7,058,000                                      | \$ 6,210,721                                      | \$ 2,232,837   | \$ (17,975)  |
| 06/30/2022 | \$ 5,974,000   | \$ 6,680,000                                      | \$ 6,156,094                                      |  | \$ 2,086,860   |
| 03/31/2022 | \$ 5,390,000   | \$ 6,215,000                                      | \$ 5,601,562                                      | \$ (23,377)  | \$ 1,544,537   |
| 12/31/2021 | \$ 5,139,000   | \$ 5,139,000                                      | \$ 1,104,144                                      | \$ 5,378,659   | \$ (49,814)  |
| 09/30/2021 | \$ 4,791,000   | \$ 5,233,000                                      | \$ 5,277,991                                      | \$ 933,305   | \$ (110,780)   |
| 06/30/2021 | \$ 4,349,000   | \$ 4,734,000                                      | \$ 5,093,976                                      | \$ (12,065)  | \$ 643,213   |
| 03/31/2021 | \$ 2,612,000   | \$ 4,263,000                                      | \$ 4,740,672                                      | \$ (11,897)  | \$ 447,284   |

**NOTE 29 Participating Policies**

Not applicable.

**NOTE 30 Premium Deficiency Reserves**

No significant changes.

**NOTE 31 Anticipated Salvage and Subrogation**

Not applicable.

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]

1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
| .....               | .....                  | .....                  |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ ] N/A [ X ]  
If yes, attach an explanation.  
.....

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2019

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 10/27/2020

6.4 By what department or departments?  
Ohio Department of Insurance .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]

7.2 If yes, give full information:  
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....

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

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| .....               | .....                       | .....    | .....    | .....     | .....    |

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

## **GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:  
.....

9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]  
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$..... 1,601,632

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ X ]  
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]

14.2 If yes, please complete the following:

|   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ 0   | \$ .....  |
| 14.22 Preferred Stock .....   | \$ 0   | \$ .....  |
| 14.23 Common Stock .....  | \$ 0   | \$ .....  |
| 14.24 Short-Term Investments .....  | \$ 0   | \$ .....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ 0   | \$ .....  |
| 14.26 All Other .....   | \$ 0   | \$ .....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ 0   | \$ .....  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ 0   | \$ .....  |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]  
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

|  |            |
|--|------------|
| 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....                   | \$ ..... 0 |
| 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... | \$ ..... 0 |
| 16.3 Total payable for securities lending reported on the liability page. ....                                       | \$ ..... 0 |

**STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio**  
**GENERAL INTERROGATORIES**

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [  ] No [  ]

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

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

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [ "...that have access to the investment accounts"; "...handle securities" ]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
| JAMES CELLURA .....             | I .....          |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [  ] No [  ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1   | 2                          | 3                             | 4               | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|---|----------------------------|-------------------------------|-----------------|---|
| Central Registration<br>Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | .....   |

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

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [  ] No [  ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [  ] No [  ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [  ] No [  ]

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:

|   |        |
|---|--------|
| 1.1 A&H loss percent .....  | 87.9 % |
| 1.2 A&H cost containment percent .....                            | 3.7 %  |
| 1.3 A&H expense percent excluding cost containment expenses ..... | 16.2 % |

|   |                  |
|---|------------------|
| 2.1 Do you act as a custodian for health savings accounts? .....  | Yes [ ] No [ X ] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....  | \$.....          |
| 2.3 Do you act as an administrator for health savings accounts? .....   | Yes [ ] No [ X ] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date .....   | \$.....          |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....   | Yes [ ] No [ X ] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... | Yes [ ] No [ X ] |

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

# NONE

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

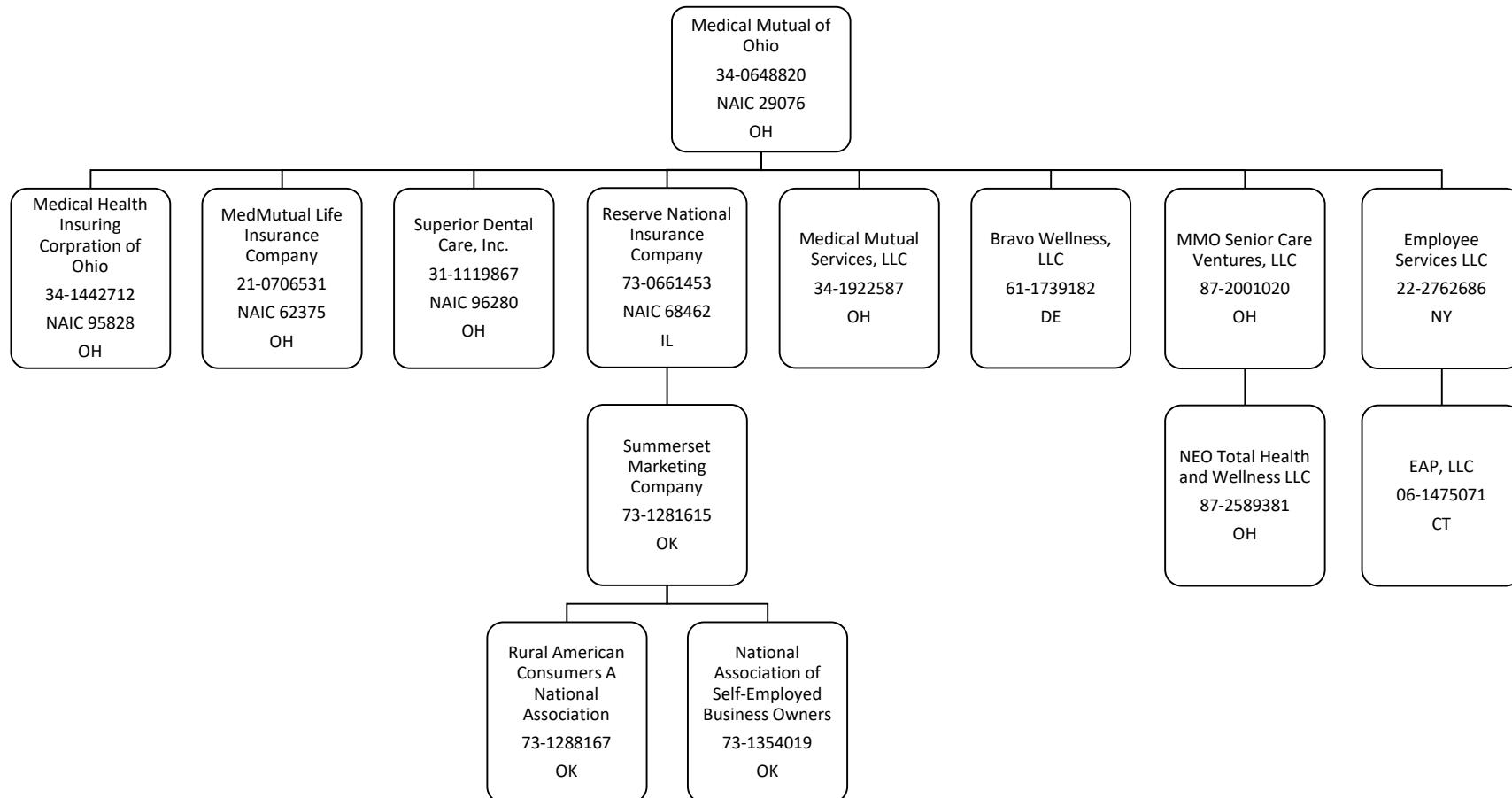
Current Year to Date - Allocated by States and Territories

| States, etc.   | 1<br>Active Status<br>(a) | Direct Business Only              |                           |                         |                     |   |   |                                 |                                |                              |
|--|---------------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|
|  |                           | 2<br>Accident and Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>CHIP Title XXI | 6<br>Federal Employees Health Benefits Program Premiums | 7<br>Life and Annuity Premiums & Other Considerations | 8<br>Property/Casualty Premiums | 9<br>Total Columns 2 Through 8 | 10<br>Deposit-Type Contracts |
| 1. Alabama .....   | AL .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 2. Alaska .....  | AK .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 3. Arizona .....   | AZ .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 4. Arkansas .....  | AR .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 5. California .....  | CA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 6. Colorado .....  | CO .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 7. Connecticut .....   | CT .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 8. Delaware .....  | DE .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 9. District of Columbia  | DC .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 10. Florida .....  | FL .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 11. Georgia .....  | GA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 12. Hawaii .....   | HI .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 13. Idaho .....  | ID .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 14. Illinois .....   | IL .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 15. Indiana .....  | IN .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 16. Iowa .....   | IA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 17. Kansas .....   | KS .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 18. Kentucky .....   | KY .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 19. Louisiana .....  | LA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 20. Maine .....  | ME .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 21. Maryland .....   | MD .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 22. Massachusetts .....  | MA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 23. Michigan .....   | MI .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 24. Minnesota .....  | MN .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 25. Mississippi .....  | MS .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 26. Missouri .....   | MO .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 27. Montana .....  | MT .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 28. Nebraska .....   | NE .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 29. Nevada .....   | NV .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 30. New Hampshire .....  | NH .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 31. New Jersey .....   | NJ .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 32. New Mexico .....   | NM .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 33. New York .....   | NY .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 34. North Carolina .....   | NC .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 35. North Dakota .....   | ND .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 36. Ohio .....   | OH .....                  | L .....                           | 311,834,414 .....         |                         |                     |   |   |                                 | 311,834,414 .....              |                              |
| 37. Oklahoma .....   | OK .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 38. Oregon .....   | OR .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 39. Pennsylvania .....   | PA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 40. Rhode Island .....   | RI .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 41. South Carolina .....   | SC .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 42. South Dakota .....   | SD .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 43. Tennessee .....  | TN .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 44. Texas .....  | TX .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 45. Utah .....   | UT .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 46. Vermont .....  | VT .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 47. Virginia .....   | VA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 48. Washington .....   | WA .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 49. West Virginia .....  | WV .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 50. Wisconsin .....  | WI .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 51. Wyoming .....  | WY .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 52. American Samoa .....   | AS .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 53. Guam .....   | GU .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 54. Puerto Rico .....  | PR .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 55. U.S. Virgin Islands ..   | VI .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 56. Northern Mariana Islands .....   | MP .....                  | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 57. Canada .....   | CAN .....                 | N .....                           |                           |                         |                     |   |   |                                 | 0 .....                        |                              |
| 58. Aggregate Other Aliens .....   | OT .....                  | XXX .....                         | 0 .....                   | 0 .....                 | 0 .....             | 0 .....   | 0 .....   | 0 .....                         | 0 .....                        | 0 .....                      |
| 59. Subtotal .....   |                           | XXX .....                         | 311,834,414 .....         | 0 .....                 | 0 .....             | 0 .....   | 0 .....   | 0 .....                         | 311,834,414 .....              | 0 .....                      |
| 60. Reporting Entity Contributions for Employee Benefit Plans .....        |                           | XXX .....                         |                           |                         |                     |   |   |                                 |                                | 0 .....                      |
| 61. Totals (Direct Business)   |                           | XXX .....                         | 311,834,414 .....         | 0 .....                 | 0 .....             | 0 .....   | 0 .....   | 0 .....                         | 311,834,414 .....              | 0 .....                      |
| DETAILS OF WRITE-INS   |                           |                                   |                           |                         |                     |   |   |                                 |                                |                              |
| 58001 .....  |                           | XXX .....                         |                           |                         |                     |   |   |                                 |                                |                              |
| 58002 .....  |                           | XXX .....                         |                           |                         |                     |   |   |                                 |                                |                              |
| 58003 .....  |                           | XXX .....                         |                           |                         |                     |   |   |                                 |                                |                              |
| 58998. Summary of remaining write-ins for line 58 from overflow page ..... |                           | XXX .....                         | 0 .....                   | 0 .....                 | 0 .....             | 0 .....   | 0 .....   | 0 .....                         | 0 .....                        | 0 .....                      |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)        |                           | XXX .....                         | 0 .....                   | 0 .....                 | 0 .....             | 0 .....   | 0 .....   | 0 .....                         | 0 .....                        | 0 .....                      |

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 4. Q - Qualified - Qualified or accredited reinsurer..... 0  
 2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 56  
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio  
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

# None

# NINE

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

---

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

**AUGUST FILING**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. .....

N/A

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                           |                   |                                      |
| 2. Cost of acquired:   |                   |                                      |
| 2.1 Actual cost at time of acquisition .....   |                   |                                      |
| 2.2 Additional investment made after acquisition .....                                     |                   |                                      |
| 3. Current year change in encumbrances .....   |                   |                                      |
| 4. Total gain (loss) on disposals .....  |                   |                                      |
| 5. Deduct amounts received on disposals .....  |                   |                                      |
| 6. Total foreign exchange change in book/adjusted carrying value .....                     |                   |                                      |
| 7. Deduct current year's other than temporary impairment recognized .....                  |                   |                                      |
| 8. Deduct current year's depreciation .....  |                   |                                      |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) ..... |                   |                                      |
| 10. Deduct total nonadmitted amounts .....   |                   |                                      |
| 11. Statement value at end of current period (Line 9 minus Line 10) .....                  |                   |                                      |

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book value/recruited investment excluding accrued interest, December 31 of prior year .....                             |                   |                                      |
| 2. Cost of acquired:   |                   |                                      |
| 2.1 Actual cost at time of acquisition .....   |                   |                                      |
| 2.2 Additional investment made after acquisition .....   |                   |                                      |
| 3. Capitalized deferred interest and other .....   |                   |                                      |
| 4. Accrual of discount .....   |                   |                                      |
| 5. Unrealized valuation increase (decrease) .....  |                   |                                      |
| 6. Total gain (loss) on disposals .....  |                   |                                      |
| 7. Deduct amounts received on disposals .....  |                   |                                      |
| 8. Deduct amortization of premium and mortgage interest paid and commitment fees .....                                     |                   |                                      |
| 9. Total foreign exchange change in book value/recruited investment excluding accrued interest .....                       |                   |                                      |
| 10. Deduct current year's other than temporary impairment recognized .....   |                   |                                      |
| 11. Book value/recruited investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) ..... |                   |                                      |
| 12. Total valuation allowance .....  |                   |                                      |
| 13. Subtotal (Line 11 plus Line 12) .....  |                   |                                      |
| 14. Deduct total nonadmitted amounts .....   |                   |                                      |
| 15. Statement value at end of current period (Line 13 minus Line 14) .....   |                   |                                      |

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                             |                   |                                      |
| 2. Cost of acquired:   |                   |                                      |
| 2.1 Actual cost at time of acquisition .....   |                   |                                      |
| 2.2 Additional investment made after acquisition .....                                       |                   |                                      |
| 3. Capitalized deferred interest and other .....   |                   |                                      |
| 4. Accrual of discount .....   |                   |                                      |
| 5. Unrealized valuation increase (decrease) .....  |                   |                                      |
| 6. Total gain (loss) on disposals .....  |                   |                                      |
| 7. Deduct amounts received on disposals .....  |                   |                                      |
| 8. Deduct amortization of premium and depreciation .....                                     |                   |                                      |
| 9. Total foreign exchange change in book/adjusted carrying value .....                       |                   |                                      |
| 10. Deduct current year's other than temporary impairment recognized .....                   |                   |                                      |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) ..... |                   |                                      |
| 12. Deduct total nonadmitted amounts .....   |                   |                                      |
| 13. Statement value at end of current period (Line 11 minus Line 12) .....                   |                   |                                      |

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....                      | 118,374,455       | 129,041,486                          |
| 2. Cost of bonds and stocks acquired .....  | 0                 | 7,228,165                            |
| 3. Accrual of discount .....  | 48,330            | 78,930                               |
| 4. Unrealized valuation increase (decrease) .....   | 0                 | (57,544)                             |
| 5. Total gain (loss) on disposals .....   | 0                 | 17,454,456                           |
| 6. Deduct consideration for bonds and stocks disposed of .....  | 3,000,000         | 526,583                              |
| 7. Deduct amortization of premium .....   | 190,761           | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value .....                                    | 0                 | 64,456                               |
| 9. Deduct current year's other than temporary impairment recognized .....                                 | 0                 | 0                                    |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees ..... | 0                 | 118,374,455                          |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....              | 115,232,024       | 0                                    |
| 12. Deduct total nonadmitted amounts .....  | 0                 | 118,374,455                          |
| 13. Statement value at end of current period (Line 11 minus Line 12) .....                                | 115,232,024       | 0                                    |

## STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation                          | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|---|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                              |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                       | 109,791,192   | 0  | 2,000,000                                      | (68,669)   | 109,791,192   | 107,722,523  | 0   | 111,865,176   |
| 2. NAIC 2 (a) .....                       | 7,512,047   | 0  | 0  | (2,546)  | 7,512,047   | 7,509,501  | 0   | 6,509,279   |
| 3. NAIC 3 (a) .....                       | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 4. NAIC 4 (a) .....                       | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 5. NAIC 5 (a) .....                       | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 6. NAIC 6 (a) .....                       | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 7. Total Bonds .....                      | 117,303,240   | 0  | 2,000,000                                      | (71,215)   | 117,303,240   | 115,232,024  | 0   | 118,374,455   |
| <b>PREFERRED STOCK</b>                    |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                           | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 9. NAIC 2 .....                           | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 10. NAIC 3 .....                          | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 11. NAIC 4 .....                          | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 12. NAIC 5 .....                          | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 13. NAIC 6 .....                          | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 14. Total Preferred Stock .....           | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 15. Total Bonds and Preferred Stock ..... | 117,303,240   | 0  | 2,000,000                                      | (71,215)   | 117,303,240   | 115,232,024  | 0   | 118,374,455   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

Schedule DA - Part 1 - Short-Term Investments  
**N O N E**

Schedule DA - Verification - Short-Term Investments  
**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

|   | 1<br>Year To Date  | 2<br>Prior Year Ended<br>December 31 |
|---|--------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 108,775,360        | 90,210,202                           |
| 2. Cost of cash equivalents acquired .....  | 3,025,544          | 47,241,396                           |
| 3. Accrual of discount .....  | 0                  | 0                                    |
| 4. Unrealized valuation increase (decrease) .....   | 0                  | 0                                    |
| 5. Total gain (loss) on disposals .....   | 0                  | 0                                    |
| 6. Deduct consideration received on disposals .....                                       | 856,334            | 28,676,239                           |
| 7. Deduct amortization of premium .....   | 0                  | 0                                    |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    | 0                  | 0                                    |
| 9. Deduct current year's other than temporary impairment recognized .....                 | 0                  | 0                                    |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 110,944,569        | 108,775,360                          |
| 11. Deduct total nonadmitted amounts .....  | 0                  | 0                                    |
| <b>12. Statement value at end of current period (Line 10 minus Line 11)</b>               | <b>110,944,569</b> | <b>108,775,360</b>                   |

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

**STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio**

## **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

E  
05

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

| 1<br>Depository                          | 2<br>Code   | 3<br>Rate of<br>Interest | 4<br>Amount of<br>Interest Received<br>During Current<br>Quarter | 5<br>Amount of<br>Interest Accrued<br>at Current<br>Statement Date | Book Balance at End of Each Month<br>During Current Quarter |                   |                  | 9<br>*    |
|--|---|--------------------------|--|--|---|-------------------|------------------|-----------|
|  |   |                          |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |           |
| HUNTINGTON BANK .....                    | CLEVELAND, OHIO .....   |                          |  |  | 499,641   | 499,171           | 499,351          | XXX.      |
| FIRST FEDERAL OF LAKWOOD ....            | LAKWOOD, OHIO .....   | 4.000                    | 13,934   |  | 1,503,400   | 1,508,569         | 1,513,934        | XXX.      |
| 0199998. Deposits in ...                 | 1 depositories that do not<br>exceed the allowable limit in any one depository (See<br>instructions) - Open Depositories    | XXX                      | XXX  |  | 0   | 1                 | 1                | XXX       |
| 0199999. Totals - Open Depositories      |   | XXX                      | XXX  | 13,934   | 0   | 2,003,041         | 2,007,741        | 2,013,285 |
| 0299998. Deposits in ...                 | depositories that do not<br>exceed the allowable limit in any one depository (See<br>instructions) - Suspended Depositories | XXX                      | XXX  |  |   |                   |                  | XXX       |
| 0299999. Totals - Suspended Depositories |   | XXX                      | XXX  | 0  | 0   | 0                 | 0                | XXX       |
| 0399999. Total Cash on Deposit           |   | XXX                      | XXX  | 13,934   | 0   | 2,003,041         | 2,007,741        | 2,013,285 |
| 0499999. Cash in Company's Office        |   | XXX                      | XXX  | XXX  | XXX   |                   |                  | XXX       |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| .....                                    | .....   | .....                    | .....  | .....  | .....   | .....             | .....            | .....     |
| 0599999. Total - Cash                    |   | XXX                      | XXX  | 13,934   | 0   | 2,003,041         | 2,007,741        | 2,013,285 |

STATEMENT AS OF JUNE 30, 2023 OF THE Medical Health Insuring Corporation of Ohio

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter