



**HEALTH ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
**Medical Health Insuring Corporation of Ohio**

NAIC Group Code 0730 0730 NAIC Company Code 95828 Employer's ID Number 34-1442712  
Organized under the Laws of Ohio State of Domicile or Port of Entry OH

Licensed as business type: **Property/Casualty**

Is HMO Federally Qualified? Yes [  ] No [  ]

(Street and Number) \_\_\_\_\_ (City or Town, State, Country and Zip Code) \_\_\_\_\_

Cleveland, OH, US 44144 (Street and Number)  
(City or Town, State, Country and Zip Code) 216-687-7000 (Area Code) (Telephone Number)

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## OFFICERS

President & CEO Anthony Michael Helton #      Treasurer James Edward McNutt #  
Interim Secretary Andrea Marie Hogben #

## OTHER

Thomas Parke Dewey **DIRECTORS OR TRUSTEES** Anthony Michael Helton

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) 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.

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.....

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	84,542,129		84,542,129	103,778,641
2. Stocks (Schedule D):				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				0
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				0
4.1 Properties occupied by the company (less \$ encumbrances) .....			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 (\$ ..... 2,693,354 , Schedule E - Part 1), cash equivalents (\$ ..... 87,579,643 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	90,272,997		90,272,997	40,903,106
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	174,815,126	0	174,815,126	144,681,747
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	.432,635	0	.432,635	.717,528
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,190,012	0	1,190,012	1,144,734
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 (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	0	0	0	1,076
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	49,957,793	0	49,957,793	44,374,279
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	52,388		52,388	511,235
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	5,222,005	0	5,222,005	6,058,648
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 .....	0	0	0	0
24. Health care (\$ ..... ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	2,567,377	322,266	2,245,112	44,851
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	234,237,336	322,266	233,915,070	197,534,099
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	234,237,336	322,266	233,915,070	197,534,099
<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. Prepaid Assets .....	29,695	29,695	0	0
2502. Other Receivables .....	49,056	49,056	0	0
2503. Pharmaceutical Receivables .....	243,515	243,515	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	2,245,112	0	2,245,112	44,851
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	2,567,377	322,266	2,245,112	44,851

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 85,083,170 reinsurance ceded) .....	(86,920)		(86,920)	425,000
2. Accrued medical incentive pool and bonus amounts .....	0		0	233,000
3. Unpaid claims adjustment expenses .....	2,199,821		2,199,821	1,787,206
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act .....	0		0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	13,343,629		13,343,629	12,945,393
9. General expenses due or accrued .....	11,960,177		11,960,177	12,336,455
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses)) .....	0		0	0
10.2 Net deferred tax liability .....	0		0	0
11. Ceded reinsurance premiums payable .....	45,392,226		45,392,226	51,714,006
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 \$ 0 current) and interest thereon \$ 0 (including \$ 0 current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	4,130,234		4,130,234	4,897,891
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 \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ 0 ) 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 \$ 4,205,390 current) .....	4,533,390	0	4,533,390	10,250,437
24. Total liabilities (Lines 1 to 23) .....	81,472,558	0	81,472,558	94,589,388
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	238,351,206	194,066,417
29. Surplus notes .....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(89,908,694)	(95,121,706)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ 0) .....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ 0) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	152,442,512	102,944,711
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	233,915,070	197,534,099
<b>DETAILS OF WRITE-INS</b>				
2301. Other Liabilities .....	2,111,638		2,111,638	2,543,982
2302. Drug Benefits Discount Liability .....	2,093,752		2,093,752	4,187,254
2303. Guaranty Fund Liability .....	328,000		328,000	269,000
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	3,250,201
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	4,533,390	0	4,533,390	10,250,437
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	2,449,539	2,405,913
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX.....	147,584,178	127,906,348
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.....	0	0
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX.....	0	0
5. Risk revenue .....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX.....	0	0
8. Total revenues (Lines 2 to 7) .....	XXX.....	147,584,178	127,906,348
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		392,054,190	367,474,561
10. Other professional services .....		54,474,040	49,115,445
11. Outside referrals .....		19,625,827	22,280,285
12. Emergency room and out-of-area .....		37,476,190	31,273,462
13. Prescription drugs .....		73,132,760	66,198,987
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		(2,123,684)	4,260,260
16. Subtotal (Lines 9 to 15) .....	0	574,639,323	540,602,998
<b>Less:</b>			
17. Net reinsurance recoveries .....		577,382,217	546,352,805
18. Total hospital and medical (Lines 16 minus 17) .....	0	(2,742,894)	(5,749,806)
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... 27,244,894 cost containment expenses .....		52,293,107	43,383,709
21. General administrative expenses .....		93,787,926	86,423,043
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	143,338,138	124,056,946
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX.....	4,246,039	3,849,403
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		2,942,948	6,677,990
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	2,942,948	6,677,990
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	(1,315,482)	(1,538,861)
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.....	5,873,505	8,988,531
31. Federal and foreign income taxes incurred .....	XXX.....	836,643	(6,283,852)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	5,036,862	15,272,383
<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
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX.....		
0702. ....	XXX.....		
0703. ....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Other Expense, net of Other Income .....	0	(1,315,482)	(1,538,861)
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	(1,315,482)	(1,538,861)

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

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	102,944,711	78,270,739
34. Net income or (loss) from Line 32 .....	5,036,862	15,272,383
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 .....	1,427,300	
39. Change in nonadmitted assets .....	176,150	7,974,289
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	44,284,789	0
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
48. Net change in capital and surplus (Lines 34 to 47) .....	49,497,801	24,673,972
49. Capital and surplus end of reporting period (Line 33 plus 48)	152,442,512	102,944,711
<b>DETAILS OF WRITE-INS</b>		
4701. .....	0	
4702. .....		
4703. .....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	141,616,432	163,548,225
2. Net investment income .....	3,466,345	6,900,038
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	145,082,778	170,448,262
5. Benefit and loss related payments .....	8,932,125	93,389,499
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	146,903,322	132,100,490
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	155,835,447	225,489,988
11. Net cash from operations (Line 4 minus Line 10) .....	(10,752,670)	(55,041,726)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	19,000,000	14,500,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	19,000,000	14,500,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	187,445
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	187,445
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	19,000,000	14,312,555
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	44,284,789	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(3,162,228)	(27,620,767)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	41,122,561	(27,620,767)
<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) .....	49,369,891	(68,349,938)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	40,903,106	109,253,044
19.2 End of year (Line 18 plus Line 19.1) .....	90,272,997	40,903,106

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

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## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	352,137,466	0	282,877,477	69,259,989
2. Comprehensive (hospital and medical) group .....	0	0	0	0
3. Medicare Supplement .....	281,838,379		207,424,094	74,414,286
4. Vision only .....	1,304,974		787,805	517,169
5. Dental only .....	6,864,932		3,472,198	3,392,734
6. Federal Employees Health Benefits Plan .....	0		0	0
7. Title XVIII - Medicare .....	0		0	0
8. Title XIX - Medicaid .....	0		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 through 12) .....	642,145,752	0	494,561,574	147,584,178
14. Life .....	0		0	0
15. Property/casualty .....	0		0	0
16. Totals (Lines 13 to 15)	642,145,752	0	494,561,574	147,584,178

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	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
1. Payments during the year:														
1.1 Direct	569,791,668	313,115,370	(1,000)	250,847,981	701,590	5,127,726								
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	568,672,127	313,396,569	0	249,450,531	701,590	5,123,438								
1.4 Net	1,119,541	(281,199)	(1,000)	1,397,450	0	4,289	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	135,569	135,539	30											
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	84,996,250	50,036,250	0	34,620,000	0	340,000	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	85,083,170	50,158,632	0	34,584,538	0	340,000	0	0	0	0	0	0	0	0
3.4 Net	(86,920)	(122,382)	0	35,462	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0													
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0												
6. Net health care receivables (a)	3,208,660	(786,562)	0	3,995,222										
7. Amounts recoverable from reinsurers December 31, current year	44,424	740,897	0	(696,473)										
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	74,816,250	42,466,250	(1,000)	32,051,000	0	300,000	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	74,391,250	42,439,250	0	31,652,000	0	300,000	0	0	0	0	0	0	0	0
8.4 Net	425,000	27,000	(1,000)	399,000	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	233,000	233,000												
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	576,763,008	321,471,933	0	249,421,759	701,590	5,167,726	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	579,408,471	321,856,848	0	251,686,595	701,590	5,163,438	0	0	0	0	0	0	0	0
12.4 Net	(2,645,463)	(384,915)	0	(2,264,837)	0	4,289	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	(97,431)	(97,461)	30	0	0	0	0	0	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Reported in Process of Adjustment:														
1.1 Direct .....	0													
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	84,996,250	50,036,250	0	34,620,000	0	340,000								
2.2 Reinsurance assumed .....	0													
2.3 Reinsurance ceded .....	85,083,170	50,158,632	0	34,584,538	0	340,000								
2.4 Net .....	(86,920)	(122,382)	0	35,462	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0													
3.2 Reinsurance assumed .....	0													
3.3 Reinsurance ceded .....	0													
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	84,996,250	50,036,250	0	34,620,000	0	340,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	85,083,170	50,158,632	0	34,584,538	0	340,000	0	0	0	0	0	0	0	0
4.4 Net .....	(86,920)	(122,382)	0	35,462	0	0	0	0	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	(415,475)	134,277	(122,382)		(537,857)	27,000
2. Comprehensive (hospital and medical) group .....	(1,000)	0	0	0	(1,000)	(1,000)
3. Medicare Supplement .....	1,888,638	(491,187)	35,462	0	1,924,100	399,000
4. Vision Only .....					0	0
5. Dental Only .....	(1,265)	5,554	0	0	(1,265)	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) .....	1,470,897	(351,357)	(86,920)	0	1,383,977	425,000
14. Health care receivables (a) .....	0	0			0	(3,253,084)
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	135,569				135,569	233,000
17. Totals (Lines 13 - 14 + 15 + 16)	1,606,466	(351,357)	(86,920)	0	1,519,546	3,911,084

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

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Comprehensive (Hospital &amp; Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	34,913	35,054	245,957	313,930	661,636
2. 2020 .....	263,075	285,534	287,243	287,224	287,234
3. 2021 .....	XXX	234,528	257,313	258,287	258,162
4. 2022 .....	XXX	XXX	294,801	311,595	311,788
5. 2023 .....	XXX	XXX	XXX	0	(533)
6. 2024 .....	XXX	XXX	XXX	XXX	134

## Section B - Incurred Health Claims - Comprehensive (Hospital &amp; Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	13,804	13,945	247,668	315,809	663,657
2. 2020 .....	296,220	285,739	285,892	285,765	285,794
3. 2021 .....	XXX	254,669	232,866	233,567	233,261
4. 2022 .....	XXX	XXX	25,261	16,370	16,650
5. 2023 .....	XXX	XXX	XXX	0	(872)
6. 2024 .....	XXX	XXX	XXX	XXX	134

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital &amp; Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	369,489	287,234	15,198	5.3	302,432	81.9	(8)		302,425	81.8
2. 2021 .....	290,597	258,162	17,600	6.8	275,762	94.9	(31)		275,731	94.9
3. 2022 .....	351,371	311,788	23,176	7.4	334,964	95.3	(87)		334,878	95.3
4. 2023 .....	70,121	(533)	0.0		(533)	(0.8)	3	(1)	(531)	(0.8)
5. 2024 .....	69,260	134	0.0		134	0.2	0	3,097	3,231	4.7

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	20,480	20,524	66,368	78,573	209,189
2. 2020 .....	152,081	174,984	175,821	176,008	175,996
3. 2021 .....	XXX	182,922	203,795	202,943	203,131
4. 2022 .....	XXX	XXX	191,772	218,366	218,783
5. 2023 .....	XXX	XXX	XXX	0	1,306
6. 2024 .....	XXX	XXX	XXX	XXX	(491)

## Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	20,664	20,709	66,486	78,681	209,303
2. 2020 .....	178,389	175,417	175,464	175,663	175,670
3. 2021 .....	XXX	208,546	182,855	182,003	182,239
4. 2022 .....	XXX	XXX	26,997	30,391	27,586
5. 2023 .....	XXX	XXX	XXX	0	792
6. 2024 .....	XXX	XXX	XXX	XXX	(491)

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	218,206	175,996	15,590	8.9	191,586	87.8	(5)		191,581	87.8
2. 2021 .....	246,750	203,131	13,136	6.5	216,267	87.6	(19)		216,248	87.6
3. 2022 .....	259,036	218,783	16,695	7.6	235,478	90.9	(51)		235,427	90.9
4. 2023 .....	55,974	1,306	0.0	0.0	1,306	2.3	110	(1)	1,415	2.5
5. 2024 .....	74,414	(491)	0.0	(491)	(0.7)	0	(898)	(1,389)	(1,389)	(1.9)

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	143	145	201	632	2,497
2. 2020 .....	1,997	2,180	2,180	2,181	2,181
3. 2021 .....	XXX	2,762	2,935	2,938	2,939
4. 2022 .....	XXX	XXX	3,297	3,522	3,520
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	6

## Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	145	147	201	632	2,497
2. 2020 .....	2,207	2,190	2,190	2,191	2,191
3. 2021 .....	XXX	3,022	2,752	2,754	2,755
4. 2022 .....	XXX	XXX	360	224	222
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	6

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	4,031	2,181	127	5.8	2,308	57.3			2,308	57.3
2. 2021 .....	4,999	2,939	192	6.5	3,131	62.6			3,131	62.6
3. 2022 .....	5,688	3,520		0.0	3,520	61.9			3,520	61.9
4. 2023 .....	1,313	0		0.0	0	0.0			0	0.0
5. 2024 .....	3,393	6		0.0	6	0.2			6	0.2

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	28	126	708
2. 2020 .....	606	606	606	606	606
3. 2021 .....	XXX		0	0	
4. 2022 .....	XXX	XXX	0	0	
5. 2023 .....	XXX	XXX	XXX	0	0
6. 2024 .....	XXX	XXX	XXX	XXX	0

## Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	28	126	708
2. 2020 .....	606	606	606	606	606
3. 2021 .....	XXX		0	0	
4. 2022 .....	XXX	XXX	0	0	0
5. 2023 .....	XXX	XXX	XXX	0	
6. 2024 .....	XXX	XXX	XXX	XXX	0

12.VO

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	1,003	606		0.0	606	60.4			606	60.4
2. 2021 .....	444			0.0	0	0.0			0	0.0
3. 2022 .....	497			0.0	0	0.0			0	0.0
4. 2023 .....	499			0.0	0	0.0			0	0.0
5. 2024 .....	517			0.0	0	0.0			0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

**Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	0	0	0
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	0	0	0	0	0
2. 2020 .....					
3. 2021 .....	XXX				
4. 2022 .....	XXX	XXX			
5. 2023 .....	XXX	XXX	XXX		
6. 2024 .....	XXX	XXX	XXX	XXX	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....				0.0	0	0.0			0	0.0
2. 2021 .....				0.0	0	0.0			0	0.0
3. 2022 .....				0.0	0	0.0			0	0.0
4. 2023 .....				0.0	0	0.0			0	0.0
5. 2024 .....				0.0	0	0.0			0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	55,536	55,723	312,554	393,261	874,030
2. 2020 .....	417,759	463,304	465,850	466,019	466,017
3. 2021 .....	XXX	420,212	464,043	464,168	464,232
4. 2022 .....	XXX	XXX	489,870	533,483	534,091
5. 2023 .....	XXX	XXX	XXX	0	773
6. 2024 .....	XXX	XXX	XXX	XXX	(351)

## Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	34,613	34,801	314,383	395,248	876,165
2. 2020 .....	477,422	463,952	464,152	464,225	464,261
3. 2021 .....	XXX	466,237	418,473	418,324	418,255
4. 2022 .....	XXX	XXX	52,618	46,985	44,458
5. 2023 .....	XXX	XXX	XXX	0	(80)
6. 2024 .....	XXX	XXX	XXX	XXX	(351)

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020 .....	592,729	466,017	30,915	6.6	496,932	83.8	(13)	0	496,920	83.8
2. 2021 .....	542,790	464,232	30,928	6.7	495,160	91.2	(50)	0	495,110	91.2
3. 2022 .....	616,593	534,091	39,871	7.5	573,962	93.1	(138)	0	573,825	93.1
4. 2023 .....	127,907	773	0	0.0	773	0.6	113	(2)	884	0.7
5. 2024 .....	147,584	(351)	0	0.0	(351)	(0.2)	0	2,199	1,848	1.3

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1. Unearned premium reserves .....													
2. Additional policy reserves (a) .....													
3. Reserve for future contingent benefits .....													
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....													
5. Aggregate write-ins for other policy reserves .....													
6. Totals (gross) .....													
7. Reinsurance ceded .....													
8. Totals (Net)(Page 3, Line 4) .....													
9. Present value of amounts not yet due on claims .....													
10. Reserve for future contingent benefits .....													
11. Aggregate write-ins for other claim reserves .....													
12. Totals (gross) .....													
13. Reinsurance ceded .....													
14. Totals (Net)(Page 3, Line 7)													
DETAILS OF WRITE-INS													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													

(a) Includes \$ ..... premium deficiency reserve.

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	1,667	543,500	1,095,071		1,640,238
2. Salary, wages and other benefits .....	10,376,081	15,781,418	23,955,599		50,113,098
3. Commissions (less \$ ceded plus \$ ..... assumed) .....	0	0	32,381,180		32,381,180
4. Legal fees and expenses .....	5,449	211	1,126,319		1,131,979
5. Certifications and accreditation fees .....	513,785	0			513,785
6. Auditing, actuarial and other consulting services .....	212,400	250,452	4,273,534		4,736,386
7. Traveling expenses .....	40,452	63,855	626,403		730,710
8. Marketing and advertising .....	57		1,298,097		1,298,154
9. Postage, express and telephone .....	193,773	940,806	767,166		1,901,745
10. Printing and office supplies .....	41,578	231,831	362,703		636,112
11. Occupancy, depreciation and amortization .....	0	0			0
12. Equipment .....	1,357	8,893	636,424		646,674
13. Cost or depreciation of EDP equipment and software .....	3,282,412	2,601,913	3,621,971		9,506,296
14. Outsourced services including EDP, claims, and other services .....	11,966,755	3,712,340	5,722,375		21,401,470
15. Boards, bureaus and association fees .....	14,896	3,394	120,039		138,329
16. Insurance, except on real estate .....			595,221		595,221
17. Collection and bank service charges .....				47,637	47,637
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....	0	0	7,601,818		7,601,818
23.3 Regulatory authority licenses and fees .....			131,879		131,879
23.4 Payroll taxes .....	590,017	909,600	1,077,009		2,576,626
23.5 Other (excluding federal income and real estate taxes) .....	0	0	8,088,459		8,088,459
24. Investment expenses not included elsewhere .....				7,865	7,865
25. Aggregate write-ins for expenses .....	4,215	0	306,659	0	310,874
26. Total expenses incurred (Lines 1 to 25) .....	27,244,894	25,048,213	93,787,926	55,502	(a) 146,136,535
27. Less expenses unpaid December 31, current year .....	1,146,115	1,053,707	11,934,099	26,078	14,159,998
28. Add expenses unpaid December 31, prior year .....	985,842	801,365	12,312,368	24,087	14,123,661
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	27,084,621	24,795,871	94,166,195	53,511	146,100,198
<b>DETAILS OF WRITE-INS</b>					
2501. Network Access Fees .....	4,215				4,215
2502. Other .....			306,659		306,659
2503. .....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	4,215	0	306,659	0	310,874

(a) Includes management fees of \$ ..... 90,830,839 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) ..... 396,810	391,809
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....
1.2 Other bonds (unaffiliated) .....	(a) ..... 1,282,693	1,210,800
1.3 Bonds of affiliates .....	(a) .....	.....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11 Preferred stocks of affiliates .....	(b) .....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....
3. Mortgage loans .....	(c) .....	.....
4. Real estate .....	(d) .....	.....
5. Contract Loans .....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e) ..... 1,630,071	1,395,841
7. Derivative instruments .....	(f) .....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	3,309,574	2,998,450
11. Investment expenses .....	(g) ..... 55,502	.....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) ..... 0	.....
13. Interest expense .....	(h) .....	.....
14. Depreciation on real estate and other invested assets .....	(i) .....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	0
16. Total deductions (Lines 11 through 15) .....	.....	55,502
17. Net investment income (Line 10 minus Line 16) .....	.....	2,942,948
<b>DETAILS OF WRITE-INS</b>		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ ..... 93,683 accrual of discount less \$ ..... 330,196 amortization of premium and less \$ ..... paid for accrued interest on purchases.

(b) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued dividends on purchases.

(c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.

(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.

(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.

(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.

(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.

(i) Includes \$ ..... 0 depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2 Other bonds (unaffiliated) .....	0	0	0	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	.....	.....	0	.....	.....
4. Real estate .....	.....	0	0	.....	0
5. Contract loans .....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments .....	.....	.....	0	.....	.....
7. Derivative instruments .....	.....	.....	0	.....	.....
8. Other invested assets .....	.....	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>			.....	.....	.....
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	0
2.2 Common stocks .....	.....	.....	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	0
3.2 Other than first liens.....	.....	.....	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	0
4.2 Properties held for the production of income.....	.....	.....	0
4.3 Properties held for sale .....	.....	.....	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	.....	.....	0
6. Contract loans .....	.....	.....	0
7. Derivatives (Schedule DB) .....	.....	.....	0
8. Other invested assets (Schedule BA) .....	.....	.....	0
9. Receivables for securities .....	.....	.....	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	.....	.....	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	0
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	322,266	498,416	176,150
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	322,266	498,416	176,150
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	0
28. Total (Lines 26 and 27) .....	322,266	498,416	176,150
<b>DETAILS OF WRITE-INS</b>			
1101. .....	.....	.....	.....
1102. .....	.....	.....	.....
1103. .....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. <b>Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)</b> .....	0	0	0
2501. Prepaid Assets .....	29,695	28,500	(1,195)
2502. Other Receivables .....	292,571	469,916	177,345
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. <b>Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)</b> .....	322,266	498,416	176,150

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	47,136	53,649	53,610	53,426	52,894	641,103
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	152,685	149,904	150,460	151,537	151,799	1,808,436
7. Total	199,821	203,553	204,070	204,963	204,693	2,449,539
<b>DETAILS OF WRITE-INS</b>						
0601. Dental Only .....	19,100	19,503	19,949	20,326	20,613	239,781
0602. Vision Only .....	12,027	12,311	12,374	12,450	12,464	148,271
0603. Medicare Supplement .....	121,558	118,090	118,137	118,761	118,722	1,420,384
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	152,685	149,904	150,460	151,537	151,799	1,808,436

## NOTES TO FINANCIAL STATEMENTS

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

The accompanying statutory financial statements of Medical Health Insuring Corporation of Ohio (the Company) have been prepared in conformity with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP), as prescribed by the Ohio Department of Insurance (ODI). No accounting practices were employed by the Company in 2024 or 2023 that departed from NAIC SAP.

	F/S SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 5,036,862	\$ 15,272,383
(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	\$ 5,036,862	\$ 15,272,383
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 152,442,512	\$ 102,944,711
(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	\$ 152,442,512	\$ 102,944,711

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of the statutory financial statements requires management to make estimates and assumptions that affect amounts reported in the statutory financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

**C. Accounting Policy**
**Basis of Presentation**

Statutory accounting practices vary from U.S. generally accepted accounting principles (GAAP). The more significant variances from GAAP are as follows:

**Nonadmitted Assets**

Certain assets designated as nonadmitted, principally certain health care receivables, prepaid expenses and premiums in the course of collections over 90 days past due, not identified as an admitted asset in the NAIC SAP, are excluded from the accompanying statutory statements of admitted assets, liabilities and capital and surplus and are charged directly to capital and surplus. In accordance with GAAP, such assets are included in the balance sheet, net of valuation allowance, if necessary. Capital and surplus was reduced by nonadmitted assets of \$322,000 and \$499,000 at December 31, 2024 and 2023, respectively.

**Investments**

Investments in bonds are reported at cost, or the lower of amortized cost or fair value based on their NAIC rating; for GAAP, such fixed maturity investments are held as available-for-sale and are reported at fair value with unrealized holding gains and losses reported as a separate component of capital and surplus.

Under statutory accounting, a realized loss is recorded upon the sale of an investment at a loss or when a decline in the fair value of an investment is determined by management to be other than temporary. Realized capital gains and losses are determined on the first-in, first-out cost method.

For GAAP, the Company evaluates an available-for-sale debt security for credit-related impairment by considering the present value of expected cash flows relative to a security's amortized cost, the extent to which fair value is less than amortized cost, the financial condition and near-term prospects of the issuer and specific events or circumstances which may influence the operations of the issuer. Credit-related impairments are recorded as an allowance, with an offset to investment and other income. Non-credit related impairments are recorded through other comprehensive income. If the Company intends to sell an impaired security, or will likely be required to sell a security before recovery of the entire amortized cost, the entire impairment is included in net earnings. The amount of the total impairment related to the credit loss would be recognized in earnings. The amount of the total impairment related to other factors would be recognized in other comprehensive income.

**Deferred Income Taxes**

The Company computes deferred income taxes in accordance with Statement of Statutory Accounting Principle (SSAP) No. 101, Income Taxes. Under SSAP No. 101, gross deferred tax assets are reduced by a statutory valuation allowance adjustment if, based on the weight of available evidence, it is more likely than not that some portion or all of the gross deferred tax assets will not be realized to calculate the adjusted gross deferred tax assets.

Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including: (1) the nature of the deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of reversals; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be used; (6) unique tax rules that would impact the utilization of the deferred tax assets; and (7) any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused.

Admitted adjusted deferred income tax assets are limited to: (1) the amount of federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with the Internal Revenue Service (IRS) tax loss carryback provisions, not to exceed three years, plus (2) the amount of adjusted gross deferred income tax assets expected to be realized within three years limited to an amount that is no greater than 15% of current period's adjusted statutory capital and surplus, plus (3) the amount of remaining adjusted gross deferred income tax assets that can be offset against existing gross deferred income tax liabilities after considering the character (i.e., ordinary versus capital) and reversal patterns of the deferred tax assets and liabilities. The remaining adjusted deferred income tax assets are nonadmitted.

Under GAAP, a deferred income tax asset is recorded for the amount of gross deferred income tax assets expected to be realized in all future years, and a valuation allowance is established for deferred income tax assets not realizable.

**Reinsurance**

Reserves for unpaid claims and claims adjustment expenses ceded to reinsurers have been reported as reductions of the related reserves rather than as assets, as would be required under GAAP.

**Premium Deficiency Reserves**

Premium deficiency reserves are recognized when expected claims, claim adjustment expenses, and administrative costs exceed the premium to be collected for the remainder of the contract period. The Company considers anticipated net investment income as a factor in determining the premium deficiency reserve amount. Under GAAP, general overhead is excluded from the premium deficiency reserve calculation.

## NOTES TO FINANCIAL STATEMENTS

### **Statutory Statement of Cash Flow**

Cash and short-term investments in the statutory statements of cash flow represent cash balances and investments with maturities of one year or less. In accordance with GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments with initial maturities of three months or less.

### **Other significant accounting policies are as follows:**

#### **Cash and Invested Assets**

Short-term investments, principally money market accounts, include investments with maturities of one year or less at the time of acquisition and are principally stated at amortized cost, which approximates fair value.

U.S. government securities and corporate bonds not backed by other assets are recorded at amortized cost using the interest method or fair value based on their NAIC rating. Single class mortgage-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys or internal estimates and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities held. The fair values disclosed for these securities are obtained from independent pricing services.

#### **Other-Than-Temporary Impairment**

The Company reviews the values of the Company's investments on a quarterly basis. If the value of the investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been less than the amortized cost basis.
- The Company's ability and intent to hold the security long enough for it to recover its value.
- A significant deterioration in the earning performance, credit rating, asset quality or business prospects of the investee.
- A significant adverse change in the regulatory, economic, or technological environment of the investee.
- Factors that raise significant concerns about the investee's ability to continue as a going concern such as negative cash flows from operations, working capital deficiencies, or noncompliance with statutory capital requirements or debt covenants.

#### **Investment Credit Risk**

The Company invests in a professionally managed portfolio of securities, which includes obligations of the U.S. government and corporate bonds. Such investments are inherently exposed to various risks, such as interest rate, market and credit risks. Due to the level of risks in such investments, it is at least reasonably possible that changes in risk factors in the near term could affect the varying value of individual investments and the related amounts reported in the Company's financial statements, and such amounts could be material. The credit quality of the portfolio at December 31, 2024 and 2023, is Class 1 and Class 2, as rated by the NAIC's Securities Valuation Office (SVO), which is the highest quality.

#### **Fair Value Measurements**

Assets recorded in the statutory statements of admitted assets, liabilities 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.

#### **Unpaid Claims and Claims Adjustment Expenses**

Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects of trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

#### **Federal Medical Loss Ratio Rebate**

The Company is subject to the ACA, which requires the payment of rebates to eligible policyholders or enrollees when the amounts paid for healthcare benefits and quality improvement initiatives fall below specified thresholds. Separate calculations are performed by group size (individual, small group, and large group). At December 31, 2024 and 2023, no liability was recognized on the accompanying statutory statements of admitted assets, liabilities, and capital and surplus as the calculated amounts exceeded the applicable thresholds.

#### **Premiums**

Premiums are earned and recorded pro rata over the period for which coverage is provided. Uncollected premiums include uncollected amounts from insured individuals and groups and are reported net of an allowance for amounts deemed uncollectible. Premium payments received prior to the period of coverage are classified as advance premiums.

#### **Uncertain Tax Policies**

The Company records uncertain tax positions on the basis of a two-step process whereby (1) the Company determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more likely than not recognition threshold, the Company recognizes the largest amount of tax benefit that is more than 50% likely to be realized upon ultimate settlement with the related tax authority.

Changes to liabilities for uncertain tax positions are recorded as income tax expense in the accompanying statutory statements of revenue and expenses. The total liability for uncertain tax positions at December 31, 2024 and 2023, was \$0 and \$0, respectively, and is included in current federal income tax receivable from Parent on the statutory statements of admitted assets, liabilities, and capital and surplus.

#### **Premium Subsidy**

Under regulations established by the ACA, Health and Human Services (HHS) pays the Company a portion of the premium (Premium Subsidy) for qualifying individual members. The Company recognizes monthly premiums received from members and the Premium Subsidy as premium revenue ratably over the contract period. The Premium Subsidy totaled \$177,395,000 and \$148,956,000 in 2024 and 2023, respectively, and is included in net premiums earned.

## NOTES TO FINANCIAL STATEMENTS

### ACA Risk Adjustment Program

The ACA authorized a permanent risk adjustment program designed to transfer funds from qualified individual and small group plans with below average risks scores to those respective plans with above average risk scores. The estimates of amounts owed or due from the permanent risk adjustment program is required to be reflected as an adjustment to earned premium if sufficient data is available to make an estimate. The Company accounts for the Premium Stabilization Program in accordance with SSAP No.107, Accounting for the Risk-Sharing Provisions of the Affordable Care Act (SSAP No. 107).

In 2024, the Company recognized a reduction of \$43,455,000 in net risk adjustment in net premiums earned, of which \$12,946,000 of the reduction in revenue related to the 2024 program year and \$30,509,000 related to the prior program years as the final settlement was unfavorable to the estimate recorded in the 2023 statutory financial statements.

In 2023, the Company recognized a reduction of \$3,448,000 in net risk adjustment in net premiums earned, of which \$0 of the reduction in revenue related to the 2023 program year and \$3,448,000 related to the prior program years as the final settlement was unfavorable to the estimate recorded in the 2022 statutory financial statements.

D. Going Concern  
Not Applicable.

### NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

### 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

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non- admitted) Restricted from Current Year	2 Total Gross (Admitted & Non- admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non- admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non- admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted 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%	

## NOTES TO FINANCIAL STATEMENTS

i. FHLB capital stock	\$ 738,795	\$ 744,753	\$ -	\$ 738,795	\$ -	0.000%	0.000%
j. On deposit with states			\$ (5,958)			0.315%	0.316%
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%
<b>o. Total Restricted Assets (Sum of a through n)</b>	<b>\$ 738,795</b>	<b>\$ 744,753</b>	<b>\$ (5,958)</b>	<b>\$ -</b>	<b>\$ 738,795</b>	<b>0.315%</b>	<b>0.316%</b>

(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

<u>General Account</u>	
1. Number of CUSIPs	0
2. Aggregate Amount of Investment Income	\$ -

R. Reporting Entity's Share of Cash Pool by Asset Type  
Not Applicable.S. Aggregate Collateral Loans by Qualifying Investment Collateral  
Not Applicable.**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**  
Not Applicable.**NOTE 7 Investment Income**

A. Not Applicable

B. -

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	<u>Amount</u>
1. Gross	\$ 432,635
2. Nonadmitted	\$ -
3. Admitted	\$ 432,635

D. The aggregate deferred interest.

Aggregate Deferred Interest	<u>Amount</u>
	\$ -

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	<u>Amount</u>
	\$ -

**NOTE 8 Derivative Instruments**

Not Applicable

## NOTES TO FINANCIAL STATEMENTS

**NOTE 9 Income Taxes**

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

The Company is taxed as a stock property and casualty insurance company and files a consolidated federal income tax return with MMO and other affiliates.

Deferred income tax assets (DTAs) and liabilities (DTLs) represent the expected future tax consequences of temporary items with differences generated by statutory accounting as defined in SSAP No. 101. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis statutory statements of admitted assets, liabilities and capital and surplus are compared.

Current federal income tax, receivable in both 2024 and 2023, from Parent include all current income taxes, including interest, expected to be collected in a subsequent accounting period. Any tax related to the tax sharing agreement is included in the current federal income tax receivable/payable balance until the tax return is filed and amounts are then settled with the Parent.

The Company paid no federal income taxes during 2024 or 2023.

The Company is subject to federal income tax examinations by tax authorities for the years 2021 through 2024. The years 2020 and prior are closed.

1.

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 683,359		\$ 683,359	\$ 761,165		\$ 761,165	\$ (77,806)	\$ -	\$ (77,806)
(b) Statutory Valuation Allowance Adjustment	\$ 680,894		\$ 680,894	\$ 759,739		\$ 759,739	\$ (78,845)	\$ -	\$ (78,845)
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 2,465	\$ -	\$ 2,465	\$ 1,426	\$ -	\$ 1,426	\$ 1,039	\$ -	\$ 1,039
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 2,465	\$ -	\$ 2,465	\$ 1,426	\$ -	\$ 1,426	\$ 1,039	\$ -	\$ 1,039
(f) Deferred Tax Liabilities	\$ 2,465		\$ 2,465	\$ 1,426		\$ 1,426	\$ 1,039	\$ -	\$ 1,039
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

2.

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101			\$ -			\$ -	\$ -	\$ -	\$ -
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -			\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -			\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX		XXX	XXX		XXX	XXX	\$ -
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 2,465		\$ 2,465	\$ 1,426		\$ 1,426	\$ 1,039	\$ -	\$ 1,039
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 2,465	\$ -	\$ 2,465	\$ 1,426	\$ -	\$ 1,426	\$ 1,039	\$ -	\$ 1,039

3.

	2024	2023
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	3624.222%	2663.825%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 152,442,512	\$ 102,944,711

4.

	As of End of Current Period			12/31/2023			Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital		
Impact of Tax Planning Strategies:								
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.								
1. Adjusted Gross DTAs amount from Note 9A1 (c)	\$ 2,465	\$ -	\$ 1,426	\$ -	\$ 1,039	\$ -		
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%			0.000%	0.000%		
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 2,465	\$ -	\$ 1,426	\$ -	\$ 1,039	\$ -		
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%			0.000%	0.000%		

b. Do the Company's tax-planning strategies include the use of reinsurance?

## NOTES TO FINANCIAL STATEMENTS

B. There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2024 and 2023.

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2)		(3) (Col. 1 - 2) Change
		12/31/2023		
1. Current Income Tax				
(a) Federal	\$ 875,445	\$ (6,307,528)	\$ 7,182,973	
(b) Foreign			\$ -	
(c) Subtotal (1a+1b)	\$ 875,445	\$ (6,307,528)	\$ 7,182,973	
(d) Federal income tax on net capital gains		\$ -	\$ -	
(e) Utilization of capital loss carry-forwards			\$ -	
(f) Other	\$ (38,802)	\$ 23,676	\$ (62,478)	
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 836,643	\$ (6,283,852)	\$ 7,120,495	
2. Deferred Tax Assets:				
(a) Ordinary:				
(1) Discounting of unpaid losses			\$ -	
(2) Unearned premium reserve	\$ 560,432	\$ 543,707	\$ 16,725	
(3) Policyholder reserves	\$ 7,602	\$ 44,855	\$ (37,253)	
(4) Investments			\$ -	
(5) Deferred acquisition costs			\$ -	
(6) Policyholder dividends accrual			\$ -	
(7) Fixed assets			\$ -	
(8) Compensation and benefits accrual			\$ -	
(9) Pension accrual			\$ -	
(10) Receivables - nonadmitted			\$ -	
(11) Net operating loss carry-forward			\$ -	
(12) Tax credit carry-forward			\$ -	
(13) Other	\$ 115,325	\$ 172,603	\$ (57,278)	
(99) Subtotal (sum of 2a1 through 2a13)	\$ 683,359	\$ 761,165	\$ (77,806)	
(b) Statutory valuation allowance adjustment	\$ 680,894	\$ 759,739	\$ (78,845)	
(c) Nonadmitted			\$ -	
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 2,465	\$ 1,426	\$ 1,039	
(e) Capital:				
(1) Investments			\$ -	
(2) Net capital loss carry-forward			\$ -	
(3) Real estate			\$ -	
(4) Other			\$ -	
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$ -	\$ -	
(f) Statutory valuation allowance adjustment			\$ -	
(g) Nonadmitted			\$ -	
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -	
(i) Admitted deferred tax assets (2d + 2h)	\$ 2,465	\$ 1,426	\$ 1,039	
3. Deferred Tax Liabilities:				
(a) Ordinary:				
(1) Investments			\$ -	
(2) Fixed assets			\$ -	
(3) Deferred and uncollected premium			\$ -	
(4) Policyholder reserves			\$ -	
(5) Other	\$ 2,465	\$ 1,426	\$ 1,039	
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 2,465	\$ 1,426	\$ 1,039	
(b) Capital:				
(1) Investments			\$ -	
(2) Real estate			\$ -	
(3) Other			\$ -	
(99) Subtotal (3b1+3b2+3b3)	\$ -	\$ -	\$ -	
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 2,465	\$ 1,426	\$ 1,039	
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -	

D. The provision for federal income tax benefits is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

Description	December 31, 2024			December 31, 2023		
	Amount	Tax Effect	Effective Tax	Amount	Tax Effect	Effective Tax
(Loss) Income before taxes	\$ 5,874,000	\$ 1,234,000	21.0%	\$ 8,989,000	\$ 1,888,000	21.0%
Change in valuation allowance	(375,000)	(79,000)	-1.3%	(47,391,000)	(9,952,000)	-110.7%
Change in reserves for uncertain tax positions	(1,690,000)	(356,000)	-6.1%	505,000	106,000	1.2%
Change in nonadmitted assets	176,000	38,000	0.6%	7,974,000	1,674,000	18.6%
Permanent adjustments and other						
Federal income tax (benefit) expense	\$ 3,985,000	\$ 837,000	14.2%	\$ (29,923,000)	\$ (6,284,000)	-69.9%
Change in net deferred income taxes		837,000	14.2%		(6,284,000)	-69.9%
Federal income tax on capital gains		-	0.0%		-	0.0%
Total statutory income taxes		-	0.0%		-	0.0%
		837,000	14.2%		(6,284,000)	-69.9%

E. At December 31, 2024 and 2023, the Company did not have any net operating loss carryforwards. The Company has no capital loss carryforwards to utilize in future years at December 31, 2024 and 2023.

## NOTES TO FINANCIAL STATEMENTS

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### F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

Medical Mutual of Ohio  
 MedMutual Life Insurance Company  
 Medical Health Insuring Corporation of Ohio  
 Superior Dental Care, Inc.  
 Paramount Insurance Company  
 Paramount Care of Michigan  
 Paramount Care of Virginia  
 Paramount Care of Maryland  
 Paramount Care of Pennsylvania  
 Paramount Care Inc  
 Paramount Care of Indiana

The Company is party to a written tax sharing agreement with its Parent and other affiliates. According to the agreement each member pays taxes or receives credits (from the Parent) as if the member had filed a separate tax return. The payment is finalized for the tax year after the return is filed and/or after an IRS audit is completed. A member generating a taxable loss, or whose net operating losses (NOLs) or other tax attributes are utilized in the current year, or whose tax attributes are utilized, is compensated for such losses or attributes utilized in the year absorbed.

- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- H. Repatriation Transition Tax (RTT)  
 Not Applicable.
- I. Alternative Minimum Tax (AMT) Credit  
 Not Applicable.

### NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A-B: MMO provides administrative services to the Company in connection with an administrative services agreement. Expense allocations are reviewed periodically to ensure D-G. expenses are being appropriately charged to each affiliate and could vary from year-to-year. In 2024 and 2023, charges to the Company for these services totaled \$90,831,000 and \$74,005,000, respectively. These charges could vary if the administrative services were provided by an unaffiliated vendor. Amounts payable and receivable between the Company and MMO are settled within three months.

The Company received a capital contribution of \$44,285,000 and \$0 from MMO in 2024 and 2023, respectively

C; H  
 -O. Not Applicable.

### 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

- A. The Company has 25,000 shares of common stock authorized; 10,000 shares issued and outstanding. All shares have a par value of \$400.
- B. The Company has no preferred stock authorized or outstanding.
- C. The payment of dividends by the Company to MMO is limited and can only be made from earned profits unless prior approval is received from the Ohio Insurance Commissioner. The maximum amount of dividends that may be paid by insurance companies without prior approval of the Ohio Insurance Commissioner is also subject to restrictions relating to statutory capital and surplus and net income. There were no dividends paid by the Company in 2024 or 2023.
- D. Not Applicable.
- E. Within the limitations of (C) above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Not Applicable.
- H. Not Applicable.
- I. There were no changes in special surplus in 2024 or 2023.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is
- K. The Company issued the following surplus debentures or similar obligations:  
 Not Applicable.
- L. The impact of any restatement due to prior quasi-reorganizations is as follows:  
 Not Applicable.
- M. Not Applicable.

### NOTE 14 Liabilities, Contingencies and Assessments

- A. Contingent Commitments  
 Not Applicable.
- B. Assessments  
 Not Applicable.
- C. Gain Contingencies  
 Not Applicable.
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits  
 Not Applicable.
- E. Joint and Several Liabilities  
 Not Applicable.

## NOTES TO FINANCIAL STATEMENTS

### F. All Other Contingencies

Various lawsuits against the Company have arisen in the ordinary course of business. While the outcome of these matters cannot be predicted with certainty at this time, management believes they will not have a material adverse effect on the Company's financial position or results of operations.

The Company is subject to regulations that may result in assessments under state insurance guaranty association laws. The Company is not anticipating any significant assessments as of December 31, 2024.

### 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	\$ 80,539,472	\$ 84,542,129		\$ 80,539,472			

D. Not Practicable to Estimate Fair Value  
Not Applicable.

E. Not Applicable.

### NOTE 21 Other Items

A. Unusual or Infrequent Items

Not Applicable

B. Troubled Debt Restructuring: Debtors  
Not Applicable.

C. Other Disclosures

The Company is subject to certain RBC requirements specified by the NAIC and required by the ODI. Under those requirements, the amount of capital and surplus maintained by the Company is determined based on various risk factors. At December 31, 2024 and 2023, the Company met the RBC requirements.

MMO has guaranteed that the Company will maintain the minimum capital and surplus as required by Ohio law.

D. Business Interruption Insurance Recoveries  
Not Applicable.

E. State Transferable and Non-transferable Tax Credits  
Not Applicable.

F. Subprime Mortgage Related Risk Exposure  
Not Applicable.

G. Retained Assets  
Not Applicable.

## NOTES TO FINANCIAL STATEMENTS

H. Insurance-Linked Securities (ILS) Contracts  
Not Applicable.

**NOTE 22 Events Subsequent**

The Company has evaluated subsequent events from the end of the most recent fiscal year through March 1, 2025, the date the statutory financial statements were available to be issued, and determined that there have been no events that have occurred that would require adjustments to our disclosures in the financial statements.

**NOTE 23 Reinsurance**

A. Ceded Reinsurance Report

Effective January 1, 2023, the Company entered into a reinsurance agreement with MMO. Under the agreement, 100% of claims expenses are ceded to MMO, and net premiums earned are ceded net of claims adjustment and general and administrative expenses and other expense. Net investment income and net realized capital losses are not ceded under the agreement. The agreement is for one year with an automatic renewal unless the Company or MMO provides a written termination notice of 60 days.

The effects of reinsurance for the year ended December 31, 2024 are as follows:

	Year Ended December 31	
	2024	2023
Direct accident and health insurance premiums	\$ 642,146,000	\$ 629,668,000
Ceded accident and health insurance premiums	(494,562,000)	(501,762,000)
Assumed accident and health insurance premiums	-	-
<b>Net accident and health insurance premiums</b>	<b>\$ 147,584,000</b>	<b>\$ 127,906,000</b>

Differences between written and earned premiums subject to reinsurance are not significant.

	Year Ended December 31	
	2024	2023
Direct accident and health insurance benefits	\$ 611,374,000	\$ 505,492,000
Ceded accident and health insurance benefits	(614,117,000)	(511,242,000)
Assumed accident and health insurance benefits	-	-
<b>Net accident and health insurance benefits</b>	<b>\$ (2,743,000)</b>	<b>\$ (5,750,000)</b>

B. Uncollectible Reinsurance  
Not Applicable.

C. Commutation of Reinsurance Reflected in Income and Expenses.  
Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation  
Not Applicable.

E. Reinsurance Credit  
Not Applicable.

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

A. Not Applicable.

B. Not Applicable.

C. Not Applicable.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

At December 31, 2024 and 2023 no liability was recognized on the accompanying statutory statements of admitted assets, liabilities and capital and surplus as the calculated amounts exceeded the applicable thresholds.

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)	
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 134,632
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 12,946,000
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (43,455,154)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 134,255

## NOTES TO FINANCIAL STATEMENTS

(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	Ref	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)	\$ 1,076		\$ 596,025		\$ (594,949)	\$ -	\$ 594,949		A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)		\$ (8,388,991)		\$ (39,493,093)	\$ -	\$31,104,102		\$ (31,104,102)	B	\$ -	\$ -
3. Total ACA Permanent Risk Adjustment Program	\$ 1,076	\$ (8,388,991)	\$ 596,025	\$ (39,493,093)	\$ (594,949)	\$31,104,102	\$ 594,949	\$ (31,104,102)		\$ -	\$ -

## Explanations of Adjustments

A.

ACA Risk Adjustment based on new estimates received through December 31, 2024.

B.

ACA Risk Adjustment based on new estimates received through December 31, 2024.

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

The following table provides a reconciliation of the beginning and ending reserve balances for unpaid claims and claim adjustment expenses (CAE), net of reinsurance, and health care receivables.

	2024	2023
Unpaid claims and CAE	\$ 2,445,000	\$ 77,758,000
Reinsurance recoverable, net of allowances	(44,374,000)	-
Health care receivables	3,250,000	(22,339,000)
Drug Discount Liability	4,188,000	6,169,000
Reserves at beginning of year, net	<u>(34,491,000)</u>	<u>61,588,000</u>
Add provision for claims and CAE, net of reinsurance, occurring in		
Current year	51,825,000	40,134,000
Prior years	<u>(2,275,000)</u>	<u>(2,500,000)</u>
Net incurred claims and CAE during the current year	49,550,000	37,634,000
Deduct payments for claims and CAE, net of reinsurance:		
Current year	101,677,000	84,702,000
Prior years	<u>(40,864,000)</u>	<u>49,011,000</u>
Net claims and CAE payments during the current year	<u>60,813,000</u>	<u>133,713,000</u>
Reserves at end of year, net	(45,754,000)	(34,491,000)
Reinsurance recoverable, net of allowances	49,961,000	44,374,000
Health care receivables	-	(3,250,000)
Drug Discount Liability	(2,094,000)	(4,188,000)
Unpaid claims and unpaid claims adjustment expenses	<u>\$ 2,113,000</u>	<u>\$ 2,445,000</u>

The foregoing reconciliation shows that a \$2,275,000 redundancy in the December 31, 2023 reserves emerged in 2024, and a \$2,500,000 redundancy in the December 31, 2022 reserves emerged in 2023. The majority of the 2024 and 2023 redundancies resulted from differences in claims severity and utilization as compared to expectations.

At December 31, 2024 and 2023, health care receivables above include \$0 and \$0 respectively, that are nonadmitted in accordance with the original SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans (SSAP No. 84).

**NOTE 26 Intercompany Pooling Arrangements**

Not Applicable.

**NOTE 27 Structured Settlements**

Not Applicable.

**NOTE 28 Health Care Receivables**

## A. Pharmaceutical Rebate Receivables

The Company accounts for pharmaceutical rebate receivables in accordance with SSAP No. 84. There were no admitted receivable balances as of December 31, 2024 and 2023 included in health care and other receivables on the statutory statements of admitted assets, liabilities, and capital and surplus. These are comprised of the estimated pharmacy rebates for the current quarter as reported in the statutory financial statements plus the pharmacy rebates invoiced / confirmed for the preceding quarter. Additional details are included in the table below:

## NOTES TO FINANCIAL STATEMENTS

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
12/31/2024					
09/30/2024					
06/30/2024					
03/31/2024					
12/31/2023					
09/30/2023					
06/30/2023					
03/31/2023					
12/31/2022	\$ 7,131,000	\$ 7,131,000	\$ 967,665	\$ 6,965,424	\$ (1,277)
09/30/2022	\$ 6,143,000	\$ 7,058,000	\$ 5,921,445	\$ 2,232,837	\$ (83,031)
06/30/2022	\$ 5,974,000	\$ 6,680,000	\$ 5,793,801		\$ 2,064,867
03/31/2022	\$ 5,390,000	\$ 6,215,000	\$ 5,218,238	\$ (23,377)	\$ 1,533,298

**NOTE 29 Participating Policies**

Not Applicable.

**NOTE 30 Premium Deficiency Reserves**

Aggregate health policy reserves include premium deficiency reserves and reserves for contracts subject to redetermination. Premium deficiency reserves related to Medicare Supplement policies at December 31, 2024 and 2023, totaled \$0 and \$0, respectively. Premium deficiency reserves related to Individual ACA policies at December 31, 2024 and 2023, totaled \$0 and \$0. The aggregate health policy reserves also include a risk adjustment liability for ACA permanent risk adjustment program of \$0 and \$0 at December 31, 2024 and 2023, respectively. See the related policy below.

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?

**NOTE 31 Anticipated Salvage and Subrogation**

The reserves for unpaid claims and CAE at December 31, 2024 and 2023, have been reduced by \$200,000 and \$475,000, respectively, related to anticipated subrogation claims recoverable.























ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1 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, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  Ohio

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

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 State as of what date the latest financial examination of the reporting entity was made or is being made. ....  12/31/2023

3.2 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

3.3 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

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

3.5 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 ]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ X ]  No [ ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  Yes [ ]  No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.

5.2 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 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

6.1 Has the 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 ]

6.2 If yes, give full information  
 .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

7.2 If yes,  
 7.21 State the percentage of foreign control .....  %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

RSM US LLP 801 Nicollet Mall, Suite 1200 Minneapolis, MN 55402 .....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? .....

Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Ms. Alisa Widmer, FSA, MAAA, Risk & Regulatory Consulting, LLC, 20 Batterson Park Road, Suite 380, Farmington, CT 06032 .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]

12.11 Name of real estate holding company ...

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]

Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

14.1 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 [ X ] 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.

14.11 If the response to 14.1 is No, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....
20.12 To stockholders not officers.....	\$ .....
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....
20.22 To stockholders not officers.....	\$ .....
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....
21.22 Borrowed from others.....	\$ .....
21.23 Leased from others .....	\$ .....
21.24 Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ X ] No [ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	39,493,093
22.22 Amount paid as expenses .....	\$ .....
22.23 Other amounts paid .....	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....	.....

**INVESTMENT**

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio**  
**GENERAL INTERROGATORIES**

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? .... Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? .... Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? .... Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .... \$ ..... 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .... \$ ..... 0

25.093 Total payable for securities lending reported on the liability page .... \$ ..... 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements .....	\$ ..... 0
26.22 Subject to reverse repurchase agreements .....	\$ ..... 0
26.23 Subject to dollar repurchase agreements .....	\$ ..... 0
26.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
26.25 Placed under option agreements .....	\$ ..... 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ ..... 0
26.27 FHLB Capital Stock .....	\$ ..... 0
26.28 On deposit with states .....	\$ ..... 738,795
26.29 On deposit with other regulatory bodies .....	\$ ..... 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ ..... 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ ..... 0
26.32 Other .....	\$ ..... 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .... Yes [ ] No [ X ]

27.2 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.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .... Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] No [ ]
27.42 Permitted accounting practice .....	Yes [ ] No [ ]
27.43 Other accounting guidance .....	Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .... Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

29. 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 [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
FIFTH THIRD BANK .....	5050 KINGSLEY DRIVE, CINCINNATI, OHIO 45263 .....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

29.02 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 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 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. This includes both primary and sub-advisors. 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 Name of Firm or Individual	2 Affiliation
JAMES CELLURA .....	I .....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total	.....	0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio

## GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	84,542,129	80,539,472	(4,002,657)
31.2 Preferred stocks .....	0		0
31.3 Totals	84,542,129	80,539,472	(4,002,657)

31.4 Describe the sources or methods utilized in determining the fair values:

The fair value of our securities was determined by utilizing prices obtained from our custodian, Fifth Third Bank. Fifth Third utilizes ICE Data Services for their pricing.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

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

33.2 If no, list exceptions:

.....

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

- a. 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.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. 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 [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]

36. 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:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. 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.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. 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.
- f. 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 [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ] No [ X ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ X ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ .....

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

41.1 Amount of payments for legal expenses, if any? ..... \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
1.2	If yes, indicate premium earned on U.S. business only. ....	\$ 281,838,379
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ....	\$ .....
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$ .....
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ 249,308,806
1.6	Individual policies:	Most current three years: 1.61 Total premium earned ..... \$ 32,048,088 1.62 Total incurred claims ..... \$ 27,767,674 1.63 Number of covered lives ..... 19,999 All years prior to most current three years: 1.64 Total premium earned ..... \$ 249,790,291 1.65 Total incurred claims ..... \$ 221,541,133 1.66 Number of covered lives ..... 98,723
1.7	Group policies:	Most current three years: 1.71 Total premium earned ..... \$ 0 1.72 Total incurred claims ..... \$ 0 1.73 Number of covered lives ..... 0 All years prior to most current three years: 1.74 Total premium earned ..... \$ 0 1.75 Total incurred claims ..... \$ 0 1.76 Number of covered lives ..... 0
2.	Health Test:	1 Current Year 2 Prior Year
2.1	Premium Numerator .....	147,584,178 ..... 127,906,348
2.2	Premium Denominator .....	147,584,178 ..... 127,906,348
2.3	Premium Ratio (2.1/2.2) .....	1.000 ..... 1.000
2.4	Reserve Numerator .....	(86,920) ..... 658,000
2.5	Reserve Denominator .....	(86,920) ..... 658,000
2.6	Reserve Ratio (2.4/2.5) .....	1.000 ..... 1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
3.2	If yes, give particulars: .....	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
5.2	If no, explain: .....	
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical ..... \$ .....
		5.32 Medical Only ..... \$ .....
		5.33 Medicare Supplement ..... \$ .....
		5.34 Dental & Vision ..... \$ .....
		5.35 Other Limited Benefit Plan ..... \$ .....
		5.36 Other ..... \$ .....
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: .....	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
7.2	If no, give details .....	
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year ..... 66,842 8.2 Number of providers at end of reporting year ..... 71,421
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months.. \$ .....
		9.22 Business with rate guarantees over 36 months ..... \$ .....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [  ] No [  ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ ..... 1,025,200
10.22 Amount actually paid for year bonuses.....	\$ ..... 135,569
10.23 Maximum amount payable withholds.....	\$ ..... 10.24 Amount actually paid for year withholds.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
11.13 An Individual Practice Association (IPA), or, .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
11.14 A Mixed Model (combination of above)? ....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [  ] No [  ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. ..... Ohio

11.4 If yes, show the amount required. ..... \$ ..... 8,147,226

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [  ] No [  ]

11.6 If the amount is calculated, show the calculation

Greater of 10% of total liabilities or minimum net worth per ORC 1751.28 .....

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
.....

13.1 Do you act as a custodian for health savings accounts? ..... Yes [  ] No [  ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes [  ] No [  ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [  ] No [  ] N/A [  ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written .....	\$ .....
15.2 Total Incurred Claims .....	\$ .....
15.3 Number of Covered Lives .....	.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [  ] No [  ]

16.1 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 [  ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**FIVE-YEAR HISTORICAL DATA**

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	233,915,070	197,534,099	254,516,530	243,904,097	273,099,480
2. Total liabilities (Page 3, Line 24)	81,472,558	94,589,388	176,245,791	144,184,588	190,134,763
3. Statutory minimum capital and surplus requirement	8,147,226	9,133,919	17,624,579	14,418,459	19,013,476
4. Total capital and surplus (Page 3, Line 33)	152,442,512	102,944,711	78,270,739	99,719,509	82,964,717
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	147,584,178	127,906,348	616,592,755	542,789,386	592,530,106
6. Total medical and hospital expenses (Line 18)	(2,742,894)	(5,749,806)	541,525,225	452,954,866	466,426,478
7. Claims adjustment expenses (Line 20)	52,293,107	43,383,709	39,873,603	30,925,616	33,240,756
8. Total administrative expenses (Line 21)	93,787,926	86,423,043	77,031,447	72,585,776	91,331,235
9. Net underwriting gain (loss) (Line 24)	4,246,039	3,849,403	(46,644,520)	(19,277,872)	831,637
10. Net investment gain (loss) (Line 27)	2,942,948	6,677,990	3,116,514	1,895,037	2,893,200
11. Total other income (Lines 28 plus 29)	(1,315,482)	(1,538,861)	(1,974,737)	(1,326,115)	(1,623,028)
12. Net income or (loss) (Line 32)	5,036,862	15,272,383	(37,046,845)	(15,829,170)	349,684
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(10,752,670)	(55,041,726)	(25,058,933)	(39,970,660)	(33,397,936)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	152,442,512	102,944,711	78,270,739	99,719,509	82,964,717
15. Authorized control level risk-based capital	4,206,213	3,864,545	19,852,840	16,442,494	17,443,588
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	204,693	199,821	203,451	197,690	206,431
17. Total members months (Column 6, Line 7)	2,449,539	2,405,913	2,450,791	2,349,367	2,460,643
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	(1.9)	(4.5)	87.8	83.4	78.7
20. Cost containment expenses	18.5	18.7	3.5	3.0	2.6
21. Other claims adjustment expenses	17.0	15.2	3.0	2.7	3.0
22. Total underwriting deductions (Line 23)	97.1	97.0	107.6	103.6	99.9
23. Total underwriting gain (loss) (Line 24)	2.9	3.0	(7.6)	(3.6)	0.1
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	1,519,546	47,691,337	47,030,690	47,700,391	56,853,382
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	3,911,084	53,441,281	47,993,511	60,982,446	67,849,373
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes  No

If no, please explain: .....

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS****Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama .....	AL	N							0	
2. Alaska .....	AK	N							0	
3. Arizona .....	AZ	L							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	L							0	
35. North Dakota .....	ND	N							0	
36. Ohio .....	OH	L	642,145,752						642,145,752	
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	642,145,752	0	0	0	0	0	642,145,752	0
60. Reporting Entity Contributions for Employee Benefit Plans .....		XXX							0	
61. Totals (Direct Business)		XXX	642,145,752	0	0	0	0	0	642,145,752	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:

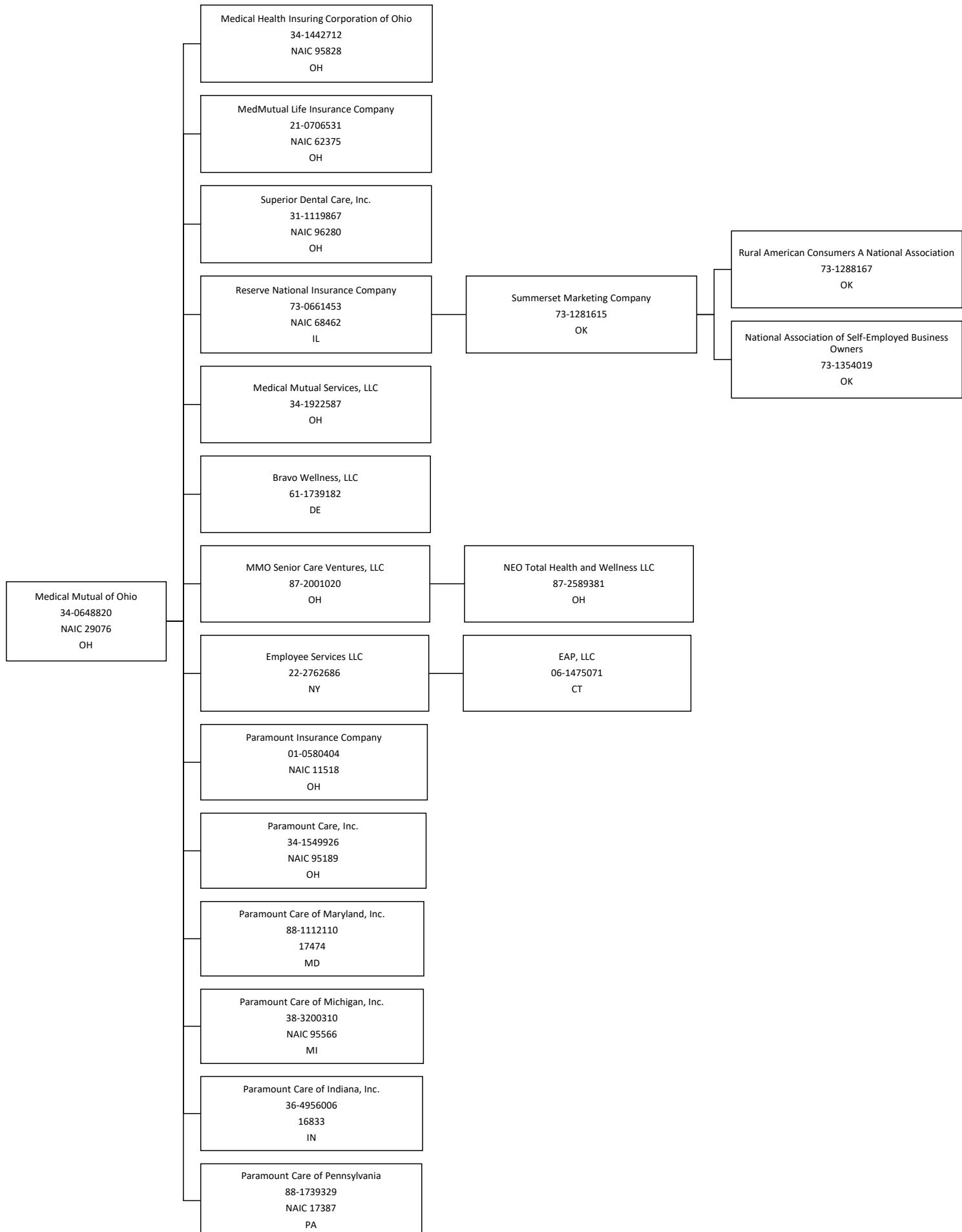
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3 4. Q - Qualified - Qualified or accredited reinsurer..... 0

2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 54

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

(b) Explanation of basis of allocation by states, premiums by state, etc.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation of Ohio  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Contraceptive Only Coverage Receivable .....	40,341	0	40,341	44,851
2505. CSR Filing Recovery Receivable .....	2,204,771		2,204,771	
2597. Summary of remaining write-ins for Line 25 from overflow page	2,245,112	0	2,245,112	44,851

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Amount due to PBM .....			0	3,250,201
2397. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	3,250,201