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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Medical Mutual of Ohio

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

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

Country of Domicile United States of America

Licensed as business type: Property/Casualty

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 03/30/1934 Commenced Business 01/01/1934

Statutory Home Office 100 American Road (Street and Number), Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)

Main Administrative Office 100 American Road (Street and Number)
Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code), 216-687-7000 (Area Code) (Telephone Number)

Mail Address 100 American Road (Street and Number or P.O. Box), Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 American Road (Street and Number)
Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code), 216-687-7000 (Area Code) (Telephone Number)

Internet Website Address www.MedMutual.com

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

OFFICERS

President & CEO Steven Craig Glass
Treasurer & CFO Anthony Michael Helton
Secretary Anthea Rena Daniels

OTHER

Thomas Parke Dewey, EVP	Anthea Rena Daniels, EVP	Christopher James Albert Donovan, EVP
Matthew Paul Feret #, EVP	Anthony Michael Helton, EVP	Andrea Marie Hogben, EVP
John Nicholas Kompare Jr., EVP	Raymond Karl Mueller, Senior Advisor	Manish Narendra Oza #, EVP

DIRECTORS OR TRUSTEES

Frederick David DiSanto	Terrance Callahan Egger	Steven Craig Glass
Kathleen Sheline Hanley	Michael Kipp Keating	Robert John King Jr.
Darrell LeRoy McNair Jr.	Greta Jane Russell	

State of Ohio
County of Cuyahoga SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Craig Glass	Anthea Rena Daniels	Anthony Michael Helton
President & CEO	Secretary	Treasurer & CFO

Subscribed and sworn to before me this
_____ day of _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	1,136,184					1,136,184
Group Subscribers:						
COSE Health & Wellness Trust	46,597,185					46,597,185
Builders Exchange Benefit Trust	6,578,957					13,054,854
CADA Group Health Plan	8,048,065					8,781,686
0299997. Group subscriber subtotal	61,224,208	0	0	0	0	68,433,726
0299998. Premiums due and unpaid not individually listed	60,442,423					53,232,905
0299999. Total group	121,666,630	0	0	0	0	121,666,630
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	122,802,815	0	0	0	0	122,802,815

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts	19,890,600	19,890,600	19,890,600	7,893,300	7,893,300	59,671,800
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	612,667	612,667	612,667	1,415,025	3,711,800	(458,775)
0199999. Total Pharmaceutical Rebate Receivables	20,503,267	20,503,267	20,503,267	9,308,326	11,605,100	59,213,025
Express Scripts	1,148,838	1,148,838	1,148,838	10,339,542	13,786,055	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	1,630,209	1,630,209	1,630,209	5,138,205	7,142,487	2,886,344
0299999. Total Claim Overpayment Receivables	2,779,047	2,779,047	2,779,047	15,477,747	20,928,542	2,886,344
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	877,221	877,221	877,221	877,221	2,461,608	1,047,277
0399999. Total Loans and Advances to Providers	877,221	877,221	877,221	877,221	2,461,608	1,047,277
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	147,223	147,040	147,040	1,506	1,506	441,304
0699999. Total Other Health Care Receivables	147,223	147,040	147,040	1,506	1,506	441,304
0799999 Gross health care receivables	24,306,757	24,306,575	24,306,575	25,664,800	34,996,758	63,587,950

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	90,464,786	152,377,808	(222,547)	71,040,672	90,242,240	90,233,945
2. Claim overpayment receivables	17,907,143	230,254,658	1,411,368	22,403,518	19,318,511	16,716,022
3. Loans and advances to providers		21,867,686		3,508,886	0	9,196,779
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables	4,114,735	8,947,598	560	442,250	4,115,295	339,359
7. Totals (Lines 1 through 6)	112,486,665	413,447,750	1,189,381	97,395,326	113,676,046	116,486,105

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						384,868,629
0699999. Total amounts withheld						
0799999. Total claims unpaid						384,868,629
0899999 Accrued medical incentive pool and bonus amounts						12,805,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Medical Mutual Services, LLC	51,718,591					51,718,591	
Medical Health Insuring Corporation of Ohio	4,897,891					4,897,891	
Bravo Wellness, LLC	490,458					490,458	
Superior Dental Care, Inc	63,277					63,277	
Reserve National Insurance Company	3,119,648					3,119,648	
Employee Services LLC	598,157					598,157	
Rural American Consumers A National Association	2,700					2,700	
0199999. Individually listed receivables	60,890,722	0	0	0	0	60,890,722	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	60,890,722	0	0	0	0	60,890,722	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
MedMutual Life Insurance Company	Revenues collected on behalf of subsidiary	5,653,328	5,653,328	
0199999. Individually listed payables		5,653,328	5,653,328	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		5,653,328	5,653,328	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	8,653,963	0.4	22,602	2.5		8,653,963
4. Total capitation payments	8,653,963	0.4	22,602	2.5	0	8,653,963
Other Payments:						
5. Fee-for-service	5,189,926	0.2	XXX	XXX		5,189,926
6. Contractual fee payments	1,959,892,630	89.0	XXX	XXX		1,959,892,630
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	7,001,778	0.3	XXX	XXX		7,001,778
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	220,856,791	10.0	XXX	XXX		220,856,791
12. Total other payments	2,192,941,125	99.6	XXX	XXX	0	2,192,941,125
13. TOTAL (Line 4 plus Line 12)	2,201,595,088	100%	XXX	XXX	0	2,201,595,088

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment	28,139,088		18,209,077	9,930,011	9,930,011	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	28,139,088	0	18,209,077	9,930,011	9,930,011	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2023 NAIC Company Code 29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	432												432	
2. First Quarter	442												442	
3. Second Quarter	447												447	
4. Third Quarter	451												451	
5. Current Year	461												461	
6. Current Year Member Months	5,386												5,386	
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	420,769												420,769	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	420,769												420,769	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	984,621												984,621	
18. Amount Incurred for Provision of Health Care Services	984,621												984,621	

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	958,831	13,521	231,315	7,211	57,574	46,944	1,761	35,577					564,928	
2. First Quarter	886,636	12,267	224,802	6,762	58,673	45,936	1,739	35,633					500,824	
3. Second Quarter	887,651	11,828	225,290	6,643	60,327	45,925	1,736	36,289					499,613	
4. Third Quarter	889,912	11,368	225,771	6,577	61,762	45,869	1,773	37,100					499,692	
5. Current Year	895,831	11,033	226,087	6,568	62,356	45,706	1,804	40,978					501,299	
6. Current Year Member Months	10,673,663	141,431	2,709,671	81,256	725,443	549,756	20,982	447,407					5,997,717	
Total Member Ambulatory Encounters for Year:														
7 Physician	2,406,010	64,067	1,493,672	123,741	14	1,382	12,679	689,503					20,952	
8. Non-Physician	2,014,022	59,530	1,255,079	88,920	425	58,854	9,098	529,322					12,794	
9. Total	4,420,032	123,597	2,748,751	212,661	439	60,236	21,777	1,218,825	0	0	0	0	33,746	0
10. Hospital Patient Days Incurred	115,871	1,379	43,716	10,936			1,596	58,059	0	0	0	0	185	0
11. Number of Inpatient Admissions	25,124	321	13,620	1,794			232	9,080	0	0	0	0	77	0
12. Health Premiums Written (b)	2,592,916,270	76,918,306	1,702,139,424	20,256,238	4,284,551	13,851,878	13,317,148	484,607,421	0				277,541,303	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	2,592,916,270	76,918,306	1,702,139,424	20,256,238	4,284,551	13,851,878	13,317,148	484,607,421	0				277,541,303	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,200,610,467	72,808,553	1,417,897,594	15,628,846	3,181,529	11,014,065	10,577,172	434,483,064					235,019,644	
18. Amount Incurred for Provision of Health Care Services	2,207,558,808	53,625,480	1,434,884,465	15,524,049	3,181,521	10,853,827	10,973,945	442,052,597					236,462,924	

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2023 NAIC Company Code 29076

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0730 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 29076

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	959,263	13,521	231,315	7,211	57,574	46,944	1,761	35,577	0	0	0	0	565,360	0
2. First Quarter	887,078	12,267	224,802	6,762	58,673	45,936	1,739	35,633	0	0	0	0	501,266	0
3. Second Quarter	888,098	11,828	225,290	6,643	60,327	45,925	1,736	36,289	0	0	0	0	500,060	0
4. Third Quarter	890,363	11,368	225,771	6,577	61,762	45,869	1,773	37,100	0	0	0	0	500,143	0
5. Current Year	896,292	11,033	226,087	6,568	62,356	45,706	1,804	40,978	0	0	0	0	501,760	0
6. Current Year Member Months	10,679,049	141,431	2,709,671	81,256	725,443	549,756	20,982	447,407	0	0	0	0	6,003,103	0
Total Member Ambulatory Encounters for Year:														
7 Physician	2,406,010	64,067	1,493,672	123,741	14	1,382	12,679	689,503	0	0	0	0	20,952	0
8. Non-Physician	2,014,022	59,530	1,255,079	88,920	425	58,854	9,098	529,322	0	0	0	0	12,794	0
9. Total	4,420,032	123,597	2,748,751	212,661	439	60,236	21,777	1,218,825	0	0	0	0	33,746	0
10. Hospital Patient Days Incurred	115,871	1,379	43,716	10,936	0	0	1,596	58,059	0	0	0	0	185	0
11. Number of Inpatient Admissions	25,124	321	13,620	1,794	0	0	232	9,080	0	0	0	0	77	0
12. Health Premiums Written (b)	2,593,337,038	76,918,306	1,702,139,424	20,256,238	4,284,551	13,851,878	13,317,148	484,607,421	0	0	0	0	277,962,072	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,593,337,038	76,918,306	1,702,139,424	20,256,238	4,284,551	13,851,878	13,317,148	484,607,421	0	0	0	0	277,962,072	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,201,595,088	72,808,553	1,417,897,594	15,628,846	3,181,529	11,014,065	10,577,172	434,483,064	0	0	0	0	236,004,265	0
18. Amount Incurred for Provision of Health Care Services	2,208,543,429	53,625,480	1,434,884,465	15,524,049	3,181,521	10,853,827	10,973,945	442,052,597	0	0	0	0	237,447,545	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
95828	34-1442712	01/01/2023	Medical Health Insuring Corporation of Ohio	OH	QA/I	CMM	282,666,847		42,439,250	25,314,954		
95828	34-1442712	01/01/2023	Medical Health Insuring Corporation of Ohio	OH	QA/I	MR	213,082,043		31,652,000	18,880,375		
95828	34-1442712	01/01/2023	Medical Health Insuring Corporation of Ohio	OH	QA/I	D	4,969,776		300,000	178,950		
0299999. U.S. Affiliates - Other							500,718,666	0	74,391,250	44,374,279	0	0
0399999. Total - U.S. Affiliates							500,718,666	0	74,391,250	44,374,279	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							500,718,666	0	74,391,250	44,374,279	0	0
	81-6240902	01/01/2020	COSE Health and Wellness Trust	OH	QA/G	CMM	263,544,087		35,169,513	52,939,328		
	34-1320838	05/01/2021	CADA Group Health Plan	OH	QA/G	CMM	12,757,533		1,314,503	6,824,186		
	47-2303889	01/01/2021	Builders Exchange Benefit Plan Trust	OH	QA/G	CMM	6,578,491		688,310	4,653,629		
0899999. U.S. Non-Affiliates							282,880,111	0	37,172,327	64,417,142	0	0
1099999. Total - Non-Affiliates							282,880,111	0	37,172,327	64,417,142	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							783,598,778	0	111,563,577	108,791,421	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							783,598,778	0	111,563,577	108,791,421	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
00000	83-3843209	01/01/2022	WellBe Senior Medical, LLC	IL	21,327,303	3,561,819
00000	30-1157485	01/01/2020	Dedicated Columbus Ohio, LLC	FL	46,842	
00000	87-2589381	01/01/2023	NEO Total Health and Wellness	OH	27,446	
1999999. Accident and Health - U.S. Non-Affiliates					21,401,591	3,561,819
2199999. Total Accident and Health - Non-Affiliates					21,401,591	3,561,819
2299999. Total Accident and Health					21,401,591	3,561,819
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					21,401,591	3,561,819
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					21,401,591	3,561,819

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							0	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
00000	30-1157485	01/01/2020	Dedicated Columbus Ohio, LLC	FL	OTH/I	MR	38,008,185						
00000	83-3843209	01/01/2022	WellBe Senior Medical, LLC	IL	OTH/I	MR	629,803						
00000	87-2589381	01/01/2023	NEO Total Health and Wellness	OH	OTH/I	MR	27,437						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	MR	923,516						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	CMM	11,023						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/G	CMM	278,892						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	MR	15						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	CMM	1,192,615						
1999999. General Account - Unauthorized U.S. Non-Affiliates							41,071,486	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							41,071,486	0	0	0	0	0	0
2299999. Total General Account Unauthorized							41,071,486	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							41,071,486	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11 Current Year	 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							41,071,486	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							41,071,486	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
.....	..83-3843209 ..	01/01/2022	WellBe Senior Medical, LLC	.....	24,889,122	.....	24,889,122	.....	.....	.....	.....	.....	22,940,887	22,940,887
.....	..30-1157485 ..	01/01/2020	Dedicated Columbus Ohio, LLC	.....	46,842	.....	46,842	.....	.....	.....	.....	.....	45,901	45,901
.....	..87-2589381 ..	01/01/2023	NEO Total Health and Wellness	.....	27,446	.....	27,446	.....	.....	.....	.....	.....	27,437	27,437
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	24,963,410	0	24,963,410	0	XXX	0	0	0	23,014,225	23,014,225
2199999. Total General Account - Accident and Health Non-Affiliates				0	24,963,410	0	24,963,410	0	XXX	0	0	0	23,014,225	23,014,225
2299999. Total General Account Accident and Health				0	24,963,410	0	24,963,410	0	XXX	0	0	0	23,014,225	23,014,225
2399999. Total General Account				0	24,963,410	0	24,963,410	0	XXX	0	0	0	23,014,225	23,014,225
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	24,963,410	0	24,963,410	0	XXX	0	0	0	23,014,225	23,014,225
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	24,963,410	0	24,963,410	0	XXX	0	0	0	23,014,225	23,014,225

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....

NONE

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
9999999 - Totals																	XXX					XXX	XXX		

NONE

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NONE

SCHEDULE S - PART 6

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

		1 2023	2 2022	3 2021	4 2020	5 2019
	A. OPERATIONS ITEMS					
1.	Premiums	1,483	1,426	1,557	0	0
2.	Title XVIII - Medicare	39,589	20,625	1,780	240	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses				0	157
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	3,562	2,544	0	0	0
8.	Reinsurance recoverable on paid losses	21,402	18,877	82	173	0
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust				0	0
18.	Funds deposited by and withheld from (F)				0	0
19.	Letters of credit (L)				0	0
20.	Trust agreements (T)				0	0
21.	Other (O)				0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,444,689,624		2,444,689,624
2.	Accident and health premiums due and unpaid (Line 15)	139,290,120		139,290,120
3.	Amounts recoverable from reinsurers (Line 16.1)	21,401,591	(21,401,591)	0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	182,038,110		182,038,110
6.	Total assets (Line 28)	2,787,419,446	(21,401,591)	2,766,017,855
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	381,306,809	3,561,819	384,868,629
8.	Accrued medical incentive pool and bonus payments (Line 2)	12,805,000		12,805,000
9.	Premiums received in advance (Line 8)	56,965,819		56,965,819
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	1,949,185	(1,949,185)	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	536,016,025	(23,014,226)	513,001,800
15.	Total liabilities (Line 24)	989,042,839	(21,401,591)	967,641,247
16.	Total capital and surplus (Line 33)	1,798,376,607	XXX	1,798,376,607
17.	Total liabilities, capital and surplus (Line 34)	2,787,419,446	(21,401,591)	2,766,017,855
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	3,561,819		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	21,401,591		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	24,963,411		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	1,949,185		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	23,014,226		
30.	Total ceded reinsurance payables/offsets	24,963,411		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	RE		Board of Directors		Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	62375	21-0706531				MedMutual Life Insurance Company	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	96280	31-1119867				Superior Dental Care, Inc	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
0730	Medical Mutual of Ohio	68462	73-0661453				Reserve National Insurance Company	IL	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		61-1739182				Bravo Wellness, LLC	DE	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		22-2762686				Employee Services LLC	NY	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		06-1475071				EAP, LLC	CT	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2001020				MMO Senior Care Ventures, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2589381				NEO Total Health and Wellness LLC	OH	DS	MMO Senior Care Ventures, LLC	Ownership	50.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1281615				Summerset Marketing Company	OK	DS	Reserve National Insurance Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1288167				Rural American Consumers A National Association	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1354019				National Association of Self-Employed Business Owners	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	

NONE

Asterisk	Explanation

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
29076	34-0648820	Medical Mutual of Ohio	2,340,000	(101,150,000)			354,156,485	17,168,309			272,514,794	(44,374,279)
95828	34-1442712	Medical Health Insuring Corporation of Ohio					(74,005,053)	(17,168,309)			(91,173,362)	44,374,279
62375	21-0706531	MedMutual Life Insurance Company					(253,378)				(253,378)	
96280	31-1119867	Superior Dental Care, Inc	(2,340,000)				(2,096,070)				(4,436,070)	
68462	73-0661453	Reserve National Insurance Company					(7,849,056)				(7,849,056)	
	34-1922587	Medical Mutual Services, LLC		104,000,000			(269,559,902)				(165,559,902)	
	61-1739182	Bravo Wellness, LLC		6,000,000			747,743				6,747,743	
	22-2762686	Employee Services LLC		(9,500,000)			(1,140,769)				(10,640,769)	
	87-2001020	MMO Senior Care Ventures, LLC		650,000							650,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

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

Explanations:

11.
12.
13.
14.
15.
16.
17.
18.
20.
21.

Bar Codes:

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

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

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

SUPPLEMENT FOR THE YEAR 2023 OF THE Medical Mutual of Ohio

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Ohio
NAIC Group Code 0730 NAIC Company Code 29076
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
N/A	NG8903-W	P	NO	0204060	10/17/1990			03/01/1990	MediComp	61,647	45,339	73.5	15	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; NG9001; R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup Regular Option Medifil	65,057	30,478	46.8	12	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; CEP85000; NG9001;R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup High Option Medifil	130,230	59,743	45.9	19	0	0	0.0	0
N/A	NG8903-W; NG8806; NG8806-S; R2005w/oRx	P	NO	0204060	10/17/1990			12/31/1991	Medifil Ohio	141,176	124,069	87.9	29	0	0	0.0	0
N/A	NG8902-W	P	NO	0204060	10/17/1990			12/31/1991	Medifil Part A Deductible Not Covered	10,956	4,578	41.8	4	0	0	0.0	0
YES	NG9200A/W 11/91	A	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio A	32,971	17,965	54.5	13	0	0	0.0	0
YES	NG9200C/W	C	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio C	806,526	821,609	101.9	231	0	0	0.0	0
YES	NG9200A/R1200	A	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	30,235	26,964	89.2	8	0	0	0.0	0
YES	NG9200C/R1200	C	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	719,825	412,646	57.3	131	0	0	0.0	0
YES	STMS - NG0000	C	YES	0204060	11/01/2002			01/31/2004	Medicare Select Plan C	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2004-A; R2004-NG/MED/OH; STM-NG2008-A	A	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-A	A	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan A	48,401	40,800	84.3	21	5,778	3,928	68.0	4
YES	STM-NG2004-C; R2004-NG/MED/OH; STM-NG2008-C	C	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-C	C	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan C	1,499,260	928,243	61.9	398	0	0	0.0	0
YES	STMS-NG2004; R2004-NG/MED/OH	C	YES	0034000	12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	11,305	14,694	130.0	3	0	0	0.0	0
YES	STM-NG2004-F; STM-NG2008-F	F	NO	0034000	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0	0

SUPPLEMENT FOR THE YEAR 2023 OF THE Medical Mutual of Ohio

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Ohio
NAIC Group Code 0730 NAIC Company Code 29076
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

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										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	STM-NG2010-F	F	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan F	13,524,236	10,774,280	79.7	4,116	10,762	4,948	46.0	4
YES	STM-NG2010-HI/F	F	NO	0034000	01/13/2011				Medicare Supplement Individual Policy - High Ded Plan F	490,742	233,649	47.6	352	6,950	29,076	418.4	7
YES	STM-NG2010-N	N	NO	0034000	01/13/2011				Medicare Supplement Individual Policy - Plan N	1,057,478	858,474	81.2	446	13,880	6,598	47.5	10
YES	STM-NG2019-G	G	NO	0034000	10/17/2019				Medicare Supplement Individual Policy - Plan G	7,109	1,812	25.5	3	482,945	266,954	55.3	416
0199999. Total Experience on Individual Policies										18,637,153	14,395,344	77.2	5,801	520,315	311,503	59.9	441
YES	STM-GRP/ASC2900-A	A	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	22,375	18,428	82.4	9	0	0	0.0	0
YES	STM-GRP/ASC2010-A	A	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2900-C	C	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2010-C	C	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan C	553,464	409,048	73.9	152	0	0	0.0	0
YES	STM-GRP/ASC2900-F	F	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2010-F	F	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan F	425,844	279,220	65.6	118	0	0	0.0	0
YES	STM-GRP/ASC2900-HI/F	F	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	39,881	50,663	127.0	32	0	0	0.0	0
YES	STM-GRP/ASC2010-HI/F	F	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - High Ded Plan F	0	0	0.0	0			0.0	
YES	STM-GRP/ASC2900-H	H	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	57,206	59,843	104.6	15	0	0	0.0	0
0299999. Total Experience on Group Policies										1,098,770	817,202	74.4	326	0	0	0.0	0

SUPPLEMENT FOR THE YEAR 2023 OF THE Medical Mutual of Ohio

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 100 American Road Cleveland , OH 44144
   2.2 Contact Person and Phone Number: Anthea Daniels 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 100 American Road Cleveland , OH 44114
   3.2 Contact Person and Phone Number: Anthea Daniels 216-687-7186
4. Explain any policies identified above as policy type "O".

2 9 0 7 6 2 0 2 3 6 0 0 3 6 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Medical Mutual of Ohio

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0730 NAIC Company Code 29076

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	YES
12. Travel	NO