



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

Medical Mutual of Ohio

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

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

Country of Domicile _____ United States of America

Licensed as business type: _____ Property/Casualty _____

Is HMO Federally Qualified? Yes [] No []

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

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

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

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

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

Internet Website Address www.MedMutual.com

Statutory Statement Contact Debra Gibson, 216-687-2860
(Name) (Area Code) (Telephone Number)
Debra.Gibson@medmutual.com, 216-360-4073
(E-mail Address) (FAX Number)

OFFICERS

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

CHIEF FINANCIAL OFFICER	CHIEF EXECUTIVE OFFICER	CHIEF FINANCIAL OFFICER
Thomas Parke Dewey, EVP Lori Ann Jonston, EVP	Christopher James Albert Donovan, EVP Dr. Dee Bialecki Haase #, EVP	Andrea Marie Hogben, EVP Raymond Karl Mueller, Senior Advisor

State of Ohio _____ SS
County of Cuyahoga

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

Anthony Michael Helton
President & CEO

Andrea Marie Hogben
Interim Secretary

James Edward McNutt
Treasurer & CFO

Subscribed and sworn to before me this
____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,299,429					1,299,429
Group Subscribers:						
Medical Health Insuring Company	55,430,510					55,430,510
COSE Health & Wellness Trust	48,803,576					48,803,576
CADA Group Health Plan	11,168,856					11,168,856
0299997. Group subscriber subtotal	115,402,941	0	0	0	0	115,402,941
0299998. Premiums due and unpaid not individually listed	5,772,396					5,772,396
0299999. Total group	121,175,337	0	0	0	0	121,175,337
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
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.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	122,474,766	0	0	0	0	122,474,766

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts	21,033,667	21,033,667	21,033,667	7,270,753	7,270,753	63,101,000
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	342,667	342,667	342,667	3,258,998	4,286,998	0
0199999. Total Pharmaceutical Rebate Receivables	21,376,333	21,376,333	21,376,333	10,529,751	11,557,751	63,101,000
Express Scripts	1,134,292	1,134,292	1,134,292	10,208,626	13,611,501	.....
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	287,789	287,789	287,789	4,194,188	4,007,324	1,050,231
0299999. Total Claim Overpayment Receivables	1,422,081	1,422,081	1,422,081	14,402,814	17,618,825	1,050,231
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	849,758	849,758	849,758	849,758	1,901,279	1,497,752
0399999. Total Loans and Advances to Providers	849,758	849,758	849,758	849,758	1,901,279	1,497,752
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	181,535	181,510	181,510	.....	.....	544,555
0699999. Total Other Health Care Receivables	181,535	181,510	181,510	0	0	544,555
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0799999 Gross health care receivables	23,829,706	23,829,682	23,829,682	25,782,323	31,077,855	66,193,538

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	71,619,092	171,292,144	74,658,751	71,619,092	70,818,126	
2. Claim overpayment receivables	24,554,648	189,131,389	1,022,341	17,646,715	25,576,989	23,814,886
3. Loans and advances to providers		12,706,608		3,399,031	0	3,508,886
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	5,652,585	10,495,856	37,340	507,216	5,689,924	442,810
7. Totals (Lines 1 through 6)	101,826,325	383,625,998	1,059,680	96,211,713	102,886,006	98,584,707

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						429,797,523
0699999. Total amounts withheld						
0799999. Total claims unpaid						429,797,523
0899999 Accrued medical incentive pool and bonus amounts						8,912,105

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Paramount Care, Inc	Revenues collected on behalf of subsidiary	26,571,576	26,571,576	
Medical Mutual Services, LLC	Revenues collected on behalf of subsidiary	18,653,741	18,653,741	
Paramount Care of Michigan	Revenues collected on behalf of subsidiary	9,298,552	9,298,552	
MedMutual Life Insurance Company	Revenues collected on behalf of subsidiary	3,375,831	3,375,831	
Superior Dental Care, Inc	Revenues collected on behalf of subsidiary	910,352	910,352	
0199999. Individually listed payables		58,810,052	58,810,052	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		58,810,052	58,810,052	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries.....	0	0.0		0.0		
3. All other providers.....	10,028,736	0.4	24,678	2.9		10,028,736
4. Total capitation payments.....	10,028,736	0.4	24,678	2.9	0	10,028,736
Other Payments:						
5. Fee-for-service	6,037,674	0.3	XXX	XXX		6,037,674
6. Contractual fee payments	2,104,681,733	87.7	XXX	XXX		2,104,681,733
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	7,594,820	0.3	XXX	XXX		7,594,820
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	271,236,962	11.3	XXX	XXX		271,236,962
12. Total other payments	2,389,551,190	99.6	XXX	XXX	0	2,389,551,190
13. TOTAL (Line 4 plus Line 12)	2,399,579,925	100%	XXX	XXX	0	2,399,579,925

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
99999999 Totals			XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	28,386,771		21,359,033	7,027,738	7,027,738	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	0		0	0	0	
6. Total	28,386,771	0	21,359,033	7,027,738	7,027,738	0



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Georgia			DURING THE YEAR 2024								NAIC Company Code		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

30.GA

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Indiana			DURING THE YEAR 2024							NAIC Company Code			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

30.IN
NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2024						NAIC Company Code	29076		
		1	2	3	4	5	6	7	8	9	10			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	461													461
2. First Quarter	480													480
3. Second Quarter	455													455
4. Third Quarter	437													437
5. Current Year	461													461
6. Current Year Member Months	5,511													5,511
Total Member Ambulatory Encounters for Year:														
7 Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	519,888													519,888
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	519,888													519,888
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	990,775													990,775
18. Amount Incurred for Provision of Health Care Services	990,775													990,775

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

and number of persons insured under indemnity only products

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF North Carolina			DURING THE YEAR 2024						NAIC Company Code				
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

30.NC
NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2024						NAIC Company Code	29076				
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:																
1. Prior Year		895,831	11,033	226,087	6,568	62,356	45,706	1,804	40,978						501,299	
2. First Quarter		873,608	9,819	216,487	6,093	66,999	45,513	1,901	44,314						482,482	
3. Second Quarter		862,346	9,476	216,144	6,070	67,822	45,610	1,930	44,818						470,476	
4. Third Quarter		858,384	9,133	213,043	5,937	68,193	45,349	1,992	45,425						469,312	
5. Current Year		857,458	8,862	211,593	6,052	68,548	45,235	2,014	46,714						468,440	
6. Current Year Member Months		10,343,970	113,539	2,579,301	72,816	809,555	544,282	23,344	540,942						5,660,191	
Total Member Ambulatory Encounters for Year:																
7 Physician		2,630,286	54,085	1,536,648	119,383	21	1,737	14,270	882,751						21,391	
8. Non-Physician		2,254,325	41,132	1,322,015	85,727	570	73,323	11,434	707,437						12,687	
9. Total		4,884,611	95,217	2,858,663	205,110	591	75,060	25,704	1,590,188	0	0	0	0	34,078	0	
10. Hospital Patient Days Incurred		160,980	1,237	53,658	13,235			2,291	90,156	0	0	0	0	0	403	0
11. Number of Inpatient Admissions		25,298	247	12,990	1,695			284	9,980	0	0	0	0	0	102	0
12. Health Premiums Written (b)		2,733,039,410	68,528,268	1,711,230,697	19,430,193	4,689,070	14,049,431	13,004,226	593,883,494	0					308,224,033	
13. Life Premiums Direct		0														
14. Property/Casualty Premiums Written		0														
15. Health Premiums Earned.....		2,733,039,410	68,528,268	1,711,230,697	19,430,193	4,689,070	14,049,431	13,004,226	593,883,494	0					308,224,033	
16. Property/Casualty Premiums Earned		0														
17. Amount Paid for Provision of Health Care Services.....		2,398,589,151	49,277,957	1,442,630,126	15,426,626	3,602,818	11,459,552	13,260,002	582,312,070						280,620,000	
18. Amount Incurred for Provision of Health Care Services		2,427,386,796	51,160,369	1,460,351,016	14,624,408	3,602,834	11,532,943	13,982,106	592,183,825	0					279,949,295	

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Pennsylvania			DURING THE YEAR 2024						NAIC Company Code				
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

30.PA

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							NAIC Company Code				
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	2024	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	2024	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services															
18. Amount Incurred for Provision of Health Care Services															

30:SC

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR								NAIC Company Code			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	2024	10	11	12	13	14
		2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid		Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services															
18. Amount Incurred for Provision of Health Care Services															

W.0.WV
NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Wisconsin			DURING THE YEAR 2024						NAIC Company Code				
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services														

30.WI
NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF			Grand Total		DURING THE YEAR					2024		NAIC Company Code	29076				
		Comprehensive (Hospital & Medical)		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
		Total	Individual		Group		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																			
1. Prior Year	896,292	11,033	226,087		6,568	62,356	45,706	1,804	40,978	0	0	0	0	0	0	501,760	0		
2. First Quarter	874,088	9,819	216,487		6,093	66,999	45,513	1,901	44,314	0	0	0	0	0	0	482,962	0		
3. Second Quarter	862,801	9,476	216,144		6,070	67,822	45,610	1,930	44,818	0	0	0	0	0	0	470,931	0		
4. Third Quarter	858,821	9,133	213,043		5,937	68,193	45,349	1,992	45,425	0	0	0	0	0	0	469,749	0		
5. Current Year	857,919	8,862	211,593		6,052	68,548	45,235	2,014	46,714	0	0	0	0	0	0	468,901	0		
6. Current Year Member Months	10,349,481	113,539	2,579,301		72,816	809,555	544,282	23,344	540,942	0	0	0	0	0	0	5,665,702	0		
Total Member Ambulatory Encounters for Year:																			
7 Physician	2,630,286	54,085	1,536,648		119,383	21	1,737	14,270	882,751	0	0	0	0	0	0	21,391	0		
8. Non-Physician	2,254,325	41,132	1,322,015		85,727	570	73,323	11,434	707,437	0	0	0	0	0	0	12,687	0		
9. Total	4,884,611	95,217	2,858,663		205,110	591	75,060	25,704	1,590,188	0	0	0	0	0	0	34,078	0		
10. Hospital Patient Days Incurred	160,980	1,237	53,658		13,235	0	0	2,291	90,156	0	0	0	0	0	0	403	0		
11. Number of Inpatient Admissions	25,298	247	12,990		1,695	0	0	284	9,980	0	0	0	0	0	0	102	0		
12. Health Premiums Written (b)	2,733,559,298	68,528,268	1,711,230,697		19,430,193	4,689,070	14,049,431	13,004,226	593,883,494	0	0	0	0	0	0	308,743,920	0		
13. Life Premiums Direct	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,733,559,298	68,528,268	1,711,230,697		19,430,193	4,689,070	14,049,431	13,004,226	593,883,494	0	0	0	0	0	0	308,743,920	0		
16. Property/Casualty Premiums Earned	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,399,579,925	49,277,957	1,442,630,126		15,426,626	3,602,818	11,459,552	13,260,002	582,312,070	0	0	0	0	0	0	281,610,774	0		
18. Amount Incurred for Provision of Health Care Services	2,428,377,571	51,160,369	1,460,351,016		14,624,408	3,602,834	11,532,943	13,982,106	592,183,825	0	0	0	0	0	0	280,940,069	0		

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
....95828 .....	..34-1442712 ..	..01/01/2023 ..	Medical Health Insuring Corporation of Ohio	OH.....	....QA/I.....	....CMM.....	....282,877,477		....50,087,250	....49,957,793		
....95828 .....	..34-1442712 ..	..01/01/2023 ..	Medical Health Insuring Corporation of Ohio	OH.....	....QA/I.....	....MR.....	....207,082,600		....34,059,000			
....95828 .....	..34-1442712 ..	..01/01/2023 ..	Medical Health Insuring Corporation of Ohio	OH.....	....QA/I.....	....D.....	....3,472,198		....330,000			
0299999. U.S. Affiliates - Other							493,432,275	0	84,476,250	49,957,793	0	0
0399999. Total - U.S. Affiliates							493,432,275	0	84,476,250	49,957,793	0	0
0699999. Total - Non-U.S. Affiliates								0	0	0	0	0
0799999. Total - Affiliates							493,432,275	0	84,476,250	49,957,793	0	0
.....81-6240902 ..	..01/01/2020 ..	..	COSE Health and Wellness Trust	OH.....	....QA/G.....	....CMM.....	....284,201,486			....56,507,606		
.....34-1320838 ..	..05/01/2021 ..	..	CADA Group Health Plan	OH.....	....QA/G.....	....CMM.....	....13,887,147			....10,986,722		
.....47-2303889 ..	..01/01/2021 ..	..	Builders Exchange Benefit Trust	OH.....	....QA/G.....	....CMM.....	....(1,574,122)			....0		
0899999. U.S. Non-Affiliates							296,514,510	0	0	67,494,328	0	0
1099999. Total - Non-Affiliates							296,514,510	0	0	67,494,328	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							789,946,785	0	84,476,250	117,452,121	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)								0	0	0	0	0
.....
.....
.....
.....
9999999 - Totals							789,946,785	0	84,476,250	117,452,121	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 2

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999.	Total General Account Authorized						0	0	0	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
....0000	....30-1157485 ..	01/01/2020	Dedicated Columbus Ohio, LLC	FL	....OTH/I.....	MR.....	43,732,298						
....0000	....83-3843209 ..	01/01/2022	WellBe Senior Medical, LLC	IL	....OTH/I.....	OH.....	211,379						
....0000	....87-2589381 ..	01/01/2023	NEO Total Health and Wellness	OH	....OTH/I.....		211,141						
14421	....27-1595679 ..	01/01/2021	Eyemed Insurance Company	AZ	....OTH/I.....		1,690,375						
14421	....27-1595679 ..	01/01/2021	Eyemed Insurance Company	AZ	....OTH/I.....		8,721						
14421	....27-1595679 ..	01/01/2021	Eyemed Insurance Company	AZ	....OTH/G.....		269,710						
14421	....27-1595679 ..	01/01/2021	Eyemed Insurance Company	AZ	....OTH/I.....		0						
14421	....27-1595679 ..	01/01/2021	Eyemed Insurance Company	AZ	....OTH/I.....		1,408,256						
1999999.	General Account - Unauthorized U.S. Non-Affiliates						47,531,881	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						47,531,881	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						47,531,881	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						47,531,881	0	0	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							47,531,881	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							47,531,881	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
83-3843209	01/01/2022	WellBe Senior Medical, LLC		61,412,319			61,412,319						55,265,275	55,265,275
0199999. General Account - Life and Annuity U.S. Affiliates - Captive				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	0	0	0	0	XXX	0	0	0	0	0
2399999. Total General Account				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	61,412,319	0	61,412,319	0	XXX	0	0	0	55,265,275	55,265,275

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 5

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

None

NONE

(a)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	1,687	1,483	1,426	1,557	0
2. Title XVIII - Medicare	45,845	39,589	20,625	1,780	240
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					0
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	4,171	3,562	2,544	0	0
8. Reinsurance recoverable on paid losses	57,242	21,402	18,877	82	173
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					0
18. Funds deposited by and withheld from (F)					0
19. Letters of credit (L)					0
20. Trust agreements (T)					0
21. Other (O)					0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	2,381,605,986		2,381,605,986
2. Accident and health premiums due and unpaid (Line 15)	128,939,592		128,939,592
3. Amounts recoverable from reinsurers (Line 16.1)	57,241,763	(57,241,763)	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	134,439,641		134,439,641
6. Total assets (Line 28)	2,702,226,983	(57,241,763)	2,644,985,219
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	425,626,968	4,170,555	429,797,523
8. Accrued medical incentive pool and bonus payments (Line 2)	8,912,105		8,912,105
9. Premiums received in advance (Line 8)	48,377,521		48,377,521
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	6,147,044	(6,147,044)	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	784,095,412	(55,265,275)	728,830,137
15. Total liabilities (Line 24)	1,273,159,049	(57,241,763)	1,215,917,286
16. Total capital and surplus (Line 33)	1,429,067,933	XXX	1,429,067,933
17. Total liabilities, capital and surplus (Line 34)	2,702,226,983	(57,241,763)	2,644,985,219
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		4,170,555	
19. Accrued medical incentive pool		0	
20. Premiums received in advance		0	
21. Reinsurance recoverable on paid losses		57,241,763	
22. Other ceded reinsurance recoverables		0	
23. Total ceded reinsurance recoverables		61,412,319	
24. Premiums receivable		0	
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		0	
26. Unauthorized reinsurance		6,147,044	
27. Reinsurance with Certified Reinsurers		0	
28. Funds held under reinsurance treaties with Certified Reinsurers		0	
29. Other ceded reinsurance payables/offsets		55,265,275	
30. Total ceded reinsurance payables/offsets		61,412,319	
31. Total net credit for ceded reinsurance		0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.0730	Medical Mutual of Ohio	29076	34-0648820			Medical Mutual of Ohio .....	.. OH....	.. RE....		Board of Directors.....	0.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	95828	34-1442712			Medical Health Insuring Corporation of Ohio .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	62375	21-0706531			MedMutual Life Insurance Company .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	96280	31-1119867			Superior Dental Care, Inc .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	68462	73-0661453			Reserve National Insurance Company .....	.. IL....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	95189	34-1549926			Paramount Care, Inc. .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	95566	38-3200310			Paramount Care of Michigan, Inc. .....	.. MI....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	11518	01-0580404			Paramount Insurance Company .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	16833	36-4956006			Paramount Care of Indiana, Inc .....	.. IN....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	17474	88-1112110			Paramount Care of Maryland, Inc. .....	.. MD....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
.0730	Medical Mutual of Ohio	17387	88-1739329			Paramount Care of Pennsylvania .....	.. PA....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		34-1922587			Medical Mutual Services, LLC .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		61-1739182			Bravo Wellness, LLC .....	.. DE....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		22-2762686			Employee Services LLC .....	.. NY....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		06-1475071			EAP, LLC .....	.. CT....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		87-2001020			MMO Senior Care Ventures, LLC .....	.. OH....	.. DS....	Medical Mutual of Ohio	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		87-2589381			NEO Total Health and Wellness LLC .....	.. OH....	.. DS....	MMO Senior Care Ventures, LLC	Ownership.....	.50.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		73-1281615			Sumerset Marketing Company .....	.. OK....	.. DS....	Reserve National Insurance Company	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		73-1288167			Rural American Consumers A National Association .....	.. OK....	.. DS....	Sumerset Marketing Company	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
	Medical Mutual of Ohio		73-1354019			National Association of Self-Employed Business Owners .....	.. OK....	.. DS....	Sumerset Marketing Company	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO....	
											0.000 ...				

Asterisk	Explanatory
.....

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
29076	34-0648820	Medical Mutual of Ohio	7,118,000	(295,263,031)	0	0	403,224,610	(119,498,735)		0	(4,419,156)	8,380,433
95828	34-1442712	Medical Health Insuring Corporation of Ohio	0	44,284,789	0	0	(90,830,839)	119,498,735		0	72,952,685	(8,380,433)
62375	21-0706531	MedMutual Life Insurance Company	0	0	0	0	(902,569)	0		0	(902,569)	0
96280	31-1119867	Superior Dental Care, Inc	0	0	0	0	(2,194,898)	0		0	(2,194,898)	0
68462	73-0661453	Reserve National Insurance Company	0	0	0	0	(7,932,112)	0		0	(7,932,112)	0
95189	34-1549926	Paramount Care, Inc.	0	28,758,058	0	0	(37,382,563)	0		0	(8,624,505)	0
95566	38-3200310	Paramount Care of Michigan, Inc.	0	7,574,096	0	0	3,904,508	0		0	11,478,604	0
11518	01-0580404	Paramount Insurance Company	0	22,546,088	0	0	27,549,633	0		0	50,095,721	0
16833	36-4956006	Paramount Care of Indiana, Inc	0	0	0	0	18,369	0		0	18,369	0
17474	88-1112110	Paramount Care of Maryland, Inc.	0	0	0	0	0	0		0	0	0
17387	88-1739329	Paramount Care of Pennsylvania	0	0	0	0	0	0		0	0	0
	34-1922587	Medical Mutual Services, LLC	0	188,000,000	0	0	(294,275,471)	0		0	(106,275,471)	0
	61-1739182	Bravo Wellness, LLC	0	4,100,000	0	0	(8,420)	0		0	4,091,580	0
	22-2762686	Employee Services LLC	(7,118,000)	0	0	0	(1,170,248)	0		0	(8,288,248)	0
	06-1475071	EAP, LLC	0	0	0	0	0	0		0	0	0
	87-2001020	MMO Senior Care Ventures, LLC	0	0	0	0	0	0		0	0	0
	87-2589381	NEO Total Health and Wellness LLC	0	0	0	0	0	0		0	0	0
	73-1281615	Summerset Marketing Company	0	0	0	0	0	0		0	0	0
	73-1288167	Rural American Consumers A National Association	0	0	0	0	0	0		0	0	0
	73-1354019	National Association of Self-Employed Business Owners	0	0	0	0	0	0		0	0	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....	YES
2. Will an actuarial opinion be filed by March 1?	.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....	YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES

JUNE FILING

8. Will an audited financial report be filed by June 1?	.....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....	YES

SUPPLEMENTAL FILINGS

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

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	.....	YES

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	.....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	.....	YES

AUGUST FILING

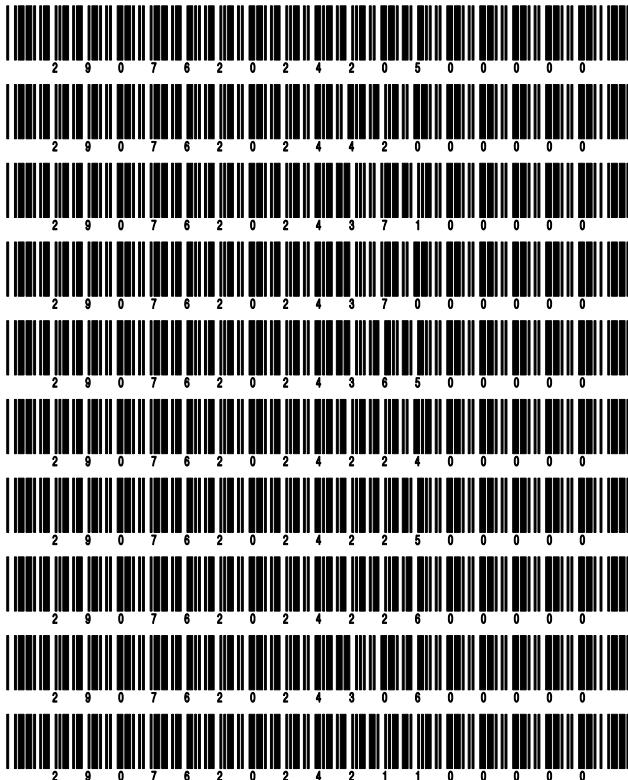
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
--	-------	-----

Explanations:

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

Bar Codes:

11. Life Supplement [Document Identifier 205]
12. SIS Stockholder Information Supplement [Document Identifier 420]
13. Participating Opinion for Exhibit 5 [Document Identifier 371]
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
15. Medicare Part D Coverage Supplement [Document Identifier 365]
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
18. Relief from the Requirements for Audit Committees [Document Identifier 226]
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]
21. Life Supplement [Document Identifier 211]





SUPPLEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0730

NAIC Company Code 29076

ADDRESS (City, State and Zip Code) Cleveland, OH 44144

Person Completing This Exhibit Stephen Spears

Title Director of Actuarial Services

Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name		12	13	Percent of Premiums Earned		16	17	Number of Covered Lives
N/A	NG8903-W	P.	NO.	0204060	10/17/1990			03/01/1990	MediComp	44,025	18,134	41.2	11	0	0	0.0
	NG8817; CEP84000; CEP86001S-M; NG9001;															
N/A	R2005w/cRx	P.	NO.	0204060	09/02/1988			01/01/1990	NonGroup Regular Option MediFil	56,229	18,071	32.1	10	0	0	0.0
	NG8817; CEP84000; CEP86001S-M; CEP85000; NG9001; R2005w/oR															
N/A	x	P.	NO.	0204060	09/02/1988			01/01/1990	NonGroup High Option MediFil	88,432	29,047	32.8	13	0	0	0.0
	NG8903-W; NG8806; NG8806-S;															
N/A	R2005w/cRx	P.	NO.	0204060	10/17/1990			12/31/1991	MediFil Ohio	83,770	63,963	76.4	20	0	0	0.0
									MediFil Part A Deductible							
N/A	NG8902-W	P.	NO.	0204060	10/17/1990			12/31/1991	Not Covered	10,852	3,527	32.5	4	0	0	0.0
									MediFil Ohio A	26,086	14,157	54.3	10	0	0	0.0
YES	NG9200A/W 11/91	A.	NO.	0204060	11/26/1991			03/31/2000	MediFil Ohio C	642,516	701,536	109.2	176	0	0	0.0
									MediFil Ohio A - Attained							
YES	NG9200A/R1200	A.	NO.	0204060	12/28/2000			01/31/2004	Age	23,847	21,918	91.9	7	0	0	0.0
									MediFil Ohio C - Attained							
YES	NG9200C/R1200	C.	NO.	0204060	12/28/2000			01/31/2004	Age	623,723	361,988	58.0	109	0	0	0.0
									Medicare Select Plan C	0	0	0.0	0	0	0	0.0
YES	STMS - NG0000	C.	YES.	0204060	11/01/2002			01/31/2004	Medicare Supplement Individual Policy - Plan A	0	0	0.0	0	0	0	0.0
	STM-NG2004-A; R2004-NG/MED/OH;								Medicare Supplement Individual Policy - Plan A	0	0	0.0	0	0	0	0.0
YES	STM-NG2008-A	A.	NO.	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0
									Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0
YES	STM-NG2010-A	A.	NO.	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan A	47,765	31,288	65.5	21	3,065	249	8.1
	STM-NG2004-C; R2004-NG/MED/OH;								Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0
YES	STM-NG2008-C	C.	NO.	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0
									Medicare Select Individual Policy - Plan C	1,452,202	869,568	59.9	360	0	0	0.0
YES	STM-NG2010-C	C.	NO.	0034000	06/14/2010			03/31/2006	Medicare Select Individual Policy - Plan C	10,140	3,019	29.8	3	0	0	0.0
	STMS-NG2004; R2004-NG/MED/OH								Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0
YES	STM-NG2004-F; STM-NG2008-F	F.	NO.	0034000	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0



SUPPLEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0730

NAIC Company Code 29076

ADDRESS (City, State and Zip Code) Cleveland, OH 44144

Person Completing This Exhibit Stephen Spears

Title Director of Actuarial Services

Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021			14	Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	16 Premiums Earned	17 Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	STM-NG2010-F	F.....	.....NO.....	0034000	06/14/2010	.....	.....	.....	Medicare Supplement Individual Policy - Plan F	13,216,547	10,059,134	76.1	3,718	10,201	6,186	60.6	3
.....YES.....	STM-NG2010-HI/F	F.....	.....NO.....	0034000	01/13/2011	.....	.....	.....	Medicare Supplement Individual Policy - High Ded Plan F	457,018	251,482	55.0	306	2,764	0	0.0	2
.....YES.....	STM-NG2010-N	N.....	.....NO.....	0034000	01/13/2011	.....	.....	.....	Medicare Supplement Individual Policy - Plan N	981,271	825,482	84.1	386	10,924	1,096	10.0	6
.....YES.....	STM-NG2019-G	G.....	.....NO.....	0034000	10/17/2019	.....	.....	.....	Medicare Supplement Individual Policy - Plan G	162,560	123,885	76.2	92	541,460	332,127	61.3	521
0199999. Total Experience on Individual Policies										17,926,982	13,396,198	74.7	5,246	568,413	339,657	59.8	534
.....YES.....	STM-GRP/ASC2900-A	A.....	.....NO.....	0034067	09/29/2008	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan A	18,446	16,202	87.8	7	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2010-A	A.....	.....NO.....	0034067	06/14/2010	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan A	0	0	0.0	.....	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2900-C	C.....	.....NO.....	0034067	09/29/2008	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan C	0	0	0.0	0	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2010-C	C.....	.....NO.....	0034067	06/14/2010	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan C	473,049	443,062	93.7	127	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2900-F	F.....	.....NO.....	0034067	09/29/2008	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan F	0	0	0.0	0	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2010-F	F.....	.....NO.....	0034067	06/14/2010	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan F	374,681	352,372	94.0	102	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2900-HI/F	F.....	.....NO.....	0034067	09/29/2008	.....	.....	.....	Medicare Supplement from Medical Mutual - High Ded Plan F	33,475	50,233	150.1	27	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2010-HI/F	F.....	.....NO.....	0034067	06/14/2010	.....	.....	.....	Medicare Supplement from Medical Mutual - High Ded Plan F	0	0	0.0	0	.....	0	0.0	.....
.....YES.....	STM-GRP/ASC2900-H	H.....	.....NO.....	0034067	09/29/2008	.....	.....	.....	Medicare Supplement from Medical Mutual - Plan H	35,146	26,683	75.9	9	.....	0	0.0	.....
0299999. Total Experience on Group Policies										934,797	888,552	95.1	272	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 100 American Road Cleveland, OH 44144 ..
2.2 Contact Person and Phone Number: Andrea Hogben 216-687-6168 ..
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 100 American Road Cleveland, OH 44114 ..
3.2 Contact Person and Phone Number: Andrea Hogben 216-687-6168 ..
4. Explain any policies identified above as policy type "O".
.....



SUPPLEMENT FOR THE YEAR 2024 OF THE Medical Mutual of Ohio

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0730

NAIC Company Code 29076

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