



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

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

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

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Assessment of Capital 07/10/2024 Commercial Business 01/01/2025

Incorporated/Organized \_\_\_\_\_ on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Commenced Business \_\_\_\_\_ on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Statutory Home Office \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(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)

100 American Road , Cleveland, OH, US 44144

(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Website Address [www.MedMutual.com](http://www.MedMutual.com)

Statutory Statement Contact 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 James Edward McNutt #  
Interim Secretary Andrea Marie Hoagben #

## OTHER

#### **DIRECTORS OR TRUSTEES**

RECEIVERS OR TRUSTEES

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

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

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

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

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

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

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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 .....	..... (1,568,791)				..... (1,568,791)	..... (3,253,084)
2. Claim overpayment receivables .....	..... 265,777				..... 265,777	..... 0
3. Loans and advances to providers .....					..... 0	..... 0
4. Capitation arrangement receivables .....					..... 0	..... 0
5. Risk sharing receivables .....					..... 0	..... 0
6. Other health care receivables.....					..... 0	..... 0
7. Totals (Lines 1 through 6)	(1,303,015)	0	0	0	(1,303,015)	(3,253,084)

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 Health Insuring Corporation 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						84,996,250
0699999. Total amounts withheld						
0799999. Total claims unpaid						84,996,250
0899999 Accrued medical incentive pool and bonus amounts						

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

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

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

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Medical Mutual of Ohio .....	.....	4,130,234	4,130,234	.....
0199999. Individually listed payables	.....	4,130,234	4,130,234	0
0299999. Payables not individually listed	.....	0	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0399999 Total gross payables	.....	4,130,234	4,130,234	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries.....	0	0.0		0.0		
3. All other providers.....	0	0.0		0.0		
4. Total capitation payments.....	0	0.0	0	0.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service .....	17,188,361	3.0	XXX	XXX		17,188,361
6. Contractual fee payments .....	550,214,442	96.9	XXX	XXX		550,214,442
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	135,569	0.0	XXX	XXX		135,569
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments	567,538,372	100.0	XXX	XXX	0	567,538,372
13. TOTAL (Line 4 plus Line 12)	567,538,372	100%	XXX	XXX	0	567,538,372

## **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
9999999 Totals			XXX	XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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 .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						

**NONE**



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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Medical Health Insuring Corporation of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Arizona			DURING THE YEAR 2024						NAIC Company Code	95828			
		1	Comprehensive (Hospital & Medical)		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
<b>Total Members at end of:</b>															
1. Prior Year .....		0													
2. First Quarter .....		0													
3. Second Quarter .....		0													
4. Third Quarter .....		0													
5. Current Year .....		0													
6. Current Year Member Months .....		0													
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....		0													
8. Non-Physician .....		0													
9. Total .....		0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0													
11. Number of Inpatient Admissions .....		0													
12. Health Premiums Written (b) .....		0													
13. Life Premiums Direct .....		0													
14. Property/Casualty Premiums Written .....		0													
15. Health Premiums Earned .....		0													
16. Property/Casualty Premiums Earned .....		0													
17. Amount Paid for Provision of Health Care Services .....		0													
18. Amount Incurred for Provision of Health Care Services .....		0													

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

and number of persons insured under indemnity only products .....

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



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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Medical Health Insuring Corporation of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF North Carolina			DURING THE YEAR 2024						NAIC Company Code	95828		
		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
<b>Total Members at end of:</b>														
1. Prior Year .....	0													
2. First Quarter .....	0													
3. Second Quarter .....	0													
4. Third Quarter .....	0													
5. Current Year .....	0													
6. Current Year Member Months .....	0													
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	0													
8. Non-Physician .....	0													
9. Total .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....	0													
11. Number of Inpatient Admissions .....	0													
12. Health Premiums Written (b) .....	0													
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	0													
16. Property/Casualty Premiums Earned .....	0													
17. Amount Paid for Provision of Health Care Services .....	0													
18. Amount Incurred for Provision of Health Care Services .....	0													

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

and number of persons insured under indemnity only products .....

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



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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Medical Health Insuring Corporation of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2024						NAIC Company Code	95828			
		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
<b>Total Members at end of:</b>															
1.	Prior Year .....	199,821	47,136	0	121,558	12,027	19,100								
2.	First Quarter .....	203,553	53,649	0	118,090	12,311	19,503	0							
3.	Second Quarter .....	204,070	53,610	0	118,137	12,374	19,949								
4.	Third Quarter .....	204,963	53,426	0	118,761	12,450	20,326								
5.	Current Year	204,693	52,894	0	118,722	12,464	20,613								
6.	Current Year Member Months	2,449,539	641,103		1,420,384	148,271	239,781								
<b>Total Member Ambulatory Encounters for Year:</b>															
7.	Physician .....	2,575,924	361,925		2,213,371	0	628								
8.	Non-Physician .....	1,918,618	282,432		1,597,561	0	38,625								
9.	Total	4,494,542	644,357	0	3,810,932	0	39,253	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	190,293	15,991		174,302										
11.	Number of Inpatient Admissions	27,171	3,292		23,879										
12.	Health Premiums Written (b) .....	642,145,752	352,137,466		281,838,379	1,304,974	6,864,932								
13.	Life Premiums Direct .....	0													
14.	Property/Casualty Premiums Written .....	0													
15.	Health Premiums Earned.....	642,145,752	352,137,466	0	281,838,379	1,304,974	6,864,932								
16.	Property/Casualty Premiums Earned	0													
17.	Amount Paid for Provision of Health Care Services.....	567,538,372	310,975,026	(1,000)	250,735,029	701,590	5,127,726								
18.	Amount Incurred for Provision of Health Care Services	574,639,324	319,461,201	0	249,308,806	701,590	5,167,726								

(a) For health business: number of persons insured under PPO managed care products ..... 52,894 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 Health Insuring Corporation of Ohio

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Medical Health Insuring Corporation of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF			Grand Total		DURING THE YEAR					2024		NAIC Company Code	95828		
		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		
<b>Total Members at end of:</b>																	
1. Prior Year .....		199,821	47,136	0	121,558	12,027	19,100	0	0	0	0	0	0	0	0		
2. First Quarter .....		203,553	53,649	0	118,090	12,311	19,503	0	0	0	0	0	0	0	0		
3. Second Quarter .....		204,070	53,610	0	118,137	12,374	19,949	0	0	0	0	0	0	0	0		
4. Third Quarter .....		204,963	53,426	0	118,761	12,450	20,326	0	0	0	0	0	0	0	0		
5. Current Year		204,693	52,894	0	118,722	12,464	20,613	0	0	0	0	0	0	0	0		
6. Current Year Member Months		2,449,539	641,103	0	1,420,384	148,271	239,781	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																	
7 Physician .....		2,575,924	361,925	0	2,213,371	0	628	0	0	0	0	0	0	0	0		
8. Non-Physician .....		1,918,618	282,432	0	1,597,561	0	38,625	0	0	0	0	0	0	0	0		
9. Total		4,494,542	644,357	0	3,810,932	0	39,253	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		190,293	15,991	0	174,302	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions		27,171	3,292	0	23,879	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b) .....		642,145,752	352,137,466	0	281,838,379	1,304,974	6,864,932	0	0	0	0	0	0	0	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.....		642,145,752	352,137,466	0	281,838,379	1,304,974	6,864,932	0	0	0	0	0	0	0	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.....		567,538,372	310,975,026	(1,000)	250,735,029	701,590	5,127,726	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services		574,639,324	319,461,201	0	249,308,806	701,590	5,167,726	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 52,894 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 Health Insuring Corporation 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
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 - Totals												

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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 Health Insuring Corporation 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		
....29076 .....	....34-0648820 ..	01/01/2023	Medical Mutual of Ohio .....	OH	QA/I.....	CMM.....	282,877,477						
....29076 .....	....34-0648820 ..	01/01/2023	Medical Mutual of Ohio .....	OH	QA/I.....	MS.....	207,424,094						
....29076 .....	....34-0648820 ..	01/01/2023	Medical Mutual of Ohio .....	OH	QA/I.....	D.....	3,472,198						
0299999. General Account - Authorized U.S. Affiliates - Other							493,773,769	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							493,773,769	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							493,773,769	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							493,773,769	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
....14421 .....	....27-1595679 ..	01/01/2021	[Eyemed Insurance Company .....	AZ	QA/G.....	OH.....	787,805						
1999999. General Account - Unauthorized U.S. Non-Affiliates							787,805	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							787,805	0	0	0	0	0	0
2299999. Total General Account Unauthorized							787,805	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							494,561,574	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
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							494,561,574	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							494,561,574	0	0	0	0	0	0

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

**SCHEDULE S - PART 6**

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

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	494,562	501,761	958	834	0
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	85,083	74,391	0	0	0
8. Reinsurance recoverable on paid losses .....	49,958	44,374	0	0	0
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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 Health Insuring Corporation 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) .....	174,815,126		174,815,126
2. Accident and health premiums due and unpaid (Line 15) .....	1,190,012		1,190,012
3. Amounts recoverable from reinsurers (Line 16.1) .....	49,957,793	49,957,793	99,915,585
4. Net credit for ceded reinsurance .....	XXX	16,659,695	16,659,695
5. All other admitted assets (Balance) .....	7,952,140	(13,676,228)	(5,724,089)
6. Total assets (Line 28)	233,915,070	52,941,260	286,856,329
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	(86,920)	85,083,170	84,996,250
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0	261,105	261,105
9. Premiums received in advance (Line 8) .....	13,343,629		13,343,629
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) .....	0		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) .....	68,215,849	(32,403,015)	35,812,834
15. Total liabilities (Line 24) .....	81,472,558	52,941,260	134,413,817
16. Total capital and surplus (Line 33) .....	152,442,512	XXX	152,442,512
17. Total liabilities, capital and surplus (Line 34)	233,915,070	52,941,260	286,856,329
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	85,083,170		
19. Accrued medical incentive pool .....	261,105		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	(49,957,793)		
22. Other ceded reinsurance recoverables .....	13,676,228		
23. Total ceded reinsurance recoverables .....	49,062,710		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	32,403,015		
30. Total ceded reinsurance payables/offsets .....	32,403,015		
31. Total net credit for ceded reinsurance	16,659,695		

**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 Health Insuring Corporation 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.... UDP.....			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.... RE.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	62375	21-0706531			MedMutual Life Insurance Company .....	.. OH.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	96280	31-1119867			Superior Dental Care, Inc .....	.. OH.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	68462	73-0661453			Reserve National Insurance Company .....	.. IL.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	95189	34-1549926			Paramount Care, Inc. .....	.. OH.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	95566	38-3200310			Paramount Care of Michigan, Inc. .....	.. MI.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	11518	01-0580404			Paramount Insurance Company .....	.. OH.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	16833	36-4956006			Paramount Care of Indiana, Inc .....	.. IN.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	17474	88-1112110			Paramount Care of Maryland, Inc. .....	.. MD.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
.0730	Medical Mutual of Ohio .....	17387	88-1739329			Paramount Care of Pennsylvania .....	.. PA.... IA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		34-1922587			Medical Mutual Services, LLC .....	.. OH.... NIA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		61-1739182			Bravo Wellness, LLC .....	.. DE.... NIA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		22-2762686			Employee Services LLC .....	.. NY.... NIA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		06-1475071			EAP, LLC .....	.. CT.... NIA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		87-2001020			MMO Senior Care Ventures, LLC .....	.. OH.... NIA.....			Medical Mutual of Ohio .....	100.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		87-2589381			NEO Total Health and Wellness LLC .....	.. OH.... NIA.....			MMO Senior Care Ventures, LLC .....	50.000 ...	Medical Mutual of Ohio .....	... NO.....		
	Medical Mutual of Ohio .....		73-1281615			Sumerset Marketing Company .....	.. OK.... NIA.....			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.... NIA.....			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.... NIA.....			Sumerset Marketing Company .....	Ownership.....	100.000 ...	Medical Mutual of Ohio .....	... NO.....	
											0.000 ...				

Asterisk	.....	.....
	.....	.....

NONE

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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)			403,224,610	(119,498,735)			(4,419,156)	8,380,433
....95828 .....	34-1442712 .....	Medical Health Insuring Corporation of Ohio .....		44,284,789			(90,830,839)	119,498,735			72,952,685	(8,380,433)
....62375 .....	21-0706531 .....	MedMutual Life Insurance Company .....					(902,569)				(902,569)	
....96280 .....	31-1119867 .....	Superior Dental Care, Inc .....					(2,194,898)				(2,194,898)	
....68462 .....	73-0661453 .....	Reserve National Insurance Company .....					(7,932,112)				(7,932,112)	
....95189 .....	34-1549926 .....	Paramount Care, Inc. .....		28,758,058			(37,382,563)				(8,624,505)	
....95566 .....	38-3200310 .....	Paramount Care of Michigan, Inc. .....		7,574,096			3,904,508				11,478,604	
....11518 .....	01-0580404 .....	Paramount Insurance Company .....		22,546,088			27,549,633				50,095,721	
....16833 .....	36-4956006 .....	Paramount Care of Indiana, Inc. .....					18,369				18,369	
....17474 .....	88-1112110 .....	Paramount Care of Maryland, Inc. .....									0	
....17387 .....	88-1739329 .....	Paramount Care of Pennsylvania .....									0	
	34-1922587 .....	Medical Mutual Services, LLC .....		188,000,000			(294,275,471)				(106,275,471)	
	61-1739182 .....	Bravo Wellness, LLC .....		4,100,000			(8,420)				4,091,580	
	22-2762686 .....	Employee Services LLC .....	(7,118,000)				(1,170,248)				(8,288,248)	
....06-1475071 .....	EAP, LLC .....										0	
....87-2001020 .....	MMO Senior Care Ventures, LLC .....										0	
....87-2589381 .....	NEO Total Health and Wellness LLC .....										0	
....73-1281615 .....	Summerset Marketing Company .....										0	
....73-1288167 .....	Rural American Consumers A National Association .....										0	
....73-1354019 .....	National Association of Self-Employed Business Owners .....										0	
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0
												0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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 Health Insuring Corporation 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**

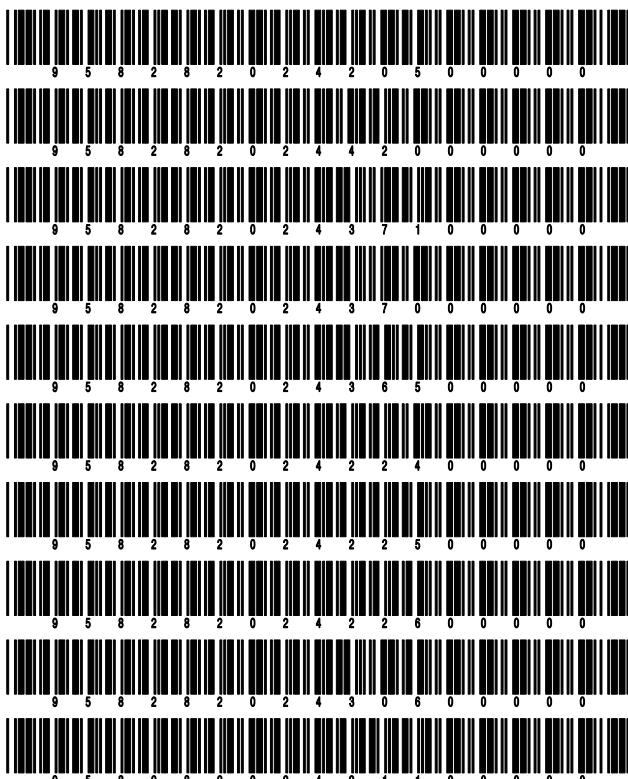
- |                                                                                                                                                                  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 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. The data for this supplement is not required to be filed.
  12. The data for this supplement is not required to be filed.
  13. The data for this supplement is not required to be filed.
  14. The data for this supplement is not required to be filed.
  15. The data for this supplement is not required to be filed.
  16. The data for this supplement is not required to be filed.
  17. The data for this supplement is not required to be filed.
  18. The data for this supplement is not required to be filed.
- 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 Health Insuring Corporation 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 95828 .....  
 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	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
N/A	HM9001	P.	NO	0204060	03/15/1990		03/29/1990	12/31/1991	Medicare Gold + Medd supp			0.0				0.0	
YES	STM-MH2016-A	A.	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan A	79,088	57,359	72.5	37	18,986	16,121	84.9	
YES	STM-MH2016-C	C.	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan C	866,965	717,210	82.7	241	11,166	1,769	15.8	
YES	STM-MH2016-F	F.	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan F	77,364,206	60,869,371	78.7	23,060	1,260,347	897,164	71.2	
YES	STM-MH2016-H/F	F.	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - High Ded Plan F	1,753,405	784,457	44.7	1,192	66,967	24,912	37.2	
YES	STM-MH2016-G	G.	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan G	155,034,308	148,035,692	95.5	68,348	30,320,958	26,624,636	87.8	
YES	STM-MH2016-N	N.	NO	0034067	01/01/2016				Medicare Supplement Individual Policy - Plan N	14,692,319	11,077,045	75.4	5,845	369,664	203,072	54.9	
0199999. Total Experience on Individual Policies										249,790,291	221,541,133	88.7	98,723	32,048,088	27,767,674	86.6	
																19,999	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
  - Address: 100 American Road Cleveland, OH 44144
  - Contact Person and Phone Number: Andrea Hogben 216-687-6168
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 100 American Road Cleveland, OH 44144
  - Contact Person and Phone Number: Andrea Hogben 216-687-6168
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE Medical Health Insuring Corporation 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 95828

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 .....	NO.....
12. Travel .....	NO