



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

Medical Mutual of Ohio

NAIC Group Code07300730NAIC Company Code29076Employer's ID Number34-0648820  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Property/Casualty

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized03/30/1934Commenced Business01/01/1934

Statutory Home Office100 American RoadCleveland, OH, US 44144  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office100 American RoadCleveland, OH, US 44144216-687-7000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address100 American RoadCleveland, OH, US 44144  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records100 American RoadCleveland, OH, US 44144216-687-7000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.MedMutual.com

Statutory Statement ContactDebra Gibson216-687-2860  
(Name)(Area Code) (Telephone Number)

Debra.Gibson@medmutual.com216-360-4073  
(E-mail Address)(FAX Number)

OFFICERS

President & CEOAnthony Michael Helton #Treasurer & CFOJames Edward McNutt #

Interim SecretaryAndrea Marie Hogben #

OTHER

Thomas Parke Dewey, EVPChristopher James Albert Donovan, EVPAndrea Marie Hogben, EVP

Lori Ann Jonston, EVPDr. Dee Bialecki Haase #, EVPRaymond Karl Mueller, Senior Advisor

DIRECTORS OR TRUSTEES

Gertrude Aline BartleyFrederick David DiSantoTerrance Callahan Egger

Kathleen Sheline HanleyMichael Kipp KeatingRobert John King Jr.

Darrell LeRoy McNair Jr.Anthony Michael Helton #

State ofOhioSS

County ofCuyahoga

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 HeltonPresident & CEO

Andrea Marie HogbenInterim Secretary

James Edward McNuttTreasurer & CFO

Subscribed and sworn to before me thisa. Is this an original filing? .....Yes [ X ] No [ ]  
day ofb. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

18

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						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	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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.....						
.....						
.....						
.....						
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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

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	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.

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

[illegible]

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

# NONE



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	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	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

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

(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 \$ .....

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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

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

(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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
0730		Ohio		2024										NAIC Company Code	
		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 Health	14  Other Non-Health	29076
		2  Total	3  Individual Group												
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	403	0	
11. Number of Inpatient Admissions	25,298	247	12,990	1,695			284	9,980	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 \$ .....

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

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

(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 \$ .....

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

(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 \$ .....

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

(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

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR									(LOCATION)	
0730		1		4		2024									NAIC Company Code	
		Comprehensive (Hospital & Medical)													29076	
		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 .....	896,292	11,033	226,087	6,568	62,356	45,706	1,804	40,978	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	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	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	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	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	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	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	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	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	403	0	
11.	Number of Inpatient Admissions	25,298	247	12,990	1,695	0	0	284	9,980	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	308,743,920	0	
13.	Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	2,733,559,298	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	308,743,920	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	2,399,579,925	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	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	280,940,069	0	

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

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

30.GT

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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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	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	0
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
..... .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 - Totals							789,946,785	0	84,476,250	117,452,121	0	0

## SCHEDULE S - PART 2

[illegible]

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
... 00000 ...	..30-1157485 ..	01/01/2020	Dedicated Columbus Ohio, LLC .....	FL.....	.....OTH/I .....	.....MR.....	43,732,298	.....	.....	.....	.....	.....	.....
... 00000 ...	..83-3843209 ..	01/01/2022	WellBe Senior Medical, LLC .....	IL.....	.....OTH/I .....	.....OH.....	211,379	.....	.....	.....	.....	.....	.....
... 00000 ...	..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	12		
										Current Year	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	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



# 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)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
NONE																									
9999999 - Totals																	XXX					XXX	XXX		

(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

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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 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 ..	.....	.....	.....	Summerset Marketing Company .....	.. OK.....	.....DS.....	Reserve National Insurance Company .....	Ownership.....	..... 100.000 ....	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1288167 ..	.....	.....	.....	Rural American Consumers A National Association .....	.. OK.....	.....DS.....	Summerset Marketing Company .....	Ownership.....	..... 100.000 ....	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1354019 ..	.....	.....	.....	National Association of Self-Employed Business Owners .....	.. OK.....	.....DS.....	Summerset Marketing Company .....	Ownership.....	..... 100.000 ....	Medical Mutual of Ohio .....	.... NO.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	..... 0.000 ....	.....	.....	.....

Asterisk	Explanation

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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	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 .....	.....(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 .....
.....	.....	.....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....	.....0 .....	.....0 .....	.....0 .....
9999999 Control Totals			0		0	0		0	XXX	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**

[illegible]

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]	 <div>2 9 0 7 6 2 0 2 4 2 0 5 0 0 0 0 0 0</div>
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 <div>2 9 0 7 6 2 0 2 4 4 2 0 0 0 0 0 0 0</div>
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 <div>2 9 0 7 6 2 0 2 4 3 7 1 0 0 0 0 0 0</div>
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 <div>2 9 0 7 6 2 0 2 4 3 7 0 0 0 0 0 0 0</div>
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>2 9 0 7 6 2 0 2 4 3 6 5 0 0 0 0 0 0</div>
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>2 9 0 7 6 2 0 2 4 2 2 4 0 0 0 0 0 0</div>
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>2 9 0 7 6 2 0 2 4 2 2 5 0 0 0 0 0 0</div>
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>2 9 0 7 6 2 0 2 4 2 2 6 0 0 0 0 0 0</div>
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>2 9 0 7 6 2 0 2 4 3 0 6 0 0 0 0 0 0</div>
21.	Life Supplement [Document Identifier 211]	 <div>2 9 0 7 6 2 0 2 4 2 1 1 0 0 0 0 0 0</div>





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
											12	13			16	17	
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	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	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	0
N/A	NG8817; CEP84000; CEP86001S-M; NG9001; R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup Regular Option Medifil	56,229	18,071	32.1	10	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; CEP85000; NG9001; R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup High Option Medifil	88,432	29,047	32.8	13	0	0	0.0	0
N/A	NG8903-W; NG8806; NG8806-S; R2005w/oRx	P	NO	0204060	10/17/1990			12/31/1991	Medifil Ohio	83,770	63,963	76.4	20	0	0	0.0	0
N/A	NG8902-W	P	NO	0204060	10/17/1990			12/31/1991	Medifil Part A Deductible Not Covered	10,852	3,527	32.5	4	0	0	0.0	0
YES	NG9200A/W 11/91	A	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio A	26,086	14,157	54.3	10	0	0	0.0	0
YES	NG9200C/W	C	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio C	642,516	701,536	109.2	176	0	0	0.0	0
YES	NG9200A/R1200	A	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	23,847	21,918	91.9	7	0	0	0.0	0
YES	NG9200C/R1200	C	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	623,723	361,988	58.0	109	0	0	0.0	0
YES	STMS - NG0000	C	YES	0204060	11/01/2002			01/31/2004	Medicare Select Plan C Medicare Supplement	0	0	0.0	0	0	0	0.0	0
YES	R2004-NG/MED/OH; STM-NG2008-A	A	NO	0034000	12/23/2003			05/31/2010	Individual Policy - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-A	A	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan A	47,765	31,288	65.5	21	3,065	249	8.1	2
YES	STM-NG2004-C; R2004-NG/MED/OH; STM-NG2008-C	C	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0	0
YES	STM-NG2010-C	C	NO	0034000	06/14/2010				Medicare Supplement Individual Policy - Plan C	1,452,202	869,568	59.9	360	0	0	0.0	0
YES	STMS-NG2004; R2004-NG/MED/OH	C	YES	0034000	12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	10,140	3,019	29.8	3	0	0	0.0	0
YES	STM-NG2004-F; STM-NG2008-F	F	NO	0034000	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 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
											12	13			16	17	
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	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	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			05/31/2010	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			05/31/2010	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			05/31/2010	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			05/31/2010	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	
YES	STM-GRP/ASC2900-H	H	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual – Plan H	35,146	26,683	75.9	9			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