



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 Code07300730NAIC Company Code95828Employer's ID Number34-1442712
(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/Organized07/13/1984Commenced Business01/01/1985

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 #TreasurerJames Edward McNutt #

Interim SecretaryAndrea Marie Hogben #

OTHER

Thomas Parke DeweyDIRECTORS OR TRUSTEESAnthony 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

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

[illegible]

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
NONE						
0799999 Gross health care receivables						

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	(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.

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

[illegible]

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

[illegible]

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[illegible]

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries.....	0	0.0		0.0		
3. All other providers.....	0	0.0		0.0		
4. Total capitation payments.....	0	0.0	0	0.0	0	0
Other Payments:						
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	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
<div style="font-size: 100px; font-weight: bold; opacity: 0.5;">NONE</div>					
9999999 Totals			xxx	xxx	xxx

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	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



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

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

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

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



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

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

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

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



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

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	
Total Members at end of:																
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									
Total Member Ambulatory Encounters for Year:																
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									



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Medical Health Insuring Corporation of Ohio 2. Cleveland, OH

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR						2024		(LOCATION)		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						
Total Members at end of:																					
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						
Total Member Ambulatory Encounters for Year:																					
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

[illegible]

SCHEDULE S - PART 2

[illegible]

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
A. OPERATIONS ITEMS					
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. BALANCE SHEET ITEMS					
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					
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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
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

			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 Health Insuring Corporation 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.....	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	Ownership.....	.. 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	Ownership.....	.. 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	Ownership.....	.. 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	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 95189	34-1549926 ..	.....	.....	.....	Paramount Care, Inc. ....	.. OH.....	IA.....	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.....	IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
. 0730 ...	Medical Mutual of Ohio .....	..... 11518	01-0580404 ..	.....	.....	.....	Paramount Insurance Company .....	.. OH.....	IA.....	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.....	IA.....	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.....	IA.....	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.....	IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	34-1922587 ..	.....	.....	.....	Medical Mutual Services, LLC .....	.. OH.....	NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	61-1739182 ..	.....	.....	.....	Bravo Wellness, LLC .....	.. DE.....	NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	22-2762686 ..	.....	.....	.....	Employee Services LLC .....	.. NY.....	NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	06-1475071 ..	.....	.....	.....	EAP, LLC .....	.. CT.....	NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	87-2001020 ..	.....	.....	.....	MMO Senior Care Ventures, LLC .....	.. OH.....	NIA.....	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.....	NIA.....	MMO Senior Care Ventures, LLC	Ownership.....	.. 50.000	Medical Mutual of Ohio .....	.... NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1281615 ..	.....	.....	.....	Summerset 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.....	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.....	NIA.....	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 Health Insuring Corporation 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) .....	.....	.....	.....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	IMMO 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 .....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
9999999	Control Totals		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

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

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
											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.....	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	14
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	4
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	391
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	48
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	19,323
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	219
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

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 44144
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 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