



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Medical Health Insuring Corporation of Ohio

NAIC Group Code	0730 (Current)	0730 (Prior)	NAIC Company Code	95828	Employer's ID Number	34-1442712
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Property/Casualty					
Is HMO Federally Qualified?	Yes [] No []					
Incorporated/Organized	07/13/1984		Commenced Business	01/01/1985		
Statutory Home Office	100 American Road (Street and Number)		Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)			
Main Administrative Office	100 American Road (Street and Number)		Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)			
			216-687-7000 (Area Code) (Telephone Number)			
Mail Address	100 American Road (Street and Number or P.O. Box)		Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	100 American Road (Street and Number)		Cleveland, OH, US 44144 (City or Town, State, Country and Zip Code)			
			216-687-7000 (Area Code) (Telephone Number)			
Internet Website Address	www.MedMutual.com					
Statutory Statement Contact	Kevin Spruch (Name)		216-687-2759 (Area Code) (Telephone Number)			
	Kevin.Spruch@medmutual.com (E-mail Address)		216-360-4073 (FAX Number)			

OFFICERS

President & CEO Steven Craig Glass Treasurer Anthony Michael Helton
Secretary Anthea Rena Daniels

OTHER

DIRECTORS 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.

Steven Craig Glass
President & CEO

Anthea Rena Daniels
Secretary

Anthony Michael Helton
Treasurer

Subscribed and sworn to before me this
____ day of _____

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	96,648,523		96,648,523	103,778,641
2. Stocks:				0
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				0
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 2,835,945), cash equivalents (\$ 23,711,878) and short-term investments (\$)	26,547,823		26,547,823	40,903,106
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	123,196,346	0	123,196,346	144,681,747
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	492,578	0	492,578	.717,528
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,102,311	0	1,102,311	1,144,734
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ 188,384) and contracts subject to redetermination (\$ 188,384)	188,384	0	188,384	1,076
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	70,171,555	0	70,171,555	44,374,279
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	72,261		72,261	511,235
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	7,268,183	0	7,268,183	6,058,648
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$ 0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	117,308	47,403	69,905	44,851
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	202,608,927	47,403	202,561,524	197,534,099
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	202,608,927	47,403	202,561,524	197,534,099
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Assets			0	0
2502. Other Receivables	43,191	43,191	0	0
2503. Contraceptive Only Coverage Receivable	74,117	4,212	69,905	44,851
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	117,308	47,403	69,905	44,851

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 89,425,684 reinsurance ceded)	588,066		588,066	425,000
2. Accrued medical incentive pool and bonus amounts	233,000		233,000	233,000
3. Unpaid claims adjustment expenses	1,784,656		1,784,656	1,787,206
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	0		0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	10,264,350		10,264,350	12,945,393
9. General expenses due or accrued	8,926,359		8,926,359	12,336,455
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	0		0	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	46,716,105		46,716,105	51,714,006
12. Amounts withheld or retained for the account of others	0		0	0
13. Remittances and items not allocated	0		0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	25,966,491		25,966,491	4,897,891
16. Derivatives			0	0
17. Payable for securities	0		0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	0		0	0
23. Aggregate write-ins for other liabilities (including \$ 8,683,524 current)	8,952,524	0	8,952,524	10,250,437
24. Total liabilities (Lines 1 to 23)	103,431,551	0	103,431,551	94,589,388
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	4,000,000	4,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	194,066,417	194,066,417
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(98,936,444)	(95,121,706)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ 0)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	99,129,973	102,944,711
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	202,561,524	197,534,099
DETAILS OF WRITE-INS				
2301. Other Liabilities	2,197,155		2,197,155	2,543,982
2302. Drug Benefits Discount Liability	3,981,503		3,981,503	4,187,254
2303. Guaranty Fund Liability	269,000		269,000	269,000
2398. Summary of remaining write-ins for Line 23 from overflow page	2,504,866	0	2,504,866	3,250,201
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	8,952,524	0	8,952,524	10,250,437
2501.	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	....XXX.....	1,220,741	1,202,416	2,405,913
2. Net premium income (including \$ non-health premium income).....	....XXX.....	63,463,368	311,324,208	127,906,348
3. Change in unearned premium reserves and reserve for rate credits.....	....XXX.....			0
4. Fee-for-service (net of \$ medical expenses).....	....XXX.....			0
5. Risk revenue .....	....XXX.....			0
6. Aggregate write-ins for other health care related revenues .....	....XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues .....	....XXX.....	0	0	0
8. Total revenues (Lines 2 to 7) .....	....XXX.....	63,463,368	311,324,208	127,906,348
Hospital and Medical:				
9. Hospital/medical benefits		177,070,540	182,891,026	367,474,561
10. Other professional services		23,463,138	23,392,153	49,115,445
11. Outside referrals		8,331,174	10,672,503	22,280,285
12. Emergency room and out-of-area		15,405,182	15,073,082	31,273,462
13. Prescription drugs		29,901,647	29,885,050	66,198,987
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		3,456,197	620,075	4,260,260
16. Subtotal (Lines 9 to 15)	0	257,627,879	262,533,888	540,602,998
Less:				
17. Net reinsurance recoveries		255,673,323	482,026	546,352,805
18. Total hospital and medical (Lines 16 minus 17)	0	1,954,556	262,051,863	(5,749,806)
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 12,480,612 cost containment expenses		23,932,112	21,244,754	43,383,709
21. General administrative expenses		43,901,640	40,766,092	86,423,043
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	69,788,308	324,062,709	124,056,946
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	(6,324,939)	(12,738,501)	3,849,403
25. Net investment income earned		1,601,266	3,347,831	6,677,990
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,601,266	3,347,831	6,677,990
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)] (amount charged off \$).....				
29. Aggregate write-ins for other income or expenses	0	(787,308)	(654,950)	(1,538,861)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	....XXX.....	(5,510,982)	(10,045,619)	8,988,531
31. Federal and foreign income taxes incurred .....	....XXX.....	(1,209,535)	(2,240,011)	(6,283,852)
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	(4,301,447)	(7,805,608)	15,272,383
DETAILS OF WRITE-INS				
0601. ....	....XXX.....			
0602. ....	....XXX.....			
0603. ....	....XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	....XXX.....	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	....XXX.....	0	0	0
0701. ....	....XXX.....			
0702. ....	....XXX.....			
0703. ....	....XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	....XXX.....	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	....XXX.....	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Other Expense, net of Other Income		(787,308)	(654,950)	(1,538,861)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(787,308)	(654,950)	(1,538,861)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	102,944,711	78,270,739	78,270,739
34. Net income or (loss) from Line 32	(4,301,447)	(7,805,608)	15,272,383
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax			1,427,300
39. Change in nonadmitted assets	486,709	6,652,591	7,974,289
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(3,814,738)	(1,153,017)	24,673,972
49. Capital and surplus end of reporting period (Line 33 plus 48)	99,129,973	77,117,722	102,944,711
DETAILS OF WRITE-INS			
4701.			0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	56,150,774	322,575,213	163,548,225
2. Net investment income	1,956,387	3,399,438	6,900,038
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	58,107,161	325,974,650	170,448,262
5. Benefit and loss related payments	27,794,517	251,211,150	90,139,298
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	72,106,019	65,813,669	132,100,490
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	99,900,536	317,024,818	222,239,787
11. Net cash from operations (Line 4 minus Line 10)	(41,793,375)	8,949,832	(51,791,525)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	7,000,000	3,000,000	14,500,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,000,000	3,000,000	14,500,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	187,445
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	187,445
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	7,000,000	3,000,000	14,312,555
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	20,438,092	(8,245,021)	(30,870,968)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	20,438,092	(8,245,021)	(30,870,968)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(14,355,283)	3,704,811	(68,349,938)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	40,903,106	109,253,044	109,253,044
19.2 End of period (Line 18 plus Line 19.1)	26,547,823	112,957,854	40,903,106

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

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STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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								
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	1,220,741	320,881		708,292	73,846	117,722								
Total Member Ambulatory Encounters for Period:														
7 Physician	1,039,270	174,768		864,214	0	288								
8. Non-Physician	809,408	137,490		653,360	0	18,558								
9. Total	1,848,678	312,258	0	1,517,574	0	18,846	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	78,454	7,493		70,961										
11. Number of Inpatient Admissions	11,724	1,570		10,154										
12. Health Premiums Written (a)	307,357,443	164,278,601		139,062,903	649,621	3,366,319								
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	307,357,443	164,278,601	0	139,062,903	649,621	3,366,319								
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	250,457,405	142,940,245	(1,000)	104,655,882	330,244	2,532,034								
18. Amount Incurred for Provision of Health Care Services	257,627,879	133,251,707		121,323,894	330,244	2,722,034								

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 53,649

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

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

Aging Analysis of Unpaid Claims

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)						
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						90,013,75
0699999 Total amounts withheld						
0799999 Total claims unpaid						90,013,75
0899999 Accrued medical incentive pool and bonus amounts						233,00

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

UNDERWRITING AND INVESTMENT EXHIBIT**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	219,787	876,366	508,187	0	727,974	27,000
2. Comprehensive (hospital and medical) group	(1,000)	0	0	0	(1,000)	(1,000)
3. Medicare Supplement	2,267,111	(890,762)	79,879	0	2,346,990	399,000
4. Vision only						0
5. Dental only	2,233	24,322	0	0	2,233	0
6. Federal Employees Health Benefits Plan						0
7. Title XVIII - Medicare						0
8. Title XIX - Medicaid						0
9. Credit A&H						0
10. Disability Income						0
11. Long-term care						0
12. Other health						0
13. Health subtotal (Lines 1 to 12)	2,488,131	9,926	588,066	0	3,076,197	425,000
14. Health care receivables (a)	(2,540,163)	0			(2,540,163)	(3,253,084)
15. Other non-health						0
16. Medical incentive pools and bonus amounts	6,354	0	233,000	0	239,354	233,000
17. Totals (Lines 13 - 14 + 15 + 16)	5,034,647	9,926	821,066	0	5,855,714	3,911,084

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

NOTES TO FINANCIAL STATEMENTS

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non-admitted) Restricted from Current Year	2 Total Gross (Admitted & Non-admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non-admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non-admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown			\$ -	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements			\$ -	\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements			\$ -	\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements			\$ -	\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements			\$ -	\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements			\$ -	\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts			\$ -	\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			\$ -	\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock			\$ -	\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ 741,775	\$ 744,753	\$ (2,978)	\$ 741,775	\$ 741,775	0.366%	0.366%
k. On deposit with other regulatory bodies			\$ -	\$ -	\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)			\$ -	\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories			\$ -	\$ -	\$ -	0.000%	0.000%
n. Other restricted assets			\$ -	\$ -	\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ 741,775	\$ 744,753	\$ (2,978)	\$ -	\$ 741,775	0.366%	0.366%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not Applicable

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not Applicable

M. Working Capital Finance Investments
Not Applicable

N. Offsetting and Netting of Assets and Liabilities
Not Applicable

O. 5GI Securities
Not Applicable

P. Short Sales
Not Applicable

Q. Prepayment Penalty and Acceleration Fees

General Account

1. Number of CUSIPs	0
2. Aggregate Amount of Investment Income	\$ -

R. Reporting Entity's Share of Cash Pool by Asset Type
Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

A. Not Applicable

B. Not Applicable

NOTE 7 Investment Income

A. Not Applicable

B. Not Applicable

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

Interest Income Due and Accrued	<u>Amount</u>
1. Gross	\$ 492,578
2. Nonadmitted	\$ -
3. Admitted	\$ 492,578

D. The aggregate deferred interest.
Not Applicable

NOTES TO FINANCIAL STATEMENTS

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.
Not Applicable

NOTE 8 Derivative Instruments

Not Applicable

NOTE 9 Income Taxes

No significant changes.

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

No significant changes.

NOTE 11 Debt

Not applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

Not applicable.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

NOTE 20 Fair Value Measurements

A.

- (1) Fair Value Measurements at Reporting Date
Not Applicable.
- (2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy
Not Applicable.
- (3) Not Applicable.
- (4) Assets recorded in the statutory statements of admitted assets, liabilities and capital and surplus are categorized based on the level of judgment associated with the inputs used to measure their fair value. Level inputs are as follows:

Level 1- Values are unadjusted quoted prices for identical assets in active markets accessible at the measurement date.

Level 2- Inputs include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates, volatilities, spreads, and yield curves.

Level 3- Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset at the reporting date.

- (5) Not Applicable.

B. Not Applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
BONDS	\$ 90,767,416	\$ 96,648,523		\$ 90,767,416			

D. Not Practicable to Estimate Fair Value

Not Applicable.

E. Not Applicable.

NOTE 21 Other Items

No significant changes.

NOTE 22 Events Subsequent

No significant changes.

NOTE 23 Reinsurance

Effective January 1, 2023, the Company entered into a quota share agreement (Quota Share) with their Parent Company, Medical Mutual of Ohio (MMO). As of the effective date of this Quota Share, the Company will cede 100% of premiums (less operating expenses) and claims incurred. The Quota Share has an annual term that will renew automatically each January 1 unless a written notice of termination is provided no less than sixty days prior to the renewal date.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

Not applicable.

NOTES TO FINANCIAL STATEMENTS

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium
Not applicable.

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features
Not applicable.

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

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Medical loss ratio rebates paid					\$ -
(9) Medical loss ratio rebates unpaid					\$ -
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 188,384
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 196,172
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 44,598,991
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (36,022,692)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 67,385
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions – not reported as ceded premium	
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments			Unsettled Balances as of the Reporting Date		
			Prior Year Accrued	Prior Year Accrued Less Payments (Col 1 - 3)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
			1	2	3	4	5	6	7	8
			Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)	\$ 1,076				\$ 1,076	\$ -	\$ 187,308		A	\$ 188,384
2. Premium adjustments (payable) (including high risk pool premium)		\$ (8,388,991)			\$ -	\$ (8,388,991)			B	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 1,076	\$ (8,388,991)	\$ -	\$ -	\$ 1,076	\$ (8,388,991)	\$ 187,308	#####		\$ 188,384
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid					\$ -	\$ -	\$ -		C	\$ -

NOTES TO FINANCIAL STATEMENTS

2. Amounts recoverable for claims unpaid (contra liability)				\$ -	\$ -				D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans				\$ -	\$ -				E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium				\$ -	\$ -				F	\$ -	\$ -
5. Ceded reinsurance premiums payable				\$ -	\$ -				G	\$ -	\$ -
6. Liability for amounts held under uninsured plans				\$ -	\$ -				H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium				\$ -	\$ -				I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds				\$ -	\$ -				J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 1,076	\$ (8,388,991)	\$ -	\$ -	\$ 1,076	\$ (8,388,991)	\$ 187,308	#####		\$ 188,384	#####

Explanations of Adjustments

A.

ACA Risk Adjustment based on new estimates received through June 30, 2024.

B.

ACA Risk Adjustment based on new estimates received through June 30, 2024.

C.

Not applicable.

D.

Not applicable.

E.

Not applicable.

F.

Not applicable.

G.

Not applicable.

H.

Not applicable.

I.

Not applicable.

J.

Not applicable.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. 2014					\$ -	\$ -					
1. Accrued retrospective premium					\$ -	\$ -			A	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -			B	\$ -	\$ -
b. 2015					\$ -	\$ -			C	\$ -	\$ -
1. Accrued retrospective premium					\$ -	\$ -			D	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -			E	\$ -	\$ -
c. 2016					\$ -	\$ -			F	\$ -	\$ -
1. Accrued retrospective premium					\$ -	\$ -					
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Explanations of Adjustments

A.

Not applicable.

B.

Not applicable.

C.

Not applicable.

D.

Not applicable.

E.

Not applicable.

F.

Not applicable.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

NOTES TO FINANCIAL STATEMENTS

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4 - 5)
a. 2014	\$ 4,977,524		\$ 4,977,524	\$ -	\$ -	\$ -
b. 2015	\$ 4,279,011		\$ 4,279,011	\$ -	\$ -	\$ -
c. 2016	\$ 13,342,649		\$ 13,342,649	\$ -	\$ -	\$ -
d. Total (a + b + c)	\$ 22,599,184	\$ -	\$ 22,599,184	\$ -	\$ -	\$ -

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Reserves for unpaid claims and claims adjustment expenses net of health care receivables as of December 31, 2023 were \$5.7 million.

As of June 30, 2024, \$1.0 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years, and \$3.2 million in health care receivables have been recovered.

Reserves remaining for prior years are \$0.8 million based on the estimation of unpaid claims, claim adjustment expenses, and amounts expected to be received through subrogation at June 30, 2024. There are no health care receivables to be recovered related to prior years.

Therefore, there has been a \$1.9 million unfavorable prior year development since December 31, 2023.

The deficiency that emerged resulted from differences in claims severity and utilization as compared to expectations.

NOTE 26 Intercompany Pooling Arrangements

Not applicable.

NOTE 27 Structured Settlements

Not applicable.

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2022	\$ 7,131,000	\$ 7,131,000	\$ 1,331,105	\$ 6,965,424	\$ 7,947
09/30/2022	\$ 6,143,000	\$ 7,058,000	\$ 6,347,690	\$ 2,232,837	\$ (74,025)
06/30/2022	\$ 5,974,000	\$ 6,680,000	\$ 5,793,801	\$ -	\$ 2,075,499
03/31/2022	\$ 5,390,000	\$ 6,215,000	\$ 5,218,238	\$ (23,377)	\$ 1,540,480

B. Risk-Sharing Receivables

Not applicable.

NOTE 29 Participating Policies

Not applicable.

NOTE 30 Premium Deficiency Reserves

Under the quota share agreement in Note 23, the Company ceded the premium deficiency reserve recorded to Medical Mutual of Ohio.

NOTE 31 Anticipated Salvage and Subrogation

Not applicable.

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes. _____

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X] If yes, attach an explanation. _____

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/27/2020

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information: _____

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$..... 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$0	\$
14.26 All Other	\$0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
16.3 Total payable for securities lending reported on the liability page.	\$ 0

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []

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

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

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
JAMES CELLURA	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

18.2 If no, list exceptions:
.....

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

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No []

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	22.7 %
1.2 A&H cost containment percent	19.7 %
1.3 A&H expense percent excluding cost containment expenses	87.2 %

2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$.....
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$.....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X] No []
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No []

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

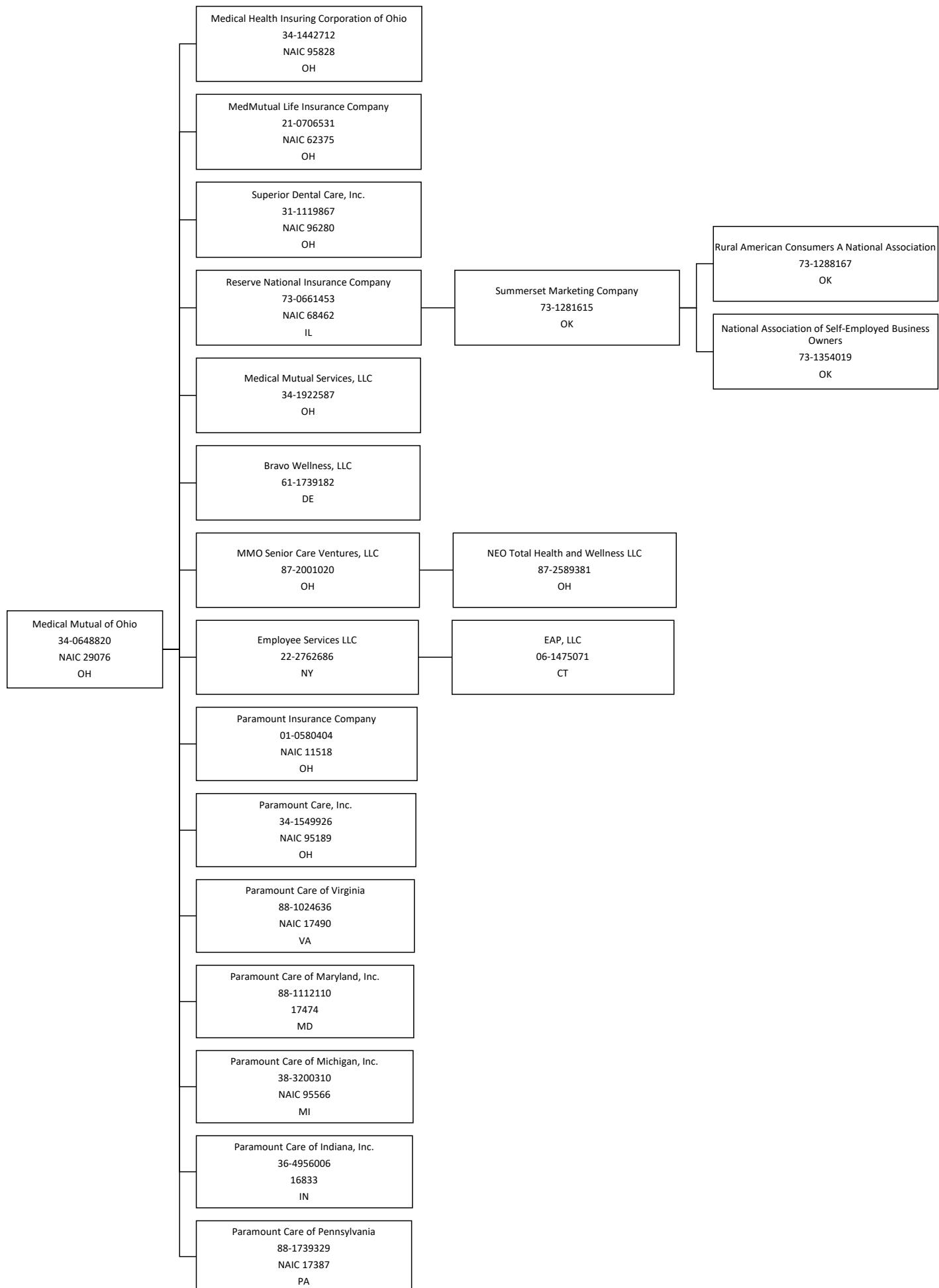
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	L							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	L							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	L	307,357,443						307,357,443	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands ..	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	307,357,443	0	0	0	0	0	307,357,443	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX								0
61. Totals (Direct Business)		XXX	307,357,443	0	0	0	0	0	307,357,443	0
DETAILS OF WRITE-INS										
58001		XXX								
58002		XXX								
58003		XXX								
58998. Summary of remaining write-ins for line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3 4. Q - Qualified - Qualified or accredited reinsurer..... 0
 2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 54
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

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



STATEMENT AS OF JUNE 30, 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.....	.....	.....	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	17490	88-1024636	.....	.....	Paramount Care of Virginia .....	.. VA.... 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.....	.....

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

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

YES

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Amount due to PBM	2,504,866		2,504,866	3,250,201
2397. Summary of remaining write-ins for Line 23 from overflow page	2,504,866	0	2,504,866	3,250,201

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	103,778,641	118,374,455
2. Cost of bonds and stocks acquired	0	187,445
3. Accrual of discount	48,928	96,977
4. Unrealized valuation increase/(decrease)	0	
5. Total gain (loss) on disposals	0	
6. Deduct consideration for bonds and stocks disposed of	7,000,000	14,500,000
7. Deduct amortization of premium	179,046	380,236
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	96,648,523	103,778,641
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	96,648,523	103,778,641

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	100,207,830	0	5,500,000	(59,455)	100,207,830	94,648,375	0	100,274,327
2. NAIC 2 (a)	3,501,834	0	1,500,000	(1,687)	3,501,834	2,000,148	0	3,504,315
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	103,709,664	0	7,000,000	(61,141)	103,709,664	96,648,523	0	103,778,641
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	103,709,664	0	7,000,000	(61,141)	103,709,664	96,648,523	0	103,778,641

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SI02

Schedule DA - Part 1 - Short-Term Investments
N O N E

Schedule DA - Verification - Short-Term Investments
N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	38,852,934	108,775,360
2. Cost of cash equivalents acquired		3,025,544
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	15,141,056	0
7. Deduct amortization of premium		72,947,969
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	23,711,878	38,852,934
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	23,711,878	38,852,934

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value								
..3130A8-HK-2	FEDERAL HOME LOAN BANKS .....	.....	06/14/2024	MATURITY	2,500,000	2,500,000	2,638,400	2,515,927	0	(15,927)	0	(15,927)	0	(15,927)	0	2,500,000	0	0	0	21,875	06/14/2024	1.A
0909999999. Subtotal - Bonds - U.S. Special Revenues					2,500,000	2,500,000	2,638,400	2,515,927	0	(15,927)	0	(15,927)	0	(15,927)	0	2,500,000	0	0	0	21,875	XXX	XXX
..22160K-AL-9	COSTCO WHSL CORP NEW .....	.....	05/18/2024	MATURITY	2,000,000	2,000,000	2,075,300	2,003,784	0	(3,784)	0	(3,784)	0	(3,784)	0	2,000,000	0	0	0	27,500	05/18/2024	1.E FE
..576360-AB-0	MASTERCARD INC .....	.....	04/01/2024	MATURITY	1,000,000	1,000,000	1,041,750	1,001,658	0	(1,658)	0	(1,658)	0	(1,658)	0	1,000,000	0	0	0	16,875	04/01/2024	1.D FE
..701084-AM-6	PARKER HANNIFIN CORP .....	.....	06/14/2024	MATURITY	1,500,000	1,500,000	1,526,925	1,502,288	0	(2,288)	0	(2,288)	0	(2,288)	0	1,500,000	0	0	0	20,250	06/14/2024	2.A FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					4,500,000	4,500,000	4,643,975	4,507,729	0	(7,729)	0	(7,729)	0	(7,729)	0	4,500,000	0	0	0	64,625	XXX	XXX
2509999997. Total - Bonds - Part 4					7,000,000	7,000,000	7,282,375	7,023,656	0	(23,656)	0	(23,656)	0	(23,656)	0	7,000,000	0	0	0	86,500	XXX	XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					7,000,000	7,000,000	7,282,375	7,023,656	0	(23,656)	0	(23,656)	0	(23,656)	0	7,000,000	0	0	0	86,500	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
.....
6009999999 - Totals					7,000,000	XXX	7,282,375	7,023,656	0	(23,656)	0	(23,656)	0	(23,656)	0	7,000,000	0	0	0	86,500	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
HUNTINGTON BANK	CLEVELAND, OHIO				499,766	499,329	500,080	XXX.
FIRST FEDERAL OF LAKWOOD	LAKWOOD, OHIO	4.750	18,712		1,573,327	1,579,686	1,585,865	XXX.
HEARTLAND BANK	WHITEHALL, OHIO	4.500			750,000	750,000	750,000	XXX.
0199998. Deposits in ... 1	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX		0	0	0	XXX
0199999. Totals - Open Depositories		XXX	XXX	18,712	0	2,823,092	2,829,016	2,835,945
0299998. Deposits in ...	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX					XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	18,712	0	2,823,092	2,829,016	2,835,945
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX			XXX
.....
.....
.....
.....
.....
0599999. Total - Cash		XXX	XXX	18,712	0	2,823,092	2,829,016	2,835,945

STATEMENT AS OF JUNE 30, 2024 OF THE Medical Health Insuring Corporation of Ohio

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter