



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## Medical Mutual of Ohio

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

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

Country of Domicile United States of America

Licensed as business type: Property/Casualty

Is HMO Federally Qualified? Yes [ ] No [ ]

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

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

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

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

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

Internet Website Address www.MedMutual.com

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

### OFFICERS

President & CEO Anthony Michael Helton Treasurer & CFO James Edward McNutt  
Secretary Patricia Bunn Decensi

### OTHER

Thomas Parke Dewey, EVP Christopher James Albert Donovan, EVP Andrea Marie Hogben, EVP  
Lori Ann Johnston, EVP Dr. Dee Bialecki-Haase, CMO Richard Thomas Wallack, EVP

### DIRECTORS OR TRUSTEES

Gertrude Aline Bartley Frederick David DiSanto Terrance Callahan Egger  
Kathleen Sheline Hanley Michael Kipp Keating Robert John King Jr.  
Darrell LeRoy McNair Jr. Anthony Michael Helton

State of Ohio SS  
County of Cuyahoga

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

Anthony Michael Helton  
President & CEO

Patricia Bunn Decensi  
Secretary

James Edward McNutt  
Treasurer & CFO

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 .....02/28/2026  
3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	813,084,217		813,084,217	884,727,597
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	25,438,915		25,438,915	22,469,331
2.2 Common stocks .....	634,935,464		634,935,464	763,587,441
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
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 (\$ .....124,398,160 , Schedule E - Part 1), cash equivalents (\$ .....250,093,196 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	374,491,356		374,491,356	354,969,893
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....	370,789,613	23,917,760	346,871,853	355,851,723
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,218,739,565	23,917,760	2,194,821,805	2,381,605,986
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	5,157,553	0	5,157,553	6,054,494
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	122,480,387	0	122,480,387	112,436,482
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 (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	54,494,914	1,296,000	53,198,914	16,503,110
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	304,017,484	0	304,017,484	57,241,763
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	22,427,646	737,219	21,690,427	5,919,760
18.1 Current federal and foreign income tax recoverable and interest thereon ....	37,469,489		37,469,489	46,970,334
18.2 Net deferred tax asset .....	0		0	0
19. Guaranty funds receivable or on deposit .....	0		0	0
20. Electronic data processing equipment and software .....	6,210,652	3,854,756	2,355,896	4,267,138
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	35,528,564	35,528,564	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
24. Health care (\$ ..... 88,825,616 ) and other amounts receivable .....	132,014,570	43,188,954	88,825,616	66,193,538
25. Aggregate write-ins for other-than-invested assets .....	68,834,631	32,802,157	36,032,474	5,034,377
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,007,375,454	141,325,410	2,866,050,044	2,702,226,983
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	3,007,375,454	141,325,410	2,866,050,044	2,702,226,983
<b>DETAILS OF WRITE-INS</b>				
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. Other Assets .....	42,233,716	7,208,491	35,025,225	3,642,953
2502. Prepaid Assets .....	22,745,066	22,745,066	0	0
2503. Other Receivables .....	3,855,849	2,848,600	1,007,249	1,391,424
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)	68,834,631	32,802,157	36,032,474	5,034,377

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 3,207,652 reinsurance ceded) .....	492,238,960		492,238,960	425,626,968
2. Accrued medical incentive pool and bonus amounts .....	14,665,000		14,665,000	8,912,105
3. Unpaid claims adjustment expenses.....	6,772,634		6,772,634	8,562,844
4. Aggregate health policy reserves, including the liability of \$ ..... 8,250,000 for medical loss ratio rebate per the Public Health Service Act .....	137,134,010		137,134,010	250,858,337
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	54,443,816		54,443,816	48,377,521
9. General expenses due or accrued.....	167,015,426		167,015,426	188,777,903
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....	0		0	0
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable.....	326,123,256		326,123,256	55,265,275
12. Amounts withheld or retained for the account of others.....	0		0	0
13. Remittances and items not allocated.....	833,976		833,976	537,189
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	21,992,078		21,992,078	39,828,902
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 \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....	4,054,278		4,054,278	6,147,044
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans.....	1,486,447		1,486,447	5,139,753
23. Aggregate write-ins for other liabilities (including \$ ..... 134,871,139 current).....	227,706,256	0	227,706,256	235,125,209
24. Total liabilities (Lines 1 to 23).....	1,454,466,138	0	1,454,466,138	1,273,159,049
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	1,411,583,906	1,429,067,933
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ).....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,411,583,906	1,429,067,933
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,866,050,044	2,702,226,983
<b>DETAILS OF WRITE-INS</b>				
2301. Accrued Postemployment Benefits Other Than Pension .....	35,579,168		35,579,168	37,057,950
2302. Other Liabilities .....	72,124,000		72,124,000	74,448,673
2303. Assumed Reinsurance Claims Payable .....	113,277,879		113,277,879	117,504,509
2398. Summary of remaining write-ins for Line 23 from overflow page .....	6,725,210	0	6,725,210	6,114,078
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	227,706,256	0	227,706,256	235,125,209
2501. ....	XXX	XXX		
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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	10,379,121	10,349,481
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	3,842,954,940	3,475,974,202
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(8,724,302)	(1,285,000)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	3,834,230,637	3,474,689,202
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		2,081,764,379	1,666,875,848
10. Other professional services .....		173,181,936	126,606,817
11. Outside referrals .....		37,817,517	23,641,188
12. Emergency room and out-of-area .....		319,509,039	298,933,542
13. Prescription drugs .....		409,570,713	306,591,999
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		13,443,790	5,728,177
16. Subtotal (Lines 9 to 15) .....	0	3,035,287,374	2,428,377,571
<b>Less:</b>			
17. Net reinsurance recoveries .....		(561,875,387)	(815,201,965)
18. Total hospital and medical (Lines 16 minus 17) .....	0	3,597,162,761	3,243,579,536
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... 87,751,009 cost containment expenses ....		147,891,259	136,571,627
21. General administrative expenses .....		214,554,680	226,778,646
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(166,400,000)	134,677,000
23. Total underwriting deductions (Lines 18 through 22).....	0	3,793,208,701	3,741,606,808
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	41,021,937	(266,917,606)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		172,852,538	54,877,718
26. Net realized capital gains (losses) less capital gains tax of \$ ..... 11,500,958 .....		49,675,364	23,480,509
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	222,527,902	78,358,227
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	(10,543,466)	(4,100,208)
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	253,006,373	(192,659,587)
31. Federal and foreign income taxes incurred .....	XXX	(12,069,557)	(18,065,357)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	265,075,930	(174,594,230)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. (Other Expense), net of Other Income .....		(10,543,466)	(4,100,208)
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	(10,543,466)	(4,100,208)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	1,429,067,934	1,798,376,607
34. Net income or (loss) from Line 32 .....	265,075,930	(174,594,230)
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... (173,000) .....	(289,844,347)	(201,640,305)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	(1,082,999)	(2,763,305)
39. Change in nonadmitted assets .....	9,696,541	16,724,954
40. Change in unauthorized and certified reinsurance .....	2,092,766	(4,197,859)
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (stock dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	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 .....	(3,421,918)	(2,837,927)
48. Net change in capital and surplus (Lines 34 to 47) .....	(17,484,027)	(369,308,673)
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,411,583,907	1,429,067,934
<b>DETAILS OF WRITE-INS</b>		
4701. (Increase)/Decrease in Unrecognized Postretirement Benefit Costs, net of tax .....	(3,425,233)	(2,837,927)
4702. Increase in Pension Costs, net of tax .....	0	0
4703. Other .....	3,315	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(3,421,918)	(2,837,927)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	4,115,794,878	3,528,323,168
2. Net investment income .....	176,017,261	59,227,533
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	4,291,812,139	3,587,550,701
5. Benefit and loss related payments .....	3,820,039,124	3,237,542,071
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	411,917,118	340,622,546
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(10,069,445)	512,129
10. Total (Lines 5 through 9) .....	4,221,886,797	3,578,676,745
11. Net cash from operations (Line 4 minus Line 10) .....	69,925,342	8,873,956
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	242,701,484	185,609,969
12.2 Stocks .....	165,624,540	98,391,699
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	10,579,050
12.5 Other invested assets .....	13,745,301	13,503,914
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	422,071,325	308,084,632
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds .....	173,385,524	49,784,658
13.2 Stocks .....	121,595,074	190,643,875
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	71,574,521	43,515,419
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	366,555,119	283,943,953
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	55,516,206	24,140,679
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(105,920,086)	(199,895,202)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(105,920,086)	(199,895,202)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	19,521,463	(166,880,567)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	354,969,892	521,850,459
19.2 End of year (Line 18 plus Line 19.1) .....	374,491,355	354,969,892

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income .....	3,842,954,940	346,009,663	1,854,382,020	247,185,232	3,749,265	18,348,280	14,062,235	1,153,434,943					205,783,301	
2. Change in unearned premium reserves and reserve for rate credit .....	(8,724,302)	(6,304,302)	(2,420,000)											
3. Fee-for-service (net of \$ medical expenses) .....	0													XXX
4. Risk revenue .....	0													XXX
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	3,834,230,637	339,705,361	1,851,962,020	247,185,232	3,749,265	18,348,280	14,062,235	1,153,434,943	0	0	0	0	205,783,301	0
8. Hospital/medical benefits .....	2,081,764,379	25,333,326	896,778,081	11,598,615	0	0	8,066,050	882,979,483					257,008,825	XXX
9. Other professional services .....	173,181,936	1,922,268	68,046,647	880,092	3,629,269	10,674,139	612,044	87,195,195					222,283	XXX
10. Outside referrals .....	37,817,517	163,549	5,789,504	74,879	0	0	52,074	31,718,599					18,912	XXX
11. Emergency room and out-of-area .....	319,509,039	5,962,564	211,069,658	2,729,901	0	0	1,898,461	57,111,575					40,736,879	XXX
12. Prescription drugs .....	409,570,713	4,163,910	228,151,520	2,791	0	0	1,494,517	175,940,808					(182,833)	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts .....	13,443,790	229,120	4,181,360	3,929	0	0	30,437	8,930,919					68,025	XXX
15. Subtotal (Lines 8 to 14) .....	3,035,287,374	37,774,737	1,414,016,770	15,290,207	3,629,269	10,674,139	12,153,583	1,243,876,578	0	0	0	0	297,872,090	XXX
16. Net reinsurance recoveries .....	(561,875,387)	(326,618,116)	(152,921,588)	(258,597,306)	1,013,779	(5,757,173)		61,982,841					119,022,177	XXX
17. Total medical and hospital (Lines 15 minus 16) .....	3,597,162,761	364,392,854	1,566,938,358	273,887,513	2,615,490	16,431,312	12,153,583	1,181,893,738	0	0	0	0	178,849,914	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 87,751,009 cost containment expenses .....	147,894,521	5,395,741	81,787,988	1,374,789	24,468	503,189	735,494	54,782,661					3,290,191	
20. General administrative expenses .....	214,551,417	6,144,998	121,714,421	1,370,306	224,842	849,004	563,004	71,705,540					11,979,301	
21. Increase in reserves for accident and health contracts .....	(166,400,000)	(10,300,000)	0	0	0	0	0	(156,100,000)					0	XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	3,793,208,699	365,633,593	1,770,440,768	276,632,608	2,864,801	17,783,505	13,452,080	1,152,281,939	0	0	0	0	194,119,406	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	41,021,938	(25,928,232)	81,521,252	(29,447,375)	884,465	564,776	610,155	1,153,004	0	0	0	0	11,663,894	0
<b>DETAILS OF WRITE-INS</b>														
0501. ....														XXX
0502. ....														XXX
0503. ....														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....														XXX
1302. ....														XXX
1303. ....														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	58,135,167	287,881,528	7,032	346,009,663
2. Comprehensive (hospital and medical) group .....	1,695,558,876	321,081,642	162,258,498	1,854,382,020
3. Medicare supplement .....	20,128,120	227,057,112	0	247,185,232
4. Vision only .....	13,984,539	4,363,741		18,348,280
5. Dental only .....	4,987,947	0	1,238,682	3,749,265
6. Federal employees health benefits plan .....	14,062,235			14,062,235
7. Title XVIII - Medicare .....	1,213,860,253		60,425,310	1,153,434,943
8. Title XIX - Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability income .....				0
11. Long-term care .....				0
12. Other health .....	326,740,409		120,957,108	205,783,301
13. Health subtotal (Lines 1 through 12) .....	3,347,457,547	840,384,023	344,886,630	3,842,954,940
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	3,347,457,547	840,384,023	344,886,630	3,842,954,940

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	3,011,164,686	40,051,052	1,408,570,133	16,021,102	3,629,267	10,831,124	12,400,993	1,222,547,708					297,113,308	
1.2 Reinsurance assumed .....	882,289,175	321,657,511	306,200,656	248,673,941		5,757,066								
1.3 Reinsurance ceded .....	341,212,504	9,481	158,221,324	0	1,013,779		0	62,945,744	0				119,022,177	
1.4 Net .....	3,552,241,357	361,699,082	1,556,549,465	264,695,044	2,615,488	16,588,190	12,400,993	1,159,601,964	0	0	0	0	178,091,131	0
2. Paid medical incentive pools and bonuses .....	9,875,213	1,330,342	3,646,411	50,424			27,914	4,758,919					61,203	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	349,420,184	6,165,000	214,166,484	1,256,700	0	610,000	1,547,600	110,523,800	0	0	0	0	15,150,600	0
3.2 Reinsurance assumed .....	146,026,428	52,729,017	48,268,305	44,698,900	0	330,206	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	3,207,652	0	0	0	0	0	0	3,207,652	0	0	0	0	0	0
3.4 Net .....	492,238,960	58,894,017	262,434,789	45,955,600	0	940,206	1,547,600	107,316,148	0	0	0	0	15,150,600	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0													
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	14,665,000	1,341,544	1,486,367	48,123	0	0	7,011	11,763,000					18,956	
6. Net health care receivables (a) .....	37,318,694	970,745	2,808,174	89,824	(3)	(3,015)	(185,553)	33,677,648					(39,128)	
7. Amounts recoverable from reinsurers December 31, current year .....	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	301,422,592	7,557,010	210,235,711	1,901,700	0	770,000	2,011,000	64,448,200	0	0	0	0	14,498,970	0
8.2 Reinsurance assumed .....	128,374,930	50,158,632	43,291,760	34,584,538	0	340,000	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	4,170,555	0	0	0	0	0	0	4,170,555	0	0	0	0	0	0
8.4 Net .....	425,626,967	57,715,642	253,527,471	36,486,238	0	1,110,000	2,011,000	60,277,645	0	0	0	0	14,498,970	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0													
9.2 Reinsurance assumed .....	0													
9.3 Reinsurance ceded .....	0													
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	8,912,105	353,065	951,419	0	0	0	4,488	7,591,000					12,133	
11. Amounts recoverable from reinsurers December 31, prior year .....	0													
12. Incurred Benefits:														
12.1 Direct .....	3,021,843,584	37,688,296	1,409,692,731	15,286,278	3,629,269	10,674,139	12,123,146	1,234,945,660	0	0	0	0	297,804,066	0
12.2 Reinsurance assumed .....	899,940,673	324,227,896	311,177,202	258,788,303	0	5,747,272	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	340,249,601	9,481	158,221,324	0	1,013,779	0	0	61,982,841	0	0	0	0	119,022,177	0
12.4 Net .....	3,581,534,656	361,906,712	1,562,648,609	274,074,581	2,615,490	16,421,411	12,123,146	1,172,962,819	0	0	0	0	178,781,889	0
13. Incurred medical incentive pools and bonuses .....	15,628,108	2,318,821	4,181,360	98,547	0	0	30,437	8,930,919	0	0	0	0	68,025	0

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct .....	0													
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	349,420,184	6,165,000	214,166,484	1,256,700		610,000	1,547,600	110,523,800					15,150,600	
2.2 Reinsurance assumed .....	146,026,428	52,729,017	48,268,305	44,698,900		330,206								
2.3 Reinsurance ceded .....	3,207,652							3,207,652						
2.4 Net .....	492,238,960	58,894,017	262,434,789	45,955,600	0	940,206	1,547,600	107,316,148	0	0	0	0	15,150,600	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0													
3.2 Reinsurance assumed .....	0													
3.3 Reinsurance ceded .....	0													
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	349,420,184	6,165,000	214,166,484	1,256,700	0	610,000	1,547,600	110,523,800	0	0	0	0	15,150,600	0
4.2 Reinsurance assumed .....	146,026,428	52,729,017	48,268,305	44,698,900	0	330,206	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	3,207,652	0	0	0	0	0	0	3,207,652	0	0	0	0	0	0
4.4 Net .....	492,238,960	58,894,017	262,434,789	45,955,600	0	940,206	1,547,600	107,316,148	0	0	0	0	15,150,600	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	30,721,892	330,957,834	136,541	58,758,829	30,858,433	57,715,642
2. Comprehensive (hospital and medical) group .....	171,857,064	1,384,692,694	3,781,457	258,653,332	175,638,521	253,527,471
3. Medicare supplement .....	28,532,111	236,180,933	932,208	45,023,392	29,464,319	36,486,238
4. Vision only .....	0	2,615,488	0	0	0	0
5. Dental only .....	845,727	15,742,463	30,028	910,179	875,755	1,110,000
6. Federal employees health benefits plan .....	831,287	11,569,706	(19,200)	1,566,800	812,087	2,011,000
7. Title XVIII - Medicare .....	29,008,669	1,130,593,295	96,500	107,219,648	29,105,169	60,277,645
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability income .....					0	0
11. Long-term care .....					0	0
12. Other health .....	14,429,921	163,662,563	0	15,149,247	14,429,921	14,498,970
13. Health subtotal (Lines 1 to 12) .....	276,226,670	3,276,014,975	4,957,533	487,281,427	281,184,203	425,626,967
14. Health care receivables (a) .....	1,175,316	129,907,386			1,175,316	93,763,716
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	6,098,049	3,777,164	31,000	14,634,000	6,129,049	8,912,105
17. Totals (Lines 13 - 14 + 15 + 16)	281,149,403	3,149,884,753	4,988,533	501,915,427	286,137,936	340,775,356

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	208,893	212,898	214,052	1,959,787	3,748,583
2.	2021 .....	1,679,104	1,861,127	1,866,836	1,868,566	1,868,488
3.	2022 .....	XXX	1,591,248	1,717,579	1,721,117	1,721,244
4.	2023 .....	XXX	XXX	1,889,311	2,063,560	2,066,131
5.	2024 .....	XXX	XXX	XXX	1,846,193	2,046,402
6.	2025 .....	XXX	XXX	XXX	XXX	1,647,942

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	61,044	69,474	70,976	1,814,247	3,602,914
2.	2021 .....	1,906,061	1,862,052	1,866,482	1,868,439	1,868,181
3.	2022 .....	XXX	1,757,063	1,718,653	1,719,051	1,719,474
4.	2023 .....	XXX	XXX	2,096,041	2,062,733	2,106,703
5.	2024 .....	XXX	XXX	XXX	2,151,991	2,068,440
6.	2025 .....	XXX	XXX	XXX	XXX	1,968,180

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2021 .....	2,086,404	1,868,488	166,707	8.9	2,035,195	97.5	(116)		2,035,079	97.5
2.	2022 .....	2,011,371	1,721,244	86,606	5.0	1,807,850	89.9	150		1,808,000	89.9
3.	2023 .....	2,344,315	2,066,131	89,350	4.3	2,155,481	91.9	935	0	2,156,416	92.0
4.	2024 .....	2,358,873	2,046,402	88,827	4.3	2,135,229	90.5	3,344	151	2,138,724	90.7
5.	2025 .....	2,191,667	1,647,942	68,341	4.1	1,716,283	78.3	319,198	6,567	2,042,048	93.2

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**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	1,972	2,010	2,029	19,590	34,207
2.	2021 .....	12,887	14,455	14,473	14,611	14,612
3.	2022 .....	XXX	13,387	15,242	15,213	15,204
4.	2023 .....	XXX	XXX	219,636	249,875	249,887
5.	2024 .....	XXX	XXX	XXX	231,791	260,320
6.	2025 .....	XXX	XXX	XXX	XXX	234,963

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	(619)	(575)	(556)	17,007	31,623
2.	2021 .....	15,072	14,419	14,440	14,581	14,578
3.	2022 .....	XXX	15,080	15,410	15,199	15,181
4.	2023 .....	XXX	XXX	252,704	250,424	249,885
5.	2024 .....	XXX	XXX	XXX	267,732	262,382
6.	2025 .....	XXX	XXX	XXX	XXX	280,035

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2021 .....	21,043	14,612	2,787	19.1	17,399	82.7	(5)		17,394	82.7
2. 2022 .....	20,431	15,204	713	4.7	15,917	77.9	(12)		15,905	77.8
3. 2023 .....	233,338	249,887	627	0.3	250,514	107.4	(28)		250,486	107.3
4. 2024 .....	226,513	260,320	649	0.2	260,969	115.2	1,227	(58)	262,138	115.7
5. 2025 .....	247,185	234,963	322	0.1	235,285	95.2	45,117	(72)	280,330	113.4

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	.....	817	837	846	10,434	19,553
2. 2021	.....	9,972	10,549	10,563	10,569	10,571
3. 2022	.....	XXX	10,462	11,033	11,043	11,048
4. 2023	.....	XXX	XXX	14,545	15,336	15,347
5. 2024	.....	XXX	XXX	XXX	15,770	16,594
6. 2025	.....	XXX	XXX	XXX	XXX	15,732

**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	.....	258	269	280	9,873	18,992
2. 2021	.....	10,898	10,484	10,503	10,520	10,522
3. 2022	.....	XXX	11,295	11,021	11,007	11,012
4. 2023	.....	XXX	XXX	15,523	15,366	15,361
5. 2024	.....	XXX	XXX	XXX	16,850	16,624
6. 2025	.....	XXX	XXX	XXX	XXX	16,642

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	14,493	19,553	1,138	5.8	20,691	142.8			20,691	142.8
2. 2022	14,317	10,571	548	5.2	11,119	77.7			11,119	77.7
3. 2023	18,822	11,048	538	4.9	11,586	61.6	0		11,586	61.6
4. 2024	17,522	15,347	559	3.6	15,906	90.8	378	5	16,289	93.0
5. 2025	18,348	16,594	163	1.0	16,757	91.3	910	37	17,704	96.5

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	.....	1	1	1	2,714	2,717
2. 2021	.....	1,942	1,943	1,943	1,943	3,265
3. 2022	.....	XXX	2,090	2,092	2,092	1,943
4. 2023	.....	XXX	XXX	2,301	2,301	2,092
5. 2024	.....	XXX	XXX	XXX	2,491	2,301
6. 2025	.....	XXX	XXX	XXX	XXX	2,615

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	.....	57	57	57	2,770	6,038
2. 2021	.....	1,942	1,943	1,943	1,943	1,943
3. 2022	.....	XXX	2,090	2,092	2,092	2,092
4. 2023	.....	XXX	XXX	2,301	2,301	2,301
5. 2024	.....	XXX	XXX	XXX	2,491	2,491
6. 2025	.....	XXX	XXX	XXX	XXX	2,615

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	3,005	3,265	2	0.1	3,267	108.7			3,267	108.7
2. 2022	3,082	1,943		0.0	1,943	63.0			1,943	63.0
3. 2023	3,092	2,092		0.0	2,092	67.7			2,092	67.7
4. 2024	3,281	2,301		0.0	2,301	70.1			2,301	70.1
5. 2025	3,749	2,615		0.0	2,615	69.7			2,615	69.7

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)**

**Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	902	951	939	15,532	16,986
2.	2021 .....	10,327	10,369	10,384	10,384	11,427
3.	2022 .....	XXX	9,583	10,067	10,058	10,390
4.	2023 .....	XXX	XXX	10,090	11,268	10,000
5.	2024 .....	XXX	XXX	XXX	11,578	11,015
6.	2025 .....	XXX	XXX	XXX	XXX	11,017

**Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	890	957	946	15,529	28,428
2.	2021 .....	11,180	10,377	10,395	10,396	10,376
3.	2022 .....	XXX	9,953	10,066	10,057	10,060
4.	2023 .....	XXX	XXX	10,867	11,293	11,704
5.	2024 .....	XXX	XXX	XXX	13,573	12,506
6.	2025 .....	XXX	XXX	XXX	XXX	12,591

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2021 .....	12,520	16,986	806	4.7	17,792	142.1	(3)		17,789	142.1
2. 2022 .....	13,902	11,427	534	4.7	11,961	86.0	(6)		11,955	86.0
3. 2023 .....	13,317	10,390	575	5.5	10,965	82.3	(14)		10,951	82.2
4. 2024 .....	13,004	10,000	673	6.7	10,673	82.1	4	(1)	10,676	82.1
5. 2025 .....	14,062	11,015	266	2.4	11,281	80.2	1,574	(36)	12,819	91.2

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	32,542	30,890	30,942	385,375	743,904
2.	2021 .....	339,815	367,641	368,729	368,677	368,664
3.	2022 .....	XXX	349,590	369,827	369,991	369,764
4.	2023 .....	XXX	XXX	373,867	394,840	395,760
5.	2024 .....	XXX	XXX	XXX	486,171	510,721
6.	2025 .....	XXX	XXX	XXX	XXX	1,083,895

**Section B - Incurred Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	32,177	30,871	30,923	385,373	743,907
2.	2021 .....	371,950	366,849	368,430	368,412	368,424
3.	2022 .....	XXX	376,157	368,699	369,871	369,702
4.	2023 .....	XXX	XXX	407,277	398,230	421,600
5.	2024 .....	XXX	XXX	XXX	550,691	510,695
6.	2025 .....	XXX	XXX	XXX	XXX	1,202,847

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2021 .....	403,359	743,904	69,667	9.4	813,571	201.7	16		813,587	201.7
2. 2022 .....	416,214	368,664	22,103	6.0	390,767	93.9	30		390,797	93.9
3. 2023 .....	445,018	369,764	25,181	6.8	394,945	88.7	70		395,015	88.8
4. 2024 .....	548,038	395,760	32,406	8.2	428,166	78.1	12	0	428,178	78.1
5. 2025 .....	1,153,435	510,721	26,180	5.1	536,901	46.5	118,952	180	656,033	56.9

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	.....	17,388	17,343	17,342	194,620	399,497
2. 2021	.....	200,002	219,989	219,918	219,858	219,833
3. 2022	.....	XXX	202,481	218,812	218,822	218,838
4. 2023	.....	XXX	XXX	219,746	235,953	235,982
5. 2024	.....	XXX	XXX	XXX	265,307	279,718
6. 2025	.....	XXX	XXX	XXX	XXX	162,328

**Section B - Incurred Health Claims - Other**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	.....	13,554	13,546	13,547	190,800	395,677
2. 2021	.....	217,102	219,983	219,918	219,860	219,836
3. 2022	.....	XXX	216,029	218,820	218,825	218,842
4. 2023	.....	XXX	XXX	234,754	235,963	236,130
5. 2024	.....	XXX	XXX	XXX	279,809	279,717
6. 2025	.....	XXX	XXX	XXX	XXX	177,498

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	246,446	219,833	2,396	1.1	222,229	90.2			222,229	90.2
2. 2022	255,890	218,838	10,672	4.9	229,510	89.7			229,510	89.7
3. 2023	277,962	235,982	11,535	4.9	247,517	89.0			247,517	89.0
4. 2024	308,744	279,718	13,467	4.8	293,185	95.0			293,185	95.0
5. 2025	205,783	162,328	5,581	3.4	167,909	81.6	15,170		183,079	89.0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	262,515	264,930	266,151	2,588,052	4,965,447
2.	2021 .....	2,254,049	2,486,073	2,492,846	2,494,608	2,496,860
3.	2022 .....	XXX	2,178,841	2,344,652	2,348,336	2,348,431
4.	2023 .....	XXX	XXX	2,729,496	2,973,133	2,975,199
5.	2024 .....	XXX	XXX	XXX	2,859,301	3,127,071
6.	2025 .....	XXX	XXX	XXX	XXX	3,158,492

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	107,361	114,599	116,173	2,435,599	4,827,579
2.	2021 .....	2,534,205	2,486,107	2,492,111	2,494,151	2,493,860
3.	2022 .....	XXX	2,387,667	2,344,761	2,346,102	2,346,363
4.	2023 .....	XXX	XXX	3,019,467	2,976,310	3,043,684
5.	2024 .....	XXX	XXX	XXX	3,283,137	3,152,855
6.	2025 .....	XXX	XXX	XXX	XXX	3,660,408

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021 .....	2,787,270	2,886,641	243,503	8.4	3,130,144	112.3	(108)	0	3,130,036	112.3
2. 2022 .....	2,735,207	2,347,891	121,176	5.2	2,469,067	90.3	162	0	2,469,229	90.3
3. 2023 .....	3,335,864	2,945,294	127,806	4.3	3,073,100	92.1	963	0	3,074,063	92.2
4. 2024 .....	3,475,975	3,009,848	136,581	4.5	3,146,429	90.5	4,965	97	3,151,491	90.7
5. 2025 .....	3,834,231	2,586,178	100,853	3.9	2,687,031	70.1	500,921	6,676	3,194,628	83.3

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	0												
2. Additional policy reserves (a) .....	52,600,000	9,300,000						43,300,000					
3. Reserve for future contingent benefits .....	0												
4. Reserve for rate credits or experience rating refunds (including \$ 8,250,000 for investment income) .....	84,534,010	52,581,156	6,558,982					25,393,872					
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	137,134,010	61,881,156	6,558,982	0	0	0	0	68,693,872	0	0	0	0	0
7. Reinsurance ceded .....	0												
8. Totals (Net)(Page 3, Line 4) .....	137,134,010	61,881,156	6,558,982	0	0	0	0	68,693,872	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0												
10. Reserve for future contingent benefits .....	0												
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0												
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ 52,600,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....		850,306	1,726,879		2,577,186
2. Salary, wages and other benefits .....	42,324,838	38,618,553	72,917,663		153,861,053
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			85,251,014		85,251,014
4. Legal fees and expenses .....			1,968,188		1,968,188
5. Certifications and accreditation fees .....	1,231,551				1,231,551
6. Auditing, actuarial and other consulting services ...	634,217	438,917	3,259,034		4,332,168
7. Traveling expenses .....	7,315	18,076	927,340		952,730
8. Marketing and advertising .....			1,891,134		1,891,134
9. Postage, express and telephone .....	295,582	1,471,551	1,212,157		2,979,291
10. Printing and office supplies .....	186,062	990,894	2,269,656		3,446,612
11. Occupancy, depreciation and amortization .....			3,953		3,953
12. Equipment .....	168	7,470	409,741		417,379
13. Cost or depreciation of EDP equipment and software .....	5,650,909	6,270,018	7,959,549		19,880,476
14. Outsourced services including EDP, claims, and other services .....	27,236,335	9,223,774	11,631,477		48,091,586
15. Boards, bureaus and association fees .....	16,459	11,068	186,764		214,290
16. Insurance, except on real estate .....			1,137,930		1,137,930
17. Collection and bank service charges .....				214,176	214,176
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....			16,541,204		16,541,204
23.3 Regulatory authority licenses and fees .....			53,412		53,412
23.4 Payroll taxes .....	2,480,225	2,239,623	3,907,634		8,627,482
23.5 Other (excluding federal income and real estate taxes) .....			1,176,789		1,176,789
24. Investment expenses not included elsewhere .....				1,356,496	1,356,496
25. Aggregate write-ins for expenses .....	7,687,349	0	123,162	0	7,810,511
26. Total expenses incurred (Lines 1 to 25) .....	87,751,009	60,140,251	214,554,680	1,570,672	(a) 364,016,611
27. Less expenses unpaid December 31, current year .....	4,046,411	2,726,223	166,928,434	86,992	173,788,060
28. Add expenses unpaid December 31, prior year ....	5,115,998	3,446,846	188,703,429	74,474	197,340,747
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	88,820,596	60,860,873	236,329,676	1,558,154	387,569,298
<b>DETAILS OF WRITE-INS</b>					
2501. Network Access Fees .....	7,687,349				7,687,349
2502. Other .....			123,162		123,162
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,687,349	0	123,162	0	7,810,511

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 3,032,585	3,161,244
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 16,552,595	16,248,193
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b) 1,454,144	1,419,976
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	6,812,068	6,852,821
2.21 Common stocks of affiliates	125,000,000	125,000,000
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 18,143,196	17,415,413
7. Derivative instruments	(f)	
8. Other invested assets		1,649,741
9. Aggregate write-ins for investment income	0	2,675,822
10. Total gross investment income	170,994,588	174,423,210
11. Investment expenses		(g) 1,570,672
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		1,570,672
17. Net investment income (Line 10 minus Line 16)		172,852,538
<b>DETAILS OF WRITE-INS</b>		
0901. INTEREST ON TAX REFUND		2,675,822
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	2,675,822
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 1,286,022 accrual of discount less \$ 3,543,547 amortization of premium and less \$ 885,755 paid for accrued interest on purchases.
- (b) Includes \$ 3,975 accrual of discount less \$ 1,713 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(69,895)	0	(69,895)	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	55,599	0	55,599	(608,106)	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	54,074,451	0	54,074,451	(16,147,733)	0
2.21 Common stocks of affiliates	0	0	0	(119,029,401)	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	7,116,166	0	7,116,166	(154,217,222)	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	(14,886)	0
10. Total capital gains (losses)	61,176,322	0	61,176,322	(290,017,347)	0
<b>DETAILS OF WRITE-INS</b>					
0901. Other			0	(14,886)	
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	(14,886)	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....	23,917,760	33,377,103	9,459,343
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	23,917,760	33,377,103	9,459,343
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	1,296,000	0	(1,296,000)
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....	737,219	524,748	(212,471)
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....	3,854,756	243,786	(3,610,970)
21. Furniture and equipment, including health care delivery assets .....	35,528,564	40,484,861	4,956,296
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	43,188,954	31,077,855	(12,111,099)
25. Aggregate write-ins for other-than-invested assets .....	32,802,157	45,313,599	12,511,442
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	141,325,410	151,021,951	9,696,541
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	141,325,410	151,021,951	9,696,541
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Other Assets .....	7,208,491	7,673,940	465,449
2502. Prepaid Assets .....	22,745,066	34,842,613	12,097,546
2503. Other Receivables .....	2,848,600	2,797,047	(51,554)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	32,802,157	45,313,599	12,511,442

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	42,020	77,130	76,884	76,483	76,156	920,673
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	232,479	227,856	224,257	219,926	218,320	2,680,561
4. Point of Service .....						
5. Indemnity Only .....	203	201	199	202	191	2,383
6. Aggregate write-ins for other lines of business.....	583,217	574,468	571,808	556,872	558,147	6,775,504
7. Total	857,919	879,655	873,148	853,483	852,814	10,379,121
<b>DETAILS OF WRITE-INS</b>						
0601. Stop Loss .....	463,382	451,637	450,745	436,492	437,432	5,320,378
0602. Vision Only .....	68,548	73,846	73,329	73,335	73,938	882,063
0603. Dental Only .....	45,235	43,096	41,947	41,370	41,224	503,840
0698. Summary of remaining write-ins for Line 6 from overflow page .....	6,052	5,889	5,787	5,675	5,553	69,223
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	583,217	574,468	571,808	556,872	558,147	6,775,504

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 Summary of Significant Accounting Policies and Going Concern**

A. Accounting Practices

The accompanying statutory financial statements of Medical Mutual of Ohio (the Company) have been prepared in conformity with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual (NAIC SAP), as prescribed by the Ohio Department of Insurance (ODI). No accounting practices were employed by the Company in 2025 or 2024 that departed from NAIC SAP.

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>		<u>2025</u>		<u>2024</u>
<b>NET INCOME</b>							
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$	265,075,930	\$	(174,594,230)
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:							
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$	265,075,930	\$	(174,594,230)
<b>SURPLUS</b>							
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$	1,411,583,906	\$	1,429,067,933
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:							
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$	1,411,583,906	\$	1,429,067,933

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

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**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of the statutory financial statements requires management to make estimates and assumptions that affect amounts reported in the statutory financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

**C. Accounting Policy**

**Basis of Presentation**

Statutory accounting practices vary from U.S. generally accepted accounting principles (GAAP). The more significant variances from GAAP are as follows:

**Investments**

**Bonds**

Investments in bonds are reported at amortized cost or fair value based on their NAIC rating; under GAAP, such fixed maturity investments are held as available-for-sale and are reported at fair value with unrealized holding gains and losses reported as a separate component of surplus. All single class and multiclass mortgage-backed securities (MBSs) (e.g., collateralized mortgage obligations (CMOs)) are adjusted for the effects of changes in prepayment assumptions on the related accretion of discount or amortization of premium of such securities using either the retrospective or prospective methods. If it is determined that a decline in fair value is other than temporary, the cost basis of the security is written down to the undiscounted estimated future cash flows. For GAAP purposes, all securities purchased or retained that represent beneficial interests in securitized assets (e.g., CMO and MBS securities), other than high credit quality securities, are adjusted using the prospective method when there is a change in estimated future cash flows. If high credit quality securities are adjusted, the retrospective method is used. If it is determined that a an allowance for credit losses if necessary, the cost basis of the security is written down to the discounted fair value.

Under NAIC SAP, a realized loss is recorded upon the sale of an investment at a loss or when a decline in the fair value of an investment is determined by management to be other-than-temporary. Realized capital gains and losses are determined on the first-in, first-out cost method.

Under GAAP, the Company evaluates an available-for-sale debt security for credit-related losses by considering the present value of expected cash flows relative to a security's amortized cost, the extent to which fair value is less than amortized cost, the financial condition and near-term prospects of the issuer and specific events or circumstances which may influence the operations of the issuer. Credit-related losses are recorded as an allowance, with an offset to investment and other income. Non-credit related losses are recorded through other comprehensive income. If the Company intends to sell an impaired security or will likely be required to sell a security before recovery of the entire amortized cost, the entire loss is included in net earnings. The amount of the total loss related to the credit loss would be recognized in earnings. The amount of the total loss related to other factors would be recognized in other comprehensive income.

Bonds are accounted for in accordance with Statement of Statutory Accounting Principles (SSAP) No. 26, Bonds, as revised by the NAIC Principles-Based Bond Definition, prospectively effective January 1, 2025. Under this guidance, bonds are defined as securities representing a creditor relationship with a fixed schedule of future payments, for which the primary source of repayment is the general creditworthiness of an operating entity. The Company evaluates the substance of its investments, at acquisition and on an ongoing basis, to determine whether they qualify as bonds under the principles-based definition.

Asset-backed securities (ABS) are accounted for in accordance with SSAP No. 43, Asset-Backed Securities, as revised by the NAIC Principles-Based Bond Definition, prospectively effective January 1, 2025. Under this guidance, bonds issued by an entity created for the primary purpose of raising debt capital backed by financial assets or cash generating non-financial assets owned by the asset-backed security issuer, for which the primary source of repayment is derived from the cash flows associated with the underlying defined collateral rather than the cash flows of an operating entity. For a bond to be considered an asset-backed security, a meaningful level of cash flows must be produced by the underlying financial or cash generating non-financial assets other than through the sale or refinancing of the underlying assets held by the ABS issuer. A self-liquidating asset-backed security is a design where the terms of the underlying collateral have contractual principal and interest that results in a conversion to cash over a period of time.

All bonds held by the Company meet the definition of issuer credit obligations or financial asset-backed securities – self-liquidating. The adoption of the Principles-Based Bond Definition did not result in any reclassification of the Company's bonds.

**Equities**

Common stocks are recorded at fair value as determined by the Securities Valuation Office (SVO) of the NAIC. Related unrealized capital gains or losses are reported as an adjustment to surplus, net of federal income taxes. Under GAAP, unrealized gains and losses are reported in current period earnings.

**Preferred Stocks**

Highest-quality or high-quality redeemable preferred stocks, which have characteristics of debt securities, are valued at cost or amortized cost. All other redeemable preferred stocks are reported at the lower of cost, amortized cost, or fair value.

Highest-quality or high-quality perpetual preferred stocks, which have characteristics of equity securities, are reported at fair value. All other perpetual preferred stocks are reported at the lower of cost or fair value.

No preferred stocks are restricted.

**Other Invested Assets**

Investments in limited partnerships are recorded in other invested assets. These investments are based on the Company's interest in the underlying audited GAAP equity of the investee. Undistributed earnings and losses of the investee are accounted for as changes in unrealized gains and losses. Under GAAP, these earnings would be accounted for as an equity method investment and flow through net income.

**Real Estate**

Real estate is reported at cost, net of accumulated depreciation. The cost of the property included in the real estate investment, other than land, is depreciated on a straight-line basis over the estimated useful life of the building which the Company has estimated to be 35 years. Depreciation expense is included in investment expense. The Company includes in both income and expense an amount for rent relating to the real estate. The amount recorded is at a rate comparable to rental rates of like property in the same area. Under GAAP, no rental income or expense is recognized.

**Goodwill and Intangible Assets**

Goodwill and intangible assets acquired in a business combination are recorded in the investment in the subsidiary and the amortization of the assets are amortized over ten years or less, including indefinite lived assets. Under GAAP accounting, assets are amortized over their estimated useful lives and indefinite lives are not amortized.

Under NAIC SAP, amortization expense is recorded to undistributed equity in subsidiaries in the statement of changes in surplus. Under GAAP accounting, the expense is recorded to current period earnings.

If the Company determines that indicators of impairment exist and the carrying value of the goodwill or intangible asset is not recoverable, the write-down of the carrying value is based on the intangible asset's estimated fair value. Under NAIC SAP, any resulting impairment is recorded to realized capital losses. Under GAAP accounting, it is recorded to impairment loss.

**Subsidiaries**

The accounts and operations of the Company's subsidiaries are not consolidated with the accounts and operations of the Company as would be required by GAAP. The investment in MMS is carried at its audited GAAP equity value. Under NAIC SAP, the Company's investments in Paramount, MHICO, MMLIC, SDC, and RNI are carried at their audited statutory surplus values plus any admitted goodwill associated with their acquisition. The changes in equity in the undistributed income or losses of subsidiaries are charged or credited directly to surplus. Distributed income of the subsidiaries is recognized in net investment income when the dividend is declared. Bravo and ESI are carried at GAAP equity value and are non-admitted entities.

**Nonadmitted Assets**

Certain assets designated as "nonadmitted," principally deferred taxes, pharmaceutical rebates, provider loans, claim overpayments, furniture and equipment, electronic data processing equipment and software, certain accounts receivables, prepaid expenses, and other assets not identified as an admitted asset in the NAIC's Accounting Practices and Procedures Manual, are excluded from the statutory statements of admitted assets, liabilities and surplus and are charged directly to surplus. In accordance with GAAP, such assets are included in the consolidated balance sheets, net of a valuation allowance, if necessary. Surplus was reduced by nonadmitted assets of \$141,325,000 and \$151,022,000 at December 31, 2025 and 2024, respectively.

**Guarantee Fund Premium Tax Assets**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

## NOTES TO FINANCIAL STATEMENTS

The Company recognizes premium tax assets that are recoverable in excess of one year if the credits are due to the insolvency of a writer of long-term care contracts. Under GAAP, the Company is only permitted to recognize premium tax assets that are recoverable in the next calendar year as credits against taxes owed on premiums earned in the current calendar year.

### Deferred Income Taxes

The Company computes deferred income taxes in accordance with Statement of Statutory Accounting Principle (SSAP) No. 101, Income Taxes. Under SSAP No. 101, gross deferred tax assets are reduced by a statutory valuation allowance adjustment if, based on the weight of available evidence, it is more-likely-than-not that some portion or all of the gross deferred tax assets will not be realized to calculate the adjusted gross deferred tax assets.

Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including: (1) the nature of the deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of reversal; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be used; (6) unique tax rules that would impact the utilization of the deferred tax assets and (7) any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused.

Admitted adjusted deferred income tax assets are limited to (1) the amount of federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with the Internal Revenue Service (IRS) tax loss carryback provisions, not to exceed three years, plus (2) the amount of adjusted gross deferred income tax assets expected to be realized within three years limited to an amount that is no greater than 15% of current period's adjusted statutory surplus, plus (3) the amount of remaining adjusted gross deferred income tax assets that can be offset against existing gross deferred income tax liabilities after considering the character (i.e., ordinary versus capital) and reversal patterns of the deferred tax assets and liabilities. The remaining adjusted deferred income tax assets are nonadmitted.

Under GAAP, a deferred income tax asset is recorded for the amount of gross deferred income tax assets expected to be realized in all future years, and a valuation allowance is established for deferred income tax assets not expected to be realizable.

### Reinsurance

Unpaid assumed or ceded claims liability has been reported as an adjustment of the related reserves rather than as a net receivable or payable as would be required under GAAP.

Assumed premium receivable or ceded premium payable has been reported as an adjustment of uncollected premiums rather than a net receivable or payable as required under GAAP.

### Leases

Financial statements prepared in accordance with NAIC SAP do not include operating lease right-of-use assets or liabilities in the statutory statements of admitted assets, liabilities and capital and surplus as leases are generally expensed as incurred. Under GAAP, these assets and liabilities are reported on the balance sheet with lease liabilities being recognized for future cash flows of leases offset by right of use assets.

### Statutory Statements of Cash Flow

Cash, cash equivalents and short-term investments in the statutory statements of cash flow represent cash balances and investments with maturities of one year or less. In accordance with GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments with initial maturities of three months or less. The statutory statements of cash flows are not consistent with GAAP classification, as they are presented using the direct method, and a reconciliation of net income to net cash provided by operating activities is not provided.

### Other significant accounting policies are as follows:

#### Cash and Invested Assets

Cash, cash equivalents and short-term investments include cash on hand, cash held in bank accounts (including overdraft), money market instruments, and bond securities with a maturity date of one year or less at the time of original purchase. For all financial instruments, other than bond securities, the carrying amount is at cost, which approximates fair value because of the highly liquid nature and short maturities of the instruments held. All money market funds are reported as cash equivalents.

U.S. government obligations and corporate bonds not backed by other assets are recorded at amortized cost using the interest method or fair value based on their NAIC rating. Asset-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys or internal estimates and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities held. The fair values disclosed for these securities are obtained from independent pricing services.

#### Vulnerability due to certain concentrations

The Company maintains its cash in bank deposit accounts, which at times may exceed federally insured limits. The Company has not experienced any losses on such amounts.

#### Cybersecurity risk

Due to the information technology systems used by the Company and/or our third-party vendors, the Company may be the target of cyber-attacks and other security threats which could cause significant disruption in the Company's business. Programs are in place which are intended to detect, contain, and respond to data security incidents and provide employee awareness training regarding phishing, malware and other cyber risks to protect against cyber risks and security breaches. However, because the techniques used to obtain unauthorized access, disable, or degrade service, or sabotage systems change frequently and are increasing in sophistication, the Company may be unable to anticipate these techniques, detect breaches or implement adequate preventive measures and may be subject to breaches of our information technology systems or business interruption.

#### Investment credit risk

The Company invests in a professionally managed portfolio of securities, which includes U.S. government obligations, other U.S. government obligations, corporate bonds and asset-backed securities. Such investments are inherently exposed to various risks, such as interest rate, market and credit risks. Due to the level of risks in such investments, it is at least reasonably possible that changes in risk factors in the near term could affect the carrying value of individual investments and the related amounts reported in the Company's financial statements, and such amounts could be material. The credit quality of the portfolio at December 31, 2025 and 2024, is Class 1 and Class 2, as rated by the SVO, which is the highest quality.

#### Other-Than-Temporary Impairment

The Company reviews the values of the Company's investments on a quarterly basis. If the value of the investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been less than the amortized cost basis.
- The Company's ability and intent to hold the security long enough for it to recover its value.
- A significant deterioration in the earning performance, credit rating, asset quality or business prospects of the investee.
- A significant adverse change in the regulatory, economic, or technological environment of the investee.
- Factors that raise significant concerns about the investee's ability to continue as a going concern such as negative cash flows from operations, working capital deficiencies, or noncompliance with statutory capital requirements or debt covenants.

#### Fair Value Measurements

Assets recorded in the statutory statements of admitted assets, liabilities 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.

#### Depreciation

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

## NOTES TO FINANCIAL STATEMENTS

Depreciation is charged on a straight-line basis over the estimated useful lives of software, furniture, and equipment. Depreciation expense was \$1,364,000 and \$84,000 in 2025 and 2024, respectively.

### Other Invested Assets

Other invested assets include investments in limited partnerships, assets associated with a non-qualified benefit plan, and a health and wellness trust.

### Unpaid Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects of trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are regularly reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

### Federal Medical Loss Ratio Rebate

The Company is subject to the Affordable Care Act (ACA), which requires the payment of rebates to eligible policyholders or enrollees when the amounts paid for health care benefits and quality improvement initiatives fall below specified thresholds. Separate calculations are performed for each state and by group size (individual, small group, large group and Medicare Advantage). At December 31, 2025 a liability of \$8,250,000 was recognized in Aggregate Health Policy Reserves on the accompanying statutory statements of admitted assets, liabilities and capital and surplus. At December 31, 2024 a liability of \$1,285,000 was recognized in Aggregate Health Policy Reserves on the accompanying statutory statements of admitted assets, liabilities and capital and surplus.

### Premiums

Premiums are earned and recorded, net of amounts assumed and ceded under reinsurance agreements, pro rata over the period for which coverage is provided. Uncollected premiums include uncollected amounts from insured individuals and groups and are reported net of an allowance for amounts deemed uncollectible. Premium payments received prior to the period of coverage are classified as advance premiums.

The Company's Medicare Advantage premium revenues are subject to periodic adjustment under the Centers for Medicare & Medicaid Services' (CMS) risk adjustment payment methodology. CMS deploys a risk adjustment model that apportions premiums paid to all health plans according to health severity and certain demographic factors. The CMS risk adjustment model provides higher per member payments for enrollees diagnosed with certain conditions and lower payments for enrollees who are healthier. Under this risk adjustment methodology, CMS calculates the risk adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient and physician treatment settings. The Company and health care providers collect, capture and submit the necessary and available diagnosis data to CMS within prescribed deadlines. Risk adjustment data for certain plans of the Company are subject to review by the government, including audit by regulators. See Note 14 for additional information regarding these audits.

### Medicare Part D Pharmacy Benefits

The Company serves as a plan sponsor offering Medicare Part D prescription drug insurance coverage under contracts with CMS. Under the Medicare Part D program, there are seven separate elements of payment during the plan year. These payment elements are as follows:

- CMS Premium. CMS pays a fixed monthly premium per member to the Company for the entire plan year.
  - Member Premium. Additionally, certain members pay a fixed monthly premium to the Company for the entire plan year.
  - Low-Income Premium Subsidy. For qualifying low-income members, CMS pays some or all of the member's monthly premiums to the Company on the member's behalf.
  - Catastrophic Reinsurance Subsidy. CMS pays the Company a cost reimbursement estimate monthly to fund the CMS obligation to pay approximately 80% of the costs incurred by individual members in excess of the individual annual out-of-pocket maximum. A settlement is made with CMS based on actual cost experience, after the end of the plan year.
  - Low-Income Member Cost Sharing Subsidy. For qualifying low-income members, CMS pays on the member's behalf some or all of a member's cost sharing amounts, such as deductibles and coinsurance. The cost sharing subsidy is funded by CMS through monthly payments to the Company. The Company administers and pays the subsidized portion of the claims on behalf of CMS, and a settlement payment is made between CMS and the Company based on actual claims and premium experience, after the end of the plan year.
  - CMS Risk Corridor. Premiums from CMS are subject to risk corridor provisions that compare costs targeted in the Company's annual bids by product and region to actual prescription drug costs, limited to actual costs that would have been incurred under the standard coverage as defined by CMS. Variances of more than 5% above or below the original bid submitted by the Company may result in CMS making additional payments to the Company or require the Company to refund to CMS a portion of the premiums it received. The Company estimates and recognizes an adjustment to net accident and health premiums earned related to the risk corridor payment settlement based upon pharmacy claims experience to date. The estimate of the settlement associated with these risk corridor provisions requires the Company to consider factors that may not be certain, including estimates of eligible pharmacy costs and member eligibility status differences with CMS. The Company records risk corridor adjustments to net accident and health premiums earned in the statutory statements of revenue and expenses.
  - Coverage gap discount program and manufacturer discount program: Health Reform Legislation mandated a consumer discount on brand name prescription drugs for Medicare Part D plan participants in the coverage gap. Effective January 1, 2025, the Inflation Reduction Act replaced the Coverage Gap Discount Program with the Medicare Part D Manufacturer Discount Program, under which manufacturers provide point of sale discounts on applicable brand drugs in the Initial and Catastrophic Coverage phases. This discount is funded by CMS and pharmaceutical manufacturers while the Company administers the application of these funds. Accordingly, amounts received are not reflected as premium revenue, but rather are accounted for as deposits.
- The CMS Premium, the Member Premium and the Low-Income Premium Subsidy represent payments for the Company's insurance risk coverage under the Medicare Part D program and, therefore, are recorded as net accident and health premiums earned in the statutory statements of revenue and expenses. Premiums are recognized ratably over the period in which eligible individuals are entitled to receive prescription drug benefits. The Company records premium payments received in advance of the applicable service period in advanced premiums in the statutory statements of admitted assets, liabilities and surplus.

The Catastrophic Reinsurance Subsidy and the Low-Income Member Cost Sharing Subsidy (Subsidies) represent cost reimbursements under the Medicare Part D program. Amounts received for these Subsidies are not reflected as net accident and health premiums earned, but rather are accounted for as receivables and/or deposits.

Pharmacy benefit costs and administrative costs under the contract are expensed as incurred and are recognized in net accident and health benefits and general administrative expenses, respectively, in statutory statements of revenue and expenses.

The final 2024 risk corridor amount is expected to be settled during the first half of 2025 and was subject to the reconciliation process with CMS. The final 2025 risk corridor amount is expected to be settled during the second half of 2026 and is subject to the reconciliation process with CMS.

### Uncertain Tax Policies

The Company records uncertain tax positions on the basis of a two-step process whereby: (1) the Company determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Company recognizes the largest amount of tax benefit that is more than 50 percent likely to be realized upon ultimate settlement with the related tax authority.

Changes to liabilities for uncertain tax positions are recorded as income tax expenses on the accompanying statutory statement of revenue and expense. The total liability for uncertain tax positions at December 31, 2025 and 2024 was \$0 and \$0, respectively, included in net current federal income tax receivable in the statutory statements of admitted assets, liabilities and surplus. Upon further analysis, the Company did not have any significant changes in its liability for uncertain tax positions in 2024 or 2025.

### Employee Benefits

The Company computes the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligations) of employee benefit plans in accordance with SSAP No. 92, Accounting for Postretirement Benefits Other Than Pensions and SSAP No. 102, Accounting for Pensions in the accompanying statutory statement of admitted assets, liabilities and surplus, with corresponding adjustments to surplus.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

**ACA Risk Adjustment Program**

The ACA authorized a permanent risk adjustment program designed to transfer funds from qualified individual and small group plans with below average risk scores to those respective plans with above average risk scores. The estimates of amounts owed or due from the ACA risk adjustment program is required to be reflected as an adjustment to earned premium if sufficient data is available to make an estimate. The Company accounts for the Premium Stabilization Program in accordance with SSAP No. 107, Accounting for the Risk-Sharing Provisions of the Affordable Care Act.

In 2025, the Company recognized a gain of \$5,766,000 in net risk adjustment, of which \$4,531,000 of income related to the 2025 program year and \$1,236,000 related to the prior program years as the final settlement was favorable to the estimate recorded in the 2024 statutory financial statements. The company had a risk adjustment receivable of \$5,647,000 included in admitted assets at December 31, 2025, of which \$592,000 was assumed from the reinsurance agreement with MHICO. The company had a risk adjustment liability of \$47,299,000 included in aggregate health policy reserves at December 31, 2025, of which \$46,751,000 related to the reinsurance agreement with MHICO. The Company assumed a loss of \$67,215,000 in net risk adjustment from MHICO, of which \$46,142,000 was related to the 2025 program year and \$21,073,000 was related to the prior program years as the final settlement was unfavorable to the estimate recorded in the 2024 statutory financial statements.

In 2024, the Company recognized income (loss) of (\$3,140,000) in net risk adjustment, of which \$2,431,000 of income related to the 2024 program year, and (\$5,571,000) related to the prior program years as the final settlement was unfavorable to the estimate recorded in the 2023 statutory financial statements. The company had a risk adjustment receivable of \$2,431,000 included in admitted assets at December 31, 2024. The company had a risk adjustment liability of \$12,946,000 included in aggregate health policy reserves related to the reinsurance agreement with Medical Health Insuring Corporation of Ohio. The Company assumed as loss of (\$43,652,000) in net risk adjustment from MHICO, of which \$12,946,000 was related to the 2024 program year and \$30,706,000 was related to the prior program year as the final settlement was unfavorable to the estimate recorded in the 2023 statutory financial statements.

- D. Going Concern  
Not Applicable.

**NOTE 2 Accounting Changes and Corrections of Errors**  
Not Applicable.

**NOTE 3 Business Combinations and Goodwill**

- A. Statutory Purchase Method  
Effective August 31, 2018, MMO entered into an acquisition agreement with SDCA to be the sole shareholder of SDCA, an Ohio corporation. Its wholly owned subsidiary is SDC, an Ohio corporation. SDCA provided administrative services to self-insured dental plans. SDC is an Individual Practice Association prepaid dental plan. SDCA and SDC operate under the trade names Superior Dental Care Alliance and Superior Dental Care, respectively. Effective December 31, 2019 SDCA merged into SDC. The statutory purchase method was used to account for the acquisition.

Effective January 1, 2020, the Company acquired Bravo Wellness, LLC, (Bravo) a Delaware limited liability company headquartered in Cleveland, Ohio that provides compliance expertise, technology, and administrative support services for wellness and related incentive plans. The resulting value of the acquisition provides strategic alignment with wellness initiatives. The statutory purchase method was used to account for the acquisition. During 2024, the Company's management approved a plan to cease all operating activities of Bravo effective December 31, 2025. In accordance with this plan, Bravo ceased all revenue-generating activities and active operations as of that date. As of December 31, 2025, Bravo remains a legally formed entity and has not been formally dissolved.

Effective March 1, 2021, Medical Mutual acquired Employee Services, Inc. (ESI), a New York corporation headquartered in Wellsville, New York that administers employee assistance programs for employer groups. The resulting value of the acquisition provides strategic alignment with wellness initiatives. The statutory purchase method was used to account for the acquisition.

Effective December 1, 2022, Medical Mutual acquired Reserve National Insurance Company (RNI), an Illinois company headquartered in Oklahoma City, Oklahoma that provides life and accident and health insurance to both individuals and groups. The resulting value of the acquisition provides strategic alignment with product offerings and geographic footprint expansion. The statutory purchase method was used to account for the acquisition.

Effective, May 1, 2024, Medical Mutual acquired Paramount, a Northwest Ohio-based health insurance company headquartered in Toledo, Ohio that provides Medicare Advantage, Individual ACA, commercial group and short-term insurance plans to individuals and employers. The resulting value of the acquisition provides strategic alignment with product offerings. The statutory purchase method was used to account for the acquisition.

The transaction was accounted for as a statutory purchase, and reflects the following:

1	2	3	4	5
Purchased Entity	Acquisition Date	Cost of Acquired Entity	Original Amount of Goodwill	Original Amount of Admitted Goodwill
SDC	08/31/2018	\$ 15,500,000	\$ 7,177,000	\$ 7,177,000
Bravo	01/01/2020	\$ 33,425,000	\$ 20,771,000	\$ -
ESI	03/01/2021	\$ 52,081,000	\$ 48,131,000	\$ -
RNI	12/01/2022	\$ 89,182,000	\$ 44,889,000	\$ 44,889,000
Paramount	05/01/2024	\$ 130,051,000	\$ 81,322,000	\$ 81,322,000
Total	XXX	\$ 320,239,000	\$ 202,290,000	\$ 133,388,000

1	6	7	8	9
Purchased Entity	Admitted Goodwill as of the Reporting Date	Amount of Goodwill Amortized During the Reporting Period	Book Value of SCA	Admitted Goodwill as a % of SCA BACV, Gross of Admitted Goodwill Col. 6/Col. 8
SDC	\$ 384	\$ 287	\$ 17,734	2.2%
Bravo	\$ -	\$ -	\$ 1,932	0.0%
ESI	\$ -	\$ 4,813	\$ 4,917	0.0%
RNI	\$ 31,048	\$ 4,489	\$ 73,064	42.5%
Paramount	\$ 67,769	\$ 8,132	\$ 160,963	42.1%
Total	\$ 99,201	\$ 17,721	\$ 258,610	38.4%

- B. Statutory Merger  
Not Applicable.
- C. Assumption Reinsurance  
Not Applicable.
- D. Impairment Loss  
Not Applicable

**NOTES TO FINANCIAL STATEMENTS**

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

- (1) Capital & Surplus
- Less:
  - (2) Admitted Positive Goodwill
  - (3) Admitted EDP Equipment & Operating System Software
  - (4) Admitted Net Deferred Taxes
- (5) Adjusted Capital and Surplus (Line 1-2-3-4)
- (6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5\*10%])
- (7) Current period reported Admitted Goodwill
- (8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)

	Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
\$	1,372,963	XXX
\$	102,361	XXX
\$	3,048	XXX
\$	-	XXX
\$	1,267,554	XXX
\$	126,755	XXX
	XXX	\$ 99,201
	XXX	7.8%

**NOTE 4 Discontinued Operations**

Not Applicable.

**NOTE 5 Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans  
not Applicable
- B. Debt Restructuring  
Not Applicable.
- C. Reverse Mortgages  
Not Applicable.
- D. Asset-Backed Securities
  - a) The aggregate amount of unrealized losses:
    - 1. Less than 12 Months \$ 301,215
    - 2. 12 Months or Longer \$ 3,243,162
  - b) The aggregate related fair value of securities with unrealized losses:
    - 1. Less than 12 Months \$ 30,830,744
    - 2. 12 Months or Longer \$ 43,554,596
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not Applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable.
- J. Real Estate  
Not Applicable.
- K. Investments in Tax Credit Structures (tax credit investments)  
Not Applicable

**NOTES TO FINANCIAL STATEMENTS**

L. Restricted Assets

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	\$ 2,276,200		\$ 2,276,200		\$ 2,276,200	0.076%	0.079%
j. On deposit with states	\$ 942,136	\$ 958,173	\$ (16,038)		\$ 942,136	0.031%	0.033%
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. Collateral assets received and on balance sheet			\$ -		\$ -	0.000%	0.000%
p. Assets held under modco reinsurance agreements			\$ -		\$ -	0.000%	0.000%
q. Assets held under funds withheld reinsurance agreements			\$ -		\$ -	0.000%	0.000%
r. Total restricted assets (Sum of a through q)	\$ 3,218,336	\$ 958,173	\$ 2,260,162	\$ -	\$ 3,218,336	0.107%	0.112%

Restricted Asset Category	8 Amount Reported in General Interrogatories	9 Difference from Note and GI	10 GI Ref
a. Subject to contractual obligation for which liability is not shown	XXX	XXX	XXX
b. Collateral held under security lending agreements	\$ -	\$ -	25.04 + 25.05
c. Subject to repurchase agreements		\$ -	26.21
d. Subject to reverse repurchase agreements		\$ -	26.22
e. Subject to dollar repurchase agreements		\$ -	26.23
f. Subject to dollar reverse repurchase agreements		\$ -	26.24
g. Placed under option contracts		\$ -	26.25
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	26.26
i. FHLB capital stock	\$ 2,276,200	\$ -	26.27
j. On deposit with states	\$ 942,136	\$ -	26.28
k. On deposit with other regulatory bodies		\$ -	26.29
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	26.31
m. Pledged as collateral not captured in other categories		\$ -	26.30
n. Other restricted assets		\$ -	26.32
o. Collateral assets received and on balance sheet	XXX	XXX	XXX
p. Assets held under modco reinsurance agreements	XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements	XXX	XXX	XXX
r. Total restricted assets (Sum of a through q)	XXX	XXX	XXX

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

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

**NOTES TO FINANCIAL STATEMENTS**

GI Reference	Difference between Note and GI (Per Column 8 above)	Explanation
25.04 + 25.05	\$ -	
26.21	\$ -	
26.22	\$ -	
26.23	\$ -	
26.24	\$ -	
26.25	\$ -	
26.26	\$ -	
26.27	\$ -	
26.28	\$ -	
26.29	\$ -	
26.31	\$ -	
26.30	\$ -	
26.32	\$ -	

- 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance (excluding Modco/FWH) and Derivatives, Are Reported in the Aggregate)  
Not applicable.
- 3. Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance (exclude Modco/FWH) and Derivatives, Are Reported in the Aggregate)  
Not applicable.
- 4. Collateral Received and Assets Held under Modco/Funds Withheld (FWH) Reinsurance Agreements Reflected as Assets Within the Reporting Entity's Financial Statements  
Not applicable.
- 5. Disclose whether any of the assets held as collateral or under modified coinsurance (Modco) or funds withheld reinsurance (FWH) agreements have been pledged for another purpose specific to the insurance reporting entity (not for the benefit of the reinsurer). For example, if the insurance reporting entity has used these assets as the collateral in a securities lending agreement, a repo transaction, pledged as collateral to the FHLB, etc. (For Modco/FWH assets, items pledged on behalf of the reinsurer shall not be captured.)  
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  
Included the net loss recognized in 2024 of \$xxx there were no prepayment penalties and acceleration fees related to called bonds. Included the net loss recognized in 2023 is a loss of \$xxx related to prepayment penalties and acceleration fees related to twenty-five called bonds.

	<u>General Account</u>
1. Number of CUSIPs	9
2. Aggregate Amount of Investment Income	\$ 13,060

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

S. Aggregate Collateral Loans by Qualifying Investment Collateral  
Not Applicable.

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**  
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	\$ 5,157,553
2. Nonadmitted	\$ -
3. Admitted	\$ 5,157,553

D. The aggregate deferred interest.

Aggregate Deferred Interest	<u>Amount</u>
	\$ -

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	<u>Amount</u>
	\$ -

**NOTE 8 Derivative Instruments**  
Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 9 Income Taxes**

A. The Company is taxed as a stock property and casualty insurance company and files a consolidated federal income tax return with certain subsidiaries.

Certain subsidiaries of the Company are organized as single-member, limited liability companies (LLC) and accordingly taxable income or loss of these LLC subsidiaries are included in the tax provision of the Company, regardless of the level of income or loss of such subsidiaries recognized in the statutory statement of revenue and expenses.

Deferred income tax assets (DTAs) and liabilities (DTLs) represent the expected future tax consequences of temporary items with differences generated by statutory accounting as defined in SSAP No. 101. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current federal income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period. Current federal income tax payables include all current income taxes, including interest, expected to be paid in a subsequent accounting period.

The Company paid \$120,000 in federal income taxes in 2025. The company paid \$518,000 in federal income taxes in 2024.

The Company is subject to federal income tax examinations by tax authorities for the years 2022 through 2025. The years 2021 and prior years are closed.

At December 31, 2025 and 2024, the components of DTAs and DTLs are as follows:

1.

	As of End of Current Period			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$168,855,422	\$ 794,157	\$169,649,579	\$175,206,844	\$ 1,922,518	\$177,129,362	\$ (6,351,422)	\$ (1,128,361)	\$ (7,479,783)
(b) Statutory Valuation Allowance Adjustment	\$133,501,638	\$ 794,157	\$134,295,795	\$137,205,417	\$ 1,922,518	\$139,127,935	\$ (3,703,779)	\$ (1,128,361)	\$ (4,832,140)
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 35,353,784	\$ -	\$ 35,353,784	\$ 38,001,427	\$ -	\$ 38,001,427	\$ (2,647,643)	\$ -	\$ (2,647,643)
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 35,353,784	\$ -	\$ 35,353,784	\$ 38,001,427	\$ -	\$ 38,001,427	\$ (2,647,643)	\$ -	\$ (2,647,643)
(f) Deferred Tax Liabilities	\$ 3,477,469	\$ 31,876,315	\$ 35,353,784	\$ 5,628,849	\$ 32,372,578	\$ 38,001,427	\$ (2,151,380)	\$ (496,263)	\$ (2,647,643)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 31,876,315	\$ (31,876,315)	\$ -	\$ 32,372,578	\$ (32,372,578)	\$ -	\$ (496,263)	\$ 496,263	\$ -

2.

	As of End of Current Period			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	xxx	xxx		xxx	xxx		xxx	xxx	\$ -
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 35,353,784		\$ 35,353,784	\$ 38,001,427	\$ -	\$ 38,001,427	\$ (2,647,643)	\$ -	\$ (2,647,643)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 35,353,784	\$ -	\$ 35,353,784	\$ 38,001,427	\$ -	\$ 38,001,427	\$ (2,647,643)	\$ -	\$ (2,647,643)

3.

	<u>2025</u>	<u>2024</u>
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	684.672%	702.068%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above.	\$ 1,411,864,722	\$ 1,429,343,903

4.

	As of End of Current Period		12/31/2024		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1 (c)	\$ 35,353,784	\$ -	\$ 38,001,427	\$ -	\$ (2,647,643)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 35,353,784	\$ -	\$ 38,001,427	\$ -	\$ (2,647,643)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance?

B. There are no temporary differences for deferred tax liabilities that are not recognized at December 2025 and 2024.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2024	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ (12,384,894)	\$ (20,906,383)	\$ 8,521,489
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ (12,384,894)	\$ (20,906,383)	\$ 8,521,489
(d) Federal income tax on net capital gains	\$ 11,500,958	\$ 4,866,928	\$ 6,634,030
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other	\$ 315,337	\$ 2,841,026	\$ (2,525,689)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ (568,599)	\$ (13,198,429)	\$ 12,629,830
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 1,943,024		\$ 1,943,024
(2) Unearned premium reserve			\$ -
(3) Policyholder reserves	\$ 12,648,300	\$ 48,375,782	\$ (35,727,482)
(4) Investments			\$ -
(5) Deferred acquisition costs			\$ -
(6) Policyholder dividends accrual			\$ -
(7) Fixed assets			\$ -
(8) Compensation and benefits accrual	\$ 18,390,518	\$ 20,700,904	\$ (2,310,386)
(9) Pension accrual			\$ -
(10) Receivables - nonadmitted			\$ -
(11) Net operating loss carry-forward	\$ 61,634,291	\$ 32,081,918	\$ 29,552,373
(12) Tax credit carry-forward	\$ 7,781,767		\$ 7,781,767
(13) Other	\$ 66,457,522	\$ 74,048,240	\$ (7,590,718)
(99) Subtotal (sum of 2a1 through 2a13)	\$ 168,855,422	\$ 175,206,844	\$ (6,351,422)
(b) Statutory valuation allowance adjustment	\$ 133,501,638	\$ 137,205,417	\$ (3,703,779)
(c) Nonadmitted		\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 35,353,784	\$ 38,001,427	\$ (2,647,643)
(e) Capital:			
(1) Investments	\$ 61,719	\$ 315,372	\$ (253,653)
(2) Net capital loss carry-forward			\$ -
(3) Real estate			\$ -
(4) Other	\$ 732,438	\$ 1,607,146	\$ (874,708)
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 794,157	\$ 1,922,518	\$ (1,128,361)
(f) Statutory valuation allowance adjustment	\$ 794,157	\$ 1,922,518	\$ (1,128,361)
(g) Nonadmitted		\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 35,353,784	\$ 38,001,427	\$ (2,647,643)
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			\$ -
(2) Fixed assets	\$ 62,775	\$ 551,323	\$ (488,548)
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -
(5) Other	\$ 3,414,694	\$ 5,077,526	\$ (1,662,832)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 3,477,469	\$ 5,628,849	\$ (2,151,380)
(b) Capital:			
(1) Investments	\$ 31,876,315	\$ 32,372,578	\$ (496,263)
(2) Real estate			\$ -
(3) Other			\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ 31,876,315	\$ 32,372,578	\$ (496,263)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 35,353,784	\$ 38,001,427	\$ (2,647,643)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows for the years ended December 31:

Description	December 31, 2025			December 31, 2024		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 264,507,000	\$ 55,547,000	21.0%	\$ (187,793,000)	\$ (39,437,000)	21.0%
Change in valuation allowances	(23,005,000)	(4,831,000)	-1.8%	280,827,000	58,974,000	-32.2%
Benefits from pass-through entities	(126,432,000)	(26,551,000)	-10.0%	(155,577,000)	(32,671,000)	17.9%
Other DTA adjustments	(8,733,000)	(1,834,000)	-0.7%	(8,833,000)	(1,855,000)	1.0%
Dividends received deduction	(130,377,000)	(27,379,000)	-10.4%			
Permanent adjustments and other	21,600,000	4,536,000	1.7%	4,964,000	1,041,000	-0.6%
Adjustment for nonadmitted assets	4,883,000	1,026,000	0.4%	16,725,000	3,512,000	-1.9%
	<u>\$ 2,443,000</u>	<u>\$ 514,000</u>	<u>0.2%</u>	<u>\$ (49,687,000)</u>	<u>\$ (10,436,000)</u>	<u>5.7%</u>
Federal income tax incurred		(12,070,000)	-4.4%		(18,066,000)	9.9%
Tax on capital gains		11,501,000	4.2%		4,867,000	-1.5%
Change in net deferred income taxes		1,083,000	0.4%		2,763,000	-2.7%
Total statutory income taxes		<u>514,000</u>	<u>0.2%</u>		<u>(10,436,000)</u>	<u>5.7%</u>

E. The Company can recover \$0 and \$0 of ordinary income tax incurred relating to 2025 and 2024, respectively, if the Company has ordinary losses in future years. At December 31, 2025, the Company had net operating loss carryforwards of approximately \$293,497,000 expiring through 2044, of which \$17,232,000 are limited by IRC Section 382. At December 31, 2024, the Company had net operating loss carryforwards of approximately \$123,105,000 expiring through 2044, of which \$17,232,000 are limited by IRC Section 382.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

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F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

Medical Mutual of Ohio  
MedMutual Life Insurance Company  
Medical Health Insuring Corporation of Ohio  
Superior Dental Care, Inc.  
Paramount Insurance Company  
Paramount Care of Michigan  
Paramount Care of Indiana  
Paramount Care of Maryland  
Paramount Care of Pennsylvania  
Paramount Care Inc

The Company is party to a written tax sharing agreement with its affiliates that specifies that each member pays taxes to or receives credits from the Company as if the member had filed a separate tax return. The payment is finalized for the tax year after the return is filed and/or after an IRS audit is completed. A member generating a taxable loss, or whose net operating losses (NOLs) or other tax attributes are utilized in the current year, or whose tax attributes are utilized, is compensated for such losses or attributes utilized in the year absorbed. The Company had a net receivable to subsidiaries related to the tax sharing agreement of \$884,000 at December 31, 2025.

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not Applicable.

I. Alternative Minimum Tax (AMT) Credit

Not Applicable.

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

A-B; Medical Mutual of Ohio (the Company) is a mutual casualty insurance organization domiciled in Ohio. The Company provides commercial, Medicare Advantage (MA)

D-L. and Medicare Supplement, accident and health plans to both individuals and employer groups in Ohio. The Company also provides stop loss coverage to uninsured accident and health plans. The Company's primary operating subsidiaries are Medical Mutual Services, LLC (MMS), a wholly owned subsidiary which provides claims processing and network access services to uninsured accident and health plans, third-party administrators, and other insurance companies; Medical Health Insuring Corporation of Ohio (MHICO), a wholly owned stock casualty company, which provides ACA individual health insurance and Medicare Supplement products; MedMutual Life Insurance Company (MMLIC), a wholly owned life and accident and health insurance company; Superior Dental Care, Inc. (SDC), an Ohio domiciled dental insurance company, which provides administrative services to self-insured dental plans; Bravo Wellness, LLC, a Delaware limited liability company headquartered in Cleveland, Ohio that provides compliance expertise, technology, and administrative support services for wellness and related incentive plans; and Employee Services, LLC. (ESI), a New York corporation headquartered in Wellsville, New York that administers employee assistance programs for employer groups. Effective December 1, 2022, the Company acquired Reserve National Insurance Company (RNI), an Illinois company headquartered in Oklahoma City, Oklahoma that provides life and accident and health insurance to both individuals and groups.

Effective May 1, 2024, the Company acquired seven insurance companies from Promedica Insurance Corporation, offering commercial, Medicare Advantage and other supplemental coverage options. The seven companies include Paramount Insurance Company and Paramount Care Inc. both located in Ohio. Other companies outside of the State of Ohio include Paramount Care of Virginia, Inc., Paramount Care of Maryland, Inc. Paramount Care of Michigan, Inc., Paramount Care of Indiana, Inc., and Paramount Care of Pennsylvania, Inc. These acquired insurance companies are collectively referred to as "Paramount". As of December 31, 2024, Paramount Care of Virginia was dissolved.

During 2024, the Company's management approved a plan to cease all operating activities of Bravo Wellness, effective December 31, 2025. In accordance with this plan, Bravo Wellness ceased all revenue-generating activities and active operations as of that date. As of December 31, 2025, Bravo Wellness remains a legally formed entity and has not been formally dissolved.

The Company shares office facilities and personnel with its subsidiaries. Such shared costs are allocated between the Company and its subsidiaries based on the actual work performed for, and facilities utilized by, each entity. The Company also provided various services to its subsidiaries, including claims processing, membership, billing, payroll, customer service, information technology services and other administrative services. Expense allocations are reviewed periodically to ensure expenses are being appropriately charged to each affiliate, and could vary from year-to-year. Charges for shared facilities and services totaled \$399,542,000 and \$409,990,000 in 2025 and 2024, respectively, and are reported as a reduction of expenses on the accompanying statutory statements of revenue and expenses. Amounts due to and from the Company and its subsidiaries are settled within 90 days.

During 2025 and 2024, MMLIC provided life, accidental death and dismemberment, and long-term disability coverage to employees of the Company. Premiums paid by the Company to MMLIC for such coverage totaled \$2,586,000 and \$2,536,000 for 2025 and 2024, respectively.

During 2025 and 2024, Bravo provided wellness services to the Company and our customers. Fees paid by the Company to Bravo for such coverage totaled \$3,855,000 and \$4,105,000 for 2025 and 2024, respectively.

During 2025 and 2024, ESI provided employee assistance services programs to the Company and our customers. Fees paid by the Company to ESI for such coverage totaled \$140,000 and \$124,000 for 2025 and 2024, respectively.

MMS provides access to the Company's Ohio provider networks through sales to unaffiliated third-party administrators, uninsured accident and health plans, and unaffiliated insurance companies. The Company receives no income from subsidiaries for access to the Company's provider network.

The Company is subject to certain RBC requirements which are calculated based on factors specified by the NAIC. Under those requirements, the minimum amounts of surplus which must be maintained are determined based on various risk factors. At December 31, 2025 and 2024, the Company met its specific RBC requirements. The Company also guarantees that MHICO and MMLIC will maintain minimum surplus in accordance with state laws.

During 2025, the Company made a cash capital contribution of \$120,000,000, \$3,464,000, \$18,700,000, \$8,639,000, \$22,142,000 and \$1,388,000 to MMS, Bravo, MHICO, Paramount insurance Company, Paramount Care Inc, and Paramount Care of Michigan respectively. During 2024, the Company made a cash capital contribution of \$188,000,000, \$4,100,000, \$44,285,000, \$22,546,000, \$54,758,000 and \$14,574,000 to MMS, Bravo, MHICO, Paramount insurance Company, Paramount Care Inc, and Paramount Care of Michigan respectively. The 2024 amounts shown for Paramount Care Inc. and Paramount Care of Michigan include \$26,000,000 and \$7,000,000, respectively, of capital contributions that were originally disclosed as a prior year subsequent event and recorded in the 2024 financial statements.

In 2025, the Company received extraordinary dividends of \$95,000,000 and \$30,000,000 from MHICO and RNI, respectively, and reported as dividend income from subsidiaries on the accompanying statutory statement of revenue and expenses in accordance with SSAP No. 34. These dividends exceeded state regulatory thresholds requiring prior approval and therefore were approved by ODI in August 2025 and the Illinois Department of Insurance in July 2025 for dividends from MHICO and RNI, respectively.

C Not Applicable.

M-O. Not Applicable.

**NOTE 11 Debt**

Not Applicable.

**NOTES TO FINANCIAL STATEMENTS**

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

A. Defined Benefit Plan

**Postretirement Health and Life Insurance Plan**

The Company sponsors a postretirement plan (the Postretirement Plan) that provides certain health care and life insurance benefits for retired employees who have attained age 55 and have provided at least ten years of service and for those qualifying for long-term disability who have attained age 50 and have provided at least fifteen years of service. Postretirement health care is considered for employees hired on or before December 31, 2009. Retiree contributions, which vary by employee age, years of service at retirement and date of retirement, are made only by retirees utilizing these benefits. Retiree contributions are adjusted as the cost of health care changes. Effective January 1, 2016, a Health Reimbursement Arrangement (HRA) was provided to certain Medicare-eligible participants and as of January 1, 2022, pre-65 retirees are eligible to access these funds in lieu of participation in the company-sponsored pre-65 medical plan. The HRA amount is based on plan eligibility and is equal to the cap amount the participant previously received based on points at retirement or is allocated as a portion of their retiree health premium account balance.

Employees retiring on or before March 31, 2024, who have attained age 55 with at least 10 years of service are also eligible for a postretirement term life insurance benefit. The policy is valued at two-times the employee's annual salary, and reduces by 50% at age 65, and 35% every five years thereafter to a minimum of \$5,000,000. Employees retiring on or after April 1, 2024, will not be eligible to participate in the Company-sponsored postretirement term life insurance benefit.

Effective January 1, 2024, existing retirees as well as employees who are at least age 55 at the time of termination will be eligible for a Medicare Advantage group retiree benefit (EGWP) upon becoming eligible for Medicare. This coverage is also available to the employee's legal spouse and/or disabled dependents eligible for Medicare.

(1) Change in benefit obligation

a. Pension Benefits

	Overfunded		Underfunded	
	2025	2024	2025	2024
1. Benefit obligation at beginning of year	\$ -	\$ -	\$ -	\$ -
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain/loss				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year	\$ -	\$ -	\$ -	\$ -

b. Postretirement Benefits

	Overfunded		Underfunded	
	2025	2024	2025	2024
1. Benefit obligation at beginning of year	\$ -	\$ -	\$ (37,058,000)	\$ (39,076,000)
2. Service cost			\$ (105,000)	\$ (342,000)
3. Interest cost			\$ (1,857,000)	\$ (1,722,000)
4. Contribution by plan participants			\$ (29,000)	\$ (61,000)
5. Actuarial gain/loss			\$ (626,000)	\$ 491,000
6. Foreign currency exchange rate changes				
7. Benefits paid			\$ 4,117,000	\$ 3,675,000
8. Plan amendments				\$ -
9. Business combinations, divestitures, curtailments, settlements and special termination benefits			\$ (21,000)	\$ (23,000)
10. Benefit obligation at end of year	\$ -	\$ -	\$ (35,579,000)	\$ (37,058,000)

c. Special or Contractual Benefits Per SSAP No. 11

	Overfunded		Underfunded	
	2025	2024	2025	2024
1. Benefit obligation at beginning of year	\$ -	\$ -	\$ -	\$ -
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain/loss				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
10. Benefit obligation at end of year	\$ -	\$ -	\$ -	\$ -

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
	2025	2024	2025	2024	2025	2024
(2) Change in plan assets						
a. Fair value of plan assets at beginning of year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Actual return on plan assets						
c. Foreign currency exchange rate changes						
d. Reporting entity contribution			\$ 4,067,000	\$ 3,591,000		
e. Plan participants' contributions			\$ 29,000	\$ 61,000		
f. Benefits paid			\$ (4,117,000)	\$ (3,675,000)		
g. Business combinations, divestitures and settlements			\$ 21,000	\$ 23,000		
h. Fair value of plan assets at end of year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

(3) Funded status

	Pension Benefits		Postretirement Benefits	
	2025	2024	2025	2024
a. Components:				
1. Prepaid benefit costs				
2. Overfunded plan assets				
3. Accrued benefit costs			\$ 35,579,000	\$ 37,058,000
4. Liability for pension benefits				
b. Assets and liabilities recognized:				
1. Assets (nonadmitted)				
2. Liabilities recognized			\$ 35,579,000	\$ 37,058,000
c. Unrecognized liabilities				

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
	2025	2024	2025	2024	2025	2024
(4) Components of net periodic benefit cost						
a. Service cost			\$ 105,000	\$ 342,000		
b. Interest cost			\$ 1,857,000	\$ 1,722,000		
c. Expected return on plan assets						
d. Transition asset or obligation				\$ -		
e. Gains and losses			\$ (1,834,000)	\$ (2,170,000)		
f. Prior service cost or credit			\$ (1,882,000)	\$ (1,882,000)		
g. Gain or loss recognized due to a settlement or curtailment				\$ -		
h. Total net periodic benefit cost	\$ -	\$ -	\$ (1,754,000)	\$ (1,988,000)	\$ -	\$ -

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2025	2024	2025	2024
a. Items not yet recognized as a component of net periodic cost - prior year	\$ -	\$ -	\$ (17,905,000)	\$ (21,466,000)
b. Net transition asset or obligation recognized				\$ -
c. Net prior service cost or credit arising during the period				\$ -
d. Net prior service cost or credit recognized			\$ 1,882,000	\$ 1,882,000
e. Net gain and loss arising during the period			\$ 1,834,000	\$ 2,170,000
f. Net gain and loss recognized			\$ 626,000	\$ (491,000)
g. Items not yet recognized as a component of net periodic cost - current year	\$ -	\$ -	\$ (13,563,000)	\$ (17,905,000)

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2025	2024	2025	2024
a. Net transition asset or obligation				
b. Net prior service cost or credit			\$ (6,852,000)	\$ (8,735,000)
c. Net recognized gains and losses			\$ (6,710,000)	\$ (9,170,000)

(7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period:

	2025	2024
a. Weighted average discount rate	4.950%	5.350%
b. Expected long-term rate of return on plan assets		
c. Rate of compensation increase		4.000%
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)		

Weighted average assumptions used to determine projected benefit obligations as of end of current period:

	2025	2024
e. Weighted average discount rate	4.950%	5.350%
f. Rate of compensation increase		4.000%
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)		

The discount rates selected at the measurement dates for purposes of determining the benefit obligation and cost reflect the time value of money. These rates are based on investment-grade bond yields, after allowing for call and default risk. The expected compensation increase assumption is a long-term rate based on current expectations regarding future compensation increases. Due to the close of the life insurance benefit eligibility in the Health Care Plan, effective March 31, 2024, the compensation increase assumption is no longer applicable in 2025. The health care trend model used to develop the future trend rates is the Getzen Model.

(8) Accumulated Benefit Obligation for Defined Benefit Pension Plans

The Company sponsors a nonqualified defined benefit pension plan for specified independent members of the Board of Directors. The benefit is an annuity form of payment, based upon current compensation and years-of-service, and is limited to a maximum benefit period of 12 years. The accompanying statutory statements of admitted assets, liabilities and surplus include \$1,028,000 and \$1,344,000 at December 31, 2025 and 2024, respectively, in other liabilities related to this plan.

The Company sponsors a nonqualified defined benefit pension plan for certain executive level employees. The plan provides a lump sum distribution upon retirement, based on a base salary calculation and the applicable vesting period. The accompanying statutory statements of admitted assets, liabilities and surplus includes a liability of \$729,000 and \$1,453,000 at December 31, 2025 and 2024, respectively, in accounts payable and accrued expenses related to this plan.

(9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s)

For measurement purposes, a 6.20% and 6.60% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2025 and 2024, respectively.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

	Amount
a. 2026	\$ 4,437,000
b. 2027	\$ 4,065,000
c. 2028	\$ 3,721,000
d. 2029	\$ 3,493,000
e. 2030	\$ 3,316,000
f. 2031 through 20xx	\$ 14,098,000

(11) Expected employer contributions during 2026 is \$4,437,000.

(12) Not Applicable.

(13) The Company uses an alternative amortization method for gain/loss recognition for the Postretirement Plan. If gains and losses are in excess of 5% of the accumulated benefit obligation, the entire amount is amortized over a period of five years. Otherwise there is no amortization.

(14) The Company uses December 31 as the measurement date for calculating its obligations relating to postretirement benefits.

(15) Not Applicable.

(16) The majority of the actuarial gains and losses in 2025 and 2024 is a result of the change in the discount rate year over year.

(17) Not Applicable.

(18) Not Applicable.

B. Not Applicable.

C. The fair value of each class of plan assets  
Not Applicable.

D. Not Applicable.

E. Defined Contribution Plan  
**Retirement Savings Plan**

The Company sponsors a retirement savings plan that consists of a defined contribution employee retirement savings plan (the 401(k) Plan) and a defined contribution retirement plan (the Horizons Plan).

The 401(k) Plan is available to eligible employees. The Company contributes 100% of the first 3% and 50% of the next 2% of compensation that a participant contributes to the 401(k) Plan. Participants in the 401(k) Plan immediately vest in employer matching contributions. The Company's contributions to the 401(k) Plan totaled \$12,291,000 and \$12,122,000 for 2025 and 2024, respectively.

The Horizons Plan provides for a fixed contribution to eligible employees, calculated as a percentage of the employees' covered compensation. The fixed contribution is calculated using percentages ranging from 3% to 8%, based on an age plus years of service-graded scale. At December 31, 2025, the Company accrued \$17,811,000 for the fixed contribution relating to the 2025 plan year, which was subsequently paid in January 2026. At December 31, 2024, the Company accrued \$18,943,000 for the fixed contribution relating to the 2024 plan year, which was subsequently paid in January 2025. Amounts are included in accounts payable and accrued expenses in the statutory financial statements.

**Restoration Savings Plan**

The Company sponsors a funded, nonqualified deferred compensation plan (the Restoration Plan) for certain highly compensated employees and Directors participating in the nonqualified deferred compensation plan. The IRC currently limits the amounts the Company can pay to certain employees pursuant to the Horizons Plan and the 401(k) Plan. The Restoration Plan provides an additional contribution amount calculated as if those contributions were not limited. Director-level participation is limited to Horizons Plan contributions lost due to voluntary participation in the nonqualified deferred compensation plan. At December 31, 2025, the Company accrued \$1,437,000 related to the 2025 plan year, which is expected to be paid in 2025. At December 31, 2024, the Company accrued \$1,671,000 related to the 2024 plan year, which was paid in 2025. Amounts are included in accounts payable and accrued expenses in the statutory financial statements.

F. Multiemployer Plans  
Not Applicable.

G. Consolidated/Holding Company Plans  
Not Applicable.

H. Postemployment Benefits and Compensated Absences  
Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)  
Not Applicable.

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

A. Not Applicable.

B. Not Applicable.

C. Not Applicable.

D. Not Applicable.

E. Not Applicable.

F. Not Applicable.

G. Not Applicable.

H. Not Applicable.

I. There were no changes in special surplus in 2025.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.

K. The Company issued the following surplus debentures or similar obligations:  
Not Applicable.

L. The impact of any restatement due to prior quasi-reorganizations is as follows:  
Not Applicable.

M. Not Applicable.

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 14 Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

The Company has invested in various limited partnership interests as an alternative to direct equity investments. These alternative investments are part of the Company's investment strategy and are organized to invest in selected healthcare and technology opportunities, multi-family rental properties, community banks, hedged strategies, microcap manufacturing and service and distribution businesses. Based on the business scope exception, the investments were not assessed for potential consolidation under the variable interest entity model and are accounted for as equity method investments as the Company is not deemed to have control of any of these investments but does have significant influence.

The aggregate fair value of the Company's limited partnerships was \$93,297,000 and \$88,370,000 at December 31, 2025 and 2024, respectively. The Company records these investments as other invested assets and the audited GAAP equity method is the basis of valuation. Undistributed earnings and losses of the investee are accounted for as changes in unrealized gains. The values of the investments assigned by the general partners may not be realizable until the sale or disposal of the related assets, which may not occur for several years. Limited partnerships are also highly illiquid investments and the Company's ability to withdraw funds is generally subject to significant restrictions. Distributions of earnings from these limited partnerships are largely at the sole discretion of the general partners and distributions are generally not received by the Company for many years after the earnings have been reported. The Company had commitments to contribute an additional \$25,508,000 and \$28,462,000 to existing limited partnerships as of December 31, 2025 and 2024, respectively.

(1) Total contingent liabilities:

(2)

(1)	(2)	(3)	(4)	(5)
Nature and circumstances of guarantee and key attributes, including date and duration of agreement	Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5.)	Ultimate financial statement impact if action under the guarantee is required	Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted.	Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted
MHICO parental guarantee		Investment in subsidiary		No payment needed as of 12/31/25
MMLIC parental guarantee		Investment in subsidiary		No payment needed as of 12/31/25
<b>Total</b>	<b>\$ -</b>	<b>XXX</b>	<b>\$ -</b>	<b>XXX</b>

The Company is unable to estimate the maximum potential amount of future payments the Company could be required to make under the guarantee.

(3) Not Applicable.

**B. Assessments**

The Company is subject to regulations that may result in assessments under state insurance guaranty association laws. The Company is not

(1) anticipating any significant assessments as of December 31, 2025.

(2) Not Applicable.

(3) Not Applicable.

**C. Gain Contingencies**

Not Applicable.

**D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits**

Not Applicable.

**E. Joint and Several Liabilities**

Not Applicable.

**F. All Other Contingencies**

Various lawsuits against the Company have arisen in the ordinary course of business. While the outcome of these matters cannot be predicted with certainty at this time, management believes they will not have a material adverse effect on the Company's financial position or results of operations.

CMS uses a risk-adjustment model to determine premiums paid to MA plans according to the health status of covered members. Under the risk-adjustment methodology, all MA plans must collect and submit specified medical diagnosis code information from providers to CMS. This data is used to calculate the risk-adjusted premium payments to MA plans. The Company relies on providers to submit claims using proper coding practices and to appropriately document medical data. The Company conducts medical record reviews as part of our data and payment accuracy compliance efforts.

CMS has instituted risk adjustment data validation (RADV) audits to validate the coding practices and supporting documentation maintained by providers. If selected for audit, CMS could require the Company to refund premium payments if the Company's risk-adjusted premiums are not properly supported by medical record data. Currently, none of the Company's MA plans have been selected for audit. The Company is unable to predict if any of the Company's MA plans will be selected for future audit, or the amount of any retrospective or prospective MA premium adjustments that may result. Premium adjustments resulting from RADV audits could have a material adverse effect on the Company's operating results, financial position, and cash flows.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 15 Leases**

A. Lessee Operating Lease:

(1) The Company leases office space and computer equipment. Renewal options are available on the majority of leases and, under certain conditions; options exist to purchase equipment at the end of the lease term. Rental expense was \$8,661,000 and \$9,758,000 for 2025 and 2024, respectively.

During 2018, the Company entered into a lease agreement for the new location of our operations facility in Brooklyn, Ohio. The initial term of 16 years commenced January 1, 2020, with an option to extend the lease.

The following is a summary of future minimum lease payments under noncancelable leases having initial or remaining terms in excess of one year at December 31, 2025:

(2) a. At December 31, 2025, the minimum aggregate rental commitments are as follows:

	Operating Leases
1. 2026	\$ 3,883,000
2. 2027	\$ 3,890,000
3. 2028	\$ 3,898,000
4. 2029	\$ 3,840,000
5. 2030	\$ 4,020,000
6. Thereafter	\$ 19,670,000
7. Total (sum of 1 through 6)	\$ 39,201,000

(3) Not Applicable.

B. Lessor 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**

A. ASO Plans:

Not Applicable.

B. ASC Plans:

Not Applicable.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

The statutory statement of admitted assets, liabilities and capital and surplus include \$8,638,000 of subsidies receivable, \$11,793,000 of manufacturer discount receivables and \$16,780,000 of risk corridor receivables included in other admitted assets, and \$1,486,000 of coverage gap discounts payable in other liabilities at December 31, 2025, related to the Medicare Part D program.

The statutory statements of admitted assets, liabilities, and surplus include \$1,269,000 of subsidies receivable and \$1,958,000 of coverage gap discount receivables included in other admitted assets, and \$3,728,000 of subsidies payable in other liabilities, and \$3,097,000 of risk corridor payables included in aggregate health policy reserves at December 31, 2024, related to the Medicare Part D program.

**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

Level 1 fair values are based on quoted prices for identical assets in active markets. Other invested assets consist of mutual funds that are held in the Company's nonqualified deferred benefit plans. The fair value measurements for other invested assets are also based on Level 1 inputs. If Level 1 valuations are not available, fair value is determined using models such as matrix pricing, which uses quoted market prices of fixed maturity securities with similar characteristics or discounted cash flows to estimate fair value. The Company does not have any assets carried at fair value based upon Level 2 or 3 inputs.

As the Company is responsible for the determination of fair value, it performs quarterly reviews of the prices received from its custodian. Specifically, the Company compares changes in the reported fair values and returns to relevant market indices to test the reasonableness of the reported prices. If further review is required, and also at year end, the Company will compare the prices received from its custodian to a secondary pricing source. The Company's internal price verification procedures and review of fair value methodology documentation provided by its custodian's independent pricing has not historically resulted in adjustment in the prices obtained from the custodian.

There were no transfers between Level 1, 2, and 3 during 2025 or 2024.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
PERPETUAL PREFERRED STOCKS INDUSTRIAL & MISC	\$ 16,423,218				\$ 16,423,218
REDEEMABLE PREFERRED STOCKS INDUSTRIAL & MISC	\$ 462,400				\$ 462,400
COMMON STOCKS INDUSTRIAL & MISC	\$ 336,784,212				\$ 336,784,212
OTHER INVESTED ASSETS	\$ 31,079,453				\$ 31,079,453
<b>Total assets at fair value/NAV</b>	<b>\$ 384,749,283</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 384,749,283</b>

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
<b>Total liabilities at fair value</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**NOTES TO FINANCIAL STATEMENTS**

- (2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy  
Not Applicable.
- (3) Not Applicable.
- (4) Not Applicable.
- (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 REDEEMABLE	\$ 799,545,833	\$ 813,084,217		\$ 799,545,833			
PREFERRED STOCKS PERPETUAL	\$ 7,629,765	\$ 9,015,696	\$ 7,629,766				
PREFERRED STOCKS	\$ 16,423,218	\$ 16,423,218	\$ 16,423,218				
COMMON STOCKS	\$ 336,784,212	\$ 336,784,212	\$ 336,784,212				
OTHER INVESTED ASSETS	\$ 31,079,453	\$ 31,079,453	\$ 31,079,453				

D. Not Practicable to Estimate Fair Value  
Not Applicable

E. Not Applicable.

**NOTE 21 Other Items**

- A. Unusual or Infrequent Items  
Not Applicable.
- B. Troubled Debt Restructuring: Debtors  
Not Applicable.
- C. Other Disclosures  
Not Applicable.
- D. Business Interruption Insurance Recoveries  
Not Applicable.
- E. State and Federal Tax Credits

(1) Carrying Value of State and Federal Tax Credits, Disaggregated by Transferable/Certificated and Non-transferable, Gross of any Related Tax Liabilities by Jurisdiction and in Total

Description of Transferable and Non-transferable Tax Credits	Jurisdiction	Carrying Value	Unused Amount
Opportunity Zone Investment Credit	OH	\$ 9,542,000	\$ 9,542,000
<b>Total</b>		<b>\$ 9,542,000</b>	<b>\$ 9,542,000</b>

(2) Total unused tax credits by jurisdiction, disaggregated by transferable/certificated and non-transferable

	Jurisdiction *	Transferable / Certificated	Nontransferable	Total
a. State				
	OH	\$ 9,542,000	\$ -	\$ 9,542,000
<b>Total</b>	XXX	<b>\$ 9,542,000</b>	<b>\$ -</b>	<b>\$ 9,542,000</b>
b. Federal	XXX	\$ -	\$ -	\$ -
<b>c. Total (a+b)</b>	XXX	<b>\$ 9,542,000</b>	<b>\$ -</b>	<b>\$ 9,542,000</b>

\* Only applicable to State section of table

(3) The tax credit is estimated to be fully utilized in March 2026 when the company files the premium tax return, which is based on 2025 premiums written.

(4) Not Applicable.

(5) State and Federal Tax Credits Admitted and Nonadmitted disaggregated by Transferable/Certificated and Non-transferable

	Total Admitted	Total Nonadmitted
a. State		
1. Transferable	\$ 8,874,000	\$ 668,000
2. Non-transferable	\$ -	\$ -
b. Federal		
1. Transferable	\$ -	\$ -
2. Non-transferable	\$ -	\$ -

F. Subprime Mortgage Related Risk Exposure  
Not Applicable.

G. Retained Assets  
Not Applicable.

H. Insurance-Linked Securities (ILS) Contracts  
Not Applicable.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy  
Not Applicable.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 22 Events Subsequent**

The Company has evaluated subsequent events from the end of the most recent fiscal year through February 27, 2026, the date the statutory financial statements were available to be issued, and determined that there have been no events that have occurred that would require adjustments to our disclosures in the financial

**NOTE 23 Reinsurance**

A. Ceded Reinsurance Report

Certain premiums and benefits are ceded to/assumed from other insurance companies under various reinsurance agreements. The ceded reinsurance agreements provide the Company with increased capacity to write larger risks and maintain its exposure to loss within its capital resources. The Company remains obligated for amounts ceded in the event that the reinsurers do not meet their obligations. The Company assumes certain premiums and benefits from other companies, subject to certain limitations or exceptions that may include a loss limit.

Effective July 1, 2025 the Company entered into a reinsurance agreement with The Canada Life Assurance Company (Canada Life). The agreement is on a funds withheld coinsurance basis, and reinsurance effected under this agreement is on an indemnity reinsurance basis. As of the effective date of this agreement, the Company will cede 10% of Large Group, 80% of Small Group Non-ACA, and 80% of specific stop loss premiums and claims incurred to Canada Life. As of December 31, 2025 the Company recorded \$50,224,000 of funds withheld as a payable to Canada Life within the statutory statements of admitted assets, liabilities, and capital and surplus. The agreement does not meet the requirements of risk transfer under U.S. GAAP and is accounted for as a deposit arrangement under U.S. GAAP.

Effective January 1, 2023 the Company entered into a reinsurance agreement with MHICO. MHICO cedes 100% of the claims and the premiums, less a portion of premiums to cover administrative service fees, producer commissions taxes, assessments and regulatory fees. The agreement is for one year and automatically renews each year unless the Company or MHICO provides a written termination notice of 60 days.

The effects of reinsurance for the years ended December 31, 2025 and 2024, are as follows:

	Year Ended December 31	
	2025	2024
Direct accident and health insurance premiums	\$ 3,338,733,000	\$ 2,732,175,000
Ceded accident and health insurance premiums	(344,887,000)	(47,532,000)
Assumed accident and health insurance premiums	840,384,000	790,046,000
Net accident and health insurance premiums	\$ 3,834,231,000	\$ 3,474,689,000

Differences between written and earned premiums subject to reinsurance are not significant.

	Year Ended December 31	
	2025	2024
Direct accident and health insurance benefits	\$ 2,986,169,000	\$ 2,168,714,000
Ceded accident and health insurance benefits	(340,251,000)	(41,342,000)
Assumed accident and health insurance benefits	951,245,000	858,486,000
Net accident and health insurance benefits	\$ 3,597,163,000	\$ 2,985,858,000

C. Commutation of Reinsurance Reflected in Income and Expenses.  
Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation  
Not Applicable.

E. Reinsurance Credit  
Not Applicable.

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Not Applicable.

B. Not Applicable.

C. Not Applicable.

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

	Individual	Employer	Employer	Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 1,285,000	\$ -	\$ -	\$ -	\$ 1,285,000
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Medical loss ratio rebates unpaid	\$ 1,285,000	\$ -	\$ -	\$ -	\$ 1,285,000
(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	\$ 1,285,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 6,304,302	\$ 2,420,000	\$ -	\$ -	\$ 8,724,302
(8) Medical loss ratio rebates paid	\$ 1,759,302				\$ 1,759,302
(9) Medical loss ratio rebates unpaid	\$ 5,830,000	\$ 2,420,000			\$ 8,250,000
(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	\$ 8,250,000

At December 31, 2024 and 2023, no liability was recognized on the accompanying statutory statements of admitted assets, liabilities, and capital and surplus as the calculated amounts exceeded the applicable thresholds.

**NOTES TO FINANCIAL STATEMENTS**

**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)		\$ 5,054,800
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$ 14,405
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)		\$ 547,982
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ 5,766,454
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ 14,476

(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		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
					5	6	7	8		9	10	
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable		Receivable	Payable	
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable (including high risk pool payments)	\$ 2,431,200		\$ 4,979,273		\$(2,548,073)	\$ -	\$ 2,548,073			A	\$ -	\$ -
2. Premium adjustments payable (including high risk pool premium)				\$(1,288,437)	\$ -	\$ 1,288,437		\$(1,312,419)		B	\$ -	\$ (23,982)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,431,200	\$ -	\$ 4,979,273	\$(1,288,437)	\$(2,548,073)	\$ 1,288,437	\$ 2,548,073	\$(1,312,419)			\$ -	\$ (23,982)

Explanations of Adjustments

- A. ACA Risk Adjustment based on new estimates received through December 31, 2025.
- B. ACA Risk Adjustment based on new estimates received through December 31, 2025.

**NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses**

The following table provides a reconciliation of the beginning and ending reserve balances for unpaid claims, medical incentive pool and bonuses, and claim adjustment expenses (CAE), net of reinsurance and recoveries. The table is also net of health care receivables of \$132,015,000 and \$97,271,000 for 2025 and 2024, respectively:

	2025	2024
Unpaid claims and CAE	\$ 443,101,000	\$ 401,136,000
Reinsurance payable, net	60,211,000	87,390,000
Healthcare receivables, net	(97,271,000)	(98,585,000)
Drug liability	<u>8,073,000</u>	<u>16,146,000</u>
Reserve at beginning of year, net of health care receivables and net reinsurance payables	414,114,000	406,087,000
Add provision for claims and CAE, net of reinsurance, occurring in:		
Current year	3,799,691,000	3,419,775,000
Prior years	<u>(54,637,000)</u>	<u>(39,623,000)</u>
Net incurred claims and CAE during the current year	<u>3,745,054,000</u>	<u>3,380,152,000</u>
Deduct payments for claims and CAE, net of reinsurance, occurring in:		
Current year	3,677,496,000	3,114,572,000
Prior years	<u>290,791,000</u>	<u>257,551,000</u>
Net claims and CAE payments during the current year	<u>3,968,287,000</u>	<u>3,372,123,000</u>
Reserve at end of year, net of health care receivables and reinsurance payables	\$190,881,000	\$414,114,000
Reinsurance payable, net	190,781,000	(60,211,000)
Healthcare receivables, net	132,015,000	97,271,000
Drug discount liability	<u>0</u>	<u>(8,073,000)</u>
Unpaid claims and CAE	<u>\$ 513,677,000</u>	<u>\$ 443,101,000</u>

The foregoing reconciliation shows that a \$54,637,000 redundancy in the December 31, 2024, reserves emerged in 2025, and a \$39,623,000 redundancy in the December 31, 2023, reserves emerged in 2024. The redundancies resulted from differences in claims severity and utilization as compared to expectations.

At December 31, 2025 and 2024, health care receivables include \$41,458,000 and \$26,641,000 of claims related receivables that are non-admitted in accordance with the original SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans.

There were no provider loan receivables as of December 31, 2025 and 2024.

**NOTE 26 Intercompany Pooling Arrangements**

Not Applicable.

**NOTE 27 Structured Settlements**

Not Applicable.

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 28 Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

The Company accounts for pharmaceutical rebate receivables in accordance with SSAP No. 84.

Certain Health Care Receivables and Receivables Under Government Insured Plans (SSAP No. 84). The admitted receivable balances as of December 31, 2025 and 2024, of \$85,557,000 and \$63,703,000, respectively, are included in health care receivables for insured plans and other admitted assets for uninsured plans on the statutory statements of admitted assets, liabilities and capital and surplus. These are comprised of the estimated pharmacy rebates for the current quarter as reported in the statutory financial statements plus the pharmacy rebates invoiced/confirmed for the preceding quarter. Additional details are included in the table below:

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
12/31/2025	\$ 86,688,000	\$ -	\$ -	\$ -	\$ -
09/30/2025	\$ 82,703,000	\$ 86,673,738	\$ 80,895,833	\$ -	\$ -
06/30/2025	\$ 80,878,000	\$ 87,928,279	\$ 83,842,100	\$ (244,784)	\$ -
03/31/2025	\$ 81,915,000	\$ 78,004,920	\$ 75,259,380	\$ (276,693)	\$ (15,852)
12/31/2024	\$ 64,383,000	\$ 64,383,000	\$ 62,391,065	\$ 839,597	\$ (787,469)
09/30/2024	\$ 61,425,000	\$ 62,127,000	\$ 62,277,138	\$ 357,055	\$ 33,953
06/30/2024	\$ 62,559,000	\$ 62,934,000	\$ 62,762,502	\$ (1,804,975)	\$ 819,875
03/31/2024	\$ 57,426,000	\$ 58,143,190	\$ 59,872,860	\$ (550,046)	\$ (469,342)
12/31/2023	\$ 60,597,800	\$ 60,597,800	\$ 55,912,961	\$ 5,212,889	\$ 840,275
09/30/2023	\$ 53,984,500	\$ 56,894,700	\$ 54,898,472	\$ 3,185,398	\$ (225,765)
06/30/2023	\$ 48,220,000	\$ 53,984,500	\$ 53,417,372	\$ (248,572)	\$ 3,154,016
03/31/2023	\$ 43,242,000	\$ 48,220,000	\$ 49,758,107	\$ 19,012	\$ 1,039,020

**B. Risk-Sharing Receivables**

Not applicable.

**C. Medicare Prescription Payment Plan Receivables**

(1) Amounts included in other health care receivables which are recoverable from participants in Medicare Part D Prescription Payment Plan for the current reporting period \$ 160,107

(2) Aging of other health care receivables which are due from participant in Medicare Part D Prescription Payment Plan.

1	2	3	4	5	6	7	8
Name of Plan	Current Period Gross*	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Medicare Prescription Payment Plan Recoverables	\$ 160,107	\$ 106,149	\$ 14,250	\$ 9,090	\$ 30,619	\$ 30,619	\$ 129,488

\*represents the Assets Page Column 1, included within Line 24 before nonadmission.

(3) Incurred claims expense includes write-offs of impaired Medicare Prescription Payment Plan receivables of \$ - for 2025 and \$ - for 2024.

**NOTE 29 Participating Policies**

Not Applicable.

**NOTE 30 Premium Deficiency Reserves**

Aggregate health policy reserves include premium deficiency reserves (PDR) that are recognized for health contracts when expected claims, claim adjustment expenses, and administrative costs exceed the premium to be collected for the remainder of the contract period. The Company considers anticipated net investment income as a factor in determining the premium deficiency reserve amount. Premium deficiency reserves related to Medicare Supplement, Individual ACA, and Medicare Advantage policies at December 31, 2025, totaled \$0, \$9,300,000 and \$43,300,000, respectively. Premium deficiency reserves related to Medicare Supplement, Individual ACA, and Medicare Advantage policies at December 31, 2024, totaled \$39,300,000, \$19,600,000 and \$160,100,000, respectively. The PDRs for Medicare Supplement and Individual ACA were assumed by the Company from MHICO as part of the reinsurance agreement effective January 1, 2023. Refer to footnote 6 for additional detail on the reinsurance agreement.

Aggregate health policy reserves also include Medicare Part D risk corridor liability of \$0 and \$3,097,000 at December 31, 2025 and 2024, respectively, as well as an ACA risk of adjustment liability of \$47,299,000 and \$12,946,000 at December 31, 2025 and 2024, respectively, and an MA risk adjustment liability of \$25,394,000 and \$13,021,000 at December 31, 2025 and 2024, respectively. The ACA risk adjustment liabilities were assumed by the Company from MHICO as part of the reinsurance agreement.

- Liability carried for premium deficiency reserves Refer above.
- Date of the most recent evaluation of this liability 12/31/2025
- Was anticipated investment income utilized in the calculation? Yes [X] No [ ]

**NOTE 31 Anticipated Salvage and Subrogation**

The reserve for unpaid claims and CAE at December 31, 2025 and 2024, has been reduced by \$6,722,000 and \$6,122,000, respectively, related to anticipated subrogation claims recoverable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 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? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 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: ..... 02/19/2025
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2023
- 3.2 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. .... 12/31/2023
- 3.3 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). .... 04/14/2025
- 3.4 By what department or departments?  
Ohio Department of Insurance .....
- 3.5 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 ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ X ] No [ ]  
4.12 renewals? ..... Yes [ X ] No [ ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 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

- 6.1 Has the 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 ]
- 6.2 If yes, give full information  
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
RSM US LLP  
801 Nicollet Mall, Suite 1200  
Minneapolis, MN 55402 .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain.  
.....
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Mr. Andrew Larocque, FSA, MAAA, Risk & Regulatory Consulting, LLC, 20 Batterson Park Road, Suite 380, Farmington, CT 06032 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
  - 12.11 Name of real estate holding company ...
  - 12.12 Number of parcels involved .....
  - 12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If yes, provide explanation  
.....
- 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 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 [ X ] 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.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 20.12 To stockholders not officers.....\$ .....
  - 20.13 Trustees, supreme or grand (Fraternal Only) .....\$ .....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....
  - 20.22 To stockholders not officers.....\$ .....
  - 20.23 Trustees, supreme or grand (Fraternal Only) .....\$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....
  - 21.22 Borrowed from others.....\$ .....
  - 21.23 Leased from others .....\$ .....
  - 21.24 Other .....\$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ X ] No [ ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ ..... (3,690,836)
  - 22.22 Amount paid as expenses .....\$ .....
  - 22.23 Other amounts paid .....\$ .....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio**  
**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information, relating thereto  
 .....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
 .....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 25.093 Total payable for securities lending reported on the liability page ..... \$ ..... 0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....
- 26.22 Subject to reverse repurchase agreements ..... \$ .....
- 26.23 Subject to dollar repurchase agreements ..... \$ .....
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....
- 26.25 Placed under option agreements ..... \$ .....
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ .....
- 26.27 FHLB Capital Stock ..... \$ ..... 2,276,200
- 26.28 On deposit with states ..... \$ ..... 942,136
- 26.29 On deposit with other regulatory bodies ..... \$ .....
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ .....
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ .....
- 26.32 Other ..... \$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 27.2 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.

**LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ X ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes [ ] No [ ]
- 27.42 Permitted accounting practice ..... Yes [ ] No [ ]
- 27.43 Other accounting guidance ..... Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. 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 [ X ] No [ ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio**  
**GENERAL INTERROGATORIES**

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ ]

29.04 If yes, give full and complete information relating thereto:

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

29.05 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. This includes both primary and sub-advisors. 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
ANCORA ADVISORS, LLC .....	U .....
HUNTINGTON BANK .....	U .....
JAMES CELLURA .....	I .....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ X ] No [ ] N/A [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ] N/A [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ X ] No [ ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
922908-36-3 .....	VANGUARD S&P 500 ETF .....	76,097,836
922038-88-0 .....	VANGUARD HORIZON FDS .....	10,844,719
46138G-66-4 .....	INVESCO S&P SMALLCAP 600 REVENUE ETF .....	8,965,260
922908-65-2 .....	VANGUARD INDEX EXTENDED MKT .....	7,119,490
46637K-28-1 .....	JP MORGAN HEDGED EQUITY .....	6,737,458
552746-34-9 .....	MFS INTERNATIONAL VALUE FUND .....	5,970,113
922042-85-8 .....	VANGUARD FTSE EMERGING MKTS ETF .....	5,719,150
00191K-35-1 .....	AQR FDS .....	3,620,675
46432F-84-2 .....	ISHARES TR CORE MSCI EAFE .....	3,169,299
30.2999 - Total		128,244,000

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
VANGUARD S&P 500 ETF .....	NVIDIA CORPORATION, APPLE INC, MICROSOFT CORP, AMAZON.COM INC, ALPHABET INC .....	21,063,881	12/31/2025 ..
VANGUARD HORIZON FDS .....	CONSTELLATION ENERGY CORP, NEWMONT CORPORATION, ROBINHOOD MARKETS INC, CRH PLC, HOWMET AEROSPACE INC .....	560,672	12/31/2025 ..
INVESCO S&P SMALLCAP 600 REVENUE ETF .....	WORLD KINECT CORP, UNITED NATURAL FOODS INC, CARMAX INC, MANPOWERGROUP INC, GROUP 1 AUTOMOTIVE INC .....	912,663	12/31/2025 ..
VANGUARD INDEX EXTENDED MKT .....	SNOWFLAKE INC, MARVELL TECHNOLOGY INC, CLOUDFLARE INC, VERTIV HOLDINGS CO, ROBLOX CORPORATION .....	297,595	12/31/2025 ..
JP MORGAN HEDGED EQUITY .....	NVIDIA CORPORATION, APPLE INC, MICROSOFT CORP, AMAZON.COM INC, ALPHABET INC .....	1,974,075	12/31/2025 ..
MFS INTERNATIONAL VALUE FUND .....	FRANCO-NEVADA CORPORATION, TAIWAN SEMICONDUCTOR MANUFACTURING CO, NATWEST GROUP PLC, SCHNEIDER ELECTRIC SE, LEGRAND SA .....	894,323	12/31/2025 ..
VANGUARD FTSE EMERGING MKTS ETF .....	TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD, TENCENT HOLDINGS LTD, ALIBABA GROUP HOLDING LTD ORDINARY SHARES, HDFC BANK LTD, RELIANCE INDUSTRIES LIMITED .....	1,179,289	12/31/2025 ..
AQR FDS .....	AQR MULTI-ASSET FUND, AGR EQUITY MARKET NEUTRAL R6, AQRSTYLE PREMIA ALTERNATIVES R6, AQR MANAGED FUTURES STRATEGY HV R6, AQR MACRO OPPORTUNITIES R6 .....	3,125,004	12/31/2025 ..
ISHARES TR CORE MSCI EAFE .....	ASML HOLDING NV, ROCHE HOLDING AG, HSBC HOLDINGS PLC, ASTRAZENECA PLC, NORARTIS AG .....	220,900	12/31/2025 ..

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**GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations .....	648,171,978	636,624,423	(11,547,555)
31.2 Asset-Backed Securities .....	164,912,239	162,921,409	(1,990,830)
31.3 Preferred stocks .....	25,438,915	24,052,984	(1,385,931)
31.4 Totals	838,523,132	823,598,817	(14,924,315)

31.5 Describe the sources or methods utilized in determining the fair values:

The fair value of our securities was determined by utilizing prices obtained from our custodian, Fifth Third Bank. Fifth Third utilizes ICE Data Services for their pricing. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....

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

33.2 If no, list exceptions:  
 .....

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

- a. 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.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. 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 [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]

36. 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:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. 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.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. 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.
- f. 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 [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ X ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ X ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ .....831,331

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

41.1 Amount of payments for legal expenses, if any? ..... \$ .....6,165,441

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Baker & Hostetler LLP .....	3,942,565
Calfee, Halter & Griswold LLP .....	2,536,549

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ .....132,366

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
The CJR Group, INC .....	132,366

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ X ] No [ ]

1.2 If yes, indicate premium earned on U.S. business only. .... \$ 20,128,120

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$

1.31 Reason for excluding  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ 15,290,207

1.6 Individual policies: Most current three years:

1.61 Total premium earned ..... \$ 766,809

1.62 Total incurred claims ..... \$ 644,309

1.63 Number of covered lives ..... 406

All years prior to most current three years:

1.64 Total premium earned ..... \$ 18,517,348

1.65 Total incurred claims ..... \$ 13,973,039

1.66 Number of covered lives ..... 4,915

1.7 Group policies: Most current three years:

1.71 Total premium earned ..... \$ 0

1.72 Total incurred claims ..... \$ 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ 843,963

1.75 Total incurred claims ..... \$ 672,858

1.76 Number of covered lives ..... 231

2. Health Test:

		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator .....	3,834,230,637	3,474,689,202	
2.2	Premium Denominator .....	3,834,230,637	3,474,689,202	
2.3	Premium Ratio (2.1/2.2) .....	1.000	1.000	
2.4	Reserve Numerator .....	644,037,970	685,397,409	
2.5	Reserve Denominator .....	644,037,970	685,397,409	
2.6	Reserve Ratio (2.4/2.5) .....	1.000	1.000	

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]

3.2 If yes, give particulars:  
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ ] No [ X ]

5.2 If no, explain:  
.....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$

5.32 Medical Only ..... \$

5.33 Medicare Supplement ..... \$

5.34 Dental & Vision ..... \$

5.35 Other Limited Benefit Plan ..... \$

5.36 Other ..... \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
.....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details  
.....

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ..... 77,896

8.2 Number of providers at end of reporting year ..... 83,603

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ X ] No [ ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months.. \$ 264,413,148

9.22 Business with rate guarantees over 36 months ..... \$

# GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes  No
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses.....\$ ..... 19,246,800
- 10.22 Amount actually paid for year bonuses.....\$ .....9,875,213
- 10.23 Maximum amount payable withholds.....\$ .....
- 10.24 Amount actually paid for year withholds.....\$ .....

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, ..... Yes  No
- 11.13 An Individual Practice Association (IPA), or, ..... Yes  No
- 11.14 A Mixed Model (combination of above)? .... Yes  No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes  No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Ohio
- 11.4 If yes, show the amount required. .... \$ 145,446,614
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes  No
- 11.6 If the amount is calculated, show the calculation
- Greater of 10% of total liabilities or minimum net worth per ORC 1751.28 .....

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes  No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes  No
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes  No  N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written ..... \$ .....
- 15.2 Total Incurred Claims ..... \$ .....
- 15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes  No
- 16.1 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

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**FIVE-YEAR HISTORICAL DATA**

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	2,866,050,044	2,702,226,983	2,787,419,446	2,587,356,727	2,646,432,113
2. Total liabilities (Page 3, Line 24) .....	1,454,466,138	1,273,159,049	989,042,839	749,693,078	740,123,150
3. Statutory minimum capital and surplus requirement .....	145,446,614	127,315,905	98,904,284	74,969,308	74,012,315
4. Total capital and surplus (Page 3, Line 33) .....	1,411,583,906	1,429,067,933	1,798,376,607	1,837,663,649	1,906,308,963
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	3,834,230,637	3,474,689,202	3,335,864,330	2,735,206,894	2,787,269,861
6. Total medical and hospital expenses (Line 18) .....	3,597,162,761	3,243,579,536	2,985,857,783	2,346,806,088	2,505,500,700
7. Claims adjustment expenses (Line 20) .....	147,891,259	136,571,627	128,042,336	121,120,800	100,280,849
8. Total administrative expenses (Line 21) .....	214,554,680	226,778,646	209,557,034	181,233,754	173,829,849
9. Net underwriting gain (loss) (Line 24) .....	41,021,937	(266,917,606)	(33,407,823)	86,046,251	7,658,463
10. Net investment gain (loss) (Line 27) .....	222,527,902	78,358,227	58,859,438	22,145,424	82,643,691
11. Total other income (Lines 28 plus 29) .....	(10,543,466)	(4,100,208)	(6,134,022)	(3,620,685)	(3,794,511)
12. Net income or (loss) (Line 32) .....	265,075,930	(174,594,230)	27,144,377	75,474,210	108,269,382
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	69,925,342	8,873,956	153,734,701	133,537,300	65,568,661
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	1,411,864,722	1,429,343,903	1,798,642,779	1,837,907,923	1,906,363,762
15. Authorized control level risk-based capital .....	206,210,517	203,590,585	174,537,203	174,958,831	172,685,885
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	852,814	857,919	896,292	959,263	1,000,876
17. Total members months (Column 6, Line 7) .....	10,379,121	10,349,481	10,679,049	11,546,935	12,220,360
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	93.8	93.3	89.5	85.8	89.9
20. Cost containment expenses .....	2.3	2.3	2.2	2.3	1.8
21. Other claims adjustment expenses .....	1.6	1.6	1.6	2.1	1.8
22. Total underwriting deductions (Line 23) .....	98.9	107.7	101.0	96.9	99.7
23. Total underwriting gain (loss) (Line 24) .....	1.1	(7.7)	(1.0)	3.1	0.3
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	286,137,936	259,477,794	179,346,492	242,907,809	266,127,174
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	340,775,356	299,035,988	217,295,219	283,767,812	294,830,754
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1) .....	0				
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1) .....					0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1) .....	298,151,253	388,454,007	264,374,461	222,649,774	152,266,319
29. Affiliated mortgage loans on real estate .....					
30. All other affiliated .....	243,301,598	267,875,449	162,953,241	233,347,190	211,059,260
31. Total of above Lines 26 to 30 .....	541,452,850	656,329,457	427,327,703	455,996,964	363,325,580
32. Total investment in parent included in Lines 26 to 30 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Corrections of Errors? Yes [ ] No [ ]  
If no, please explain: .....

# SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

## 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	N								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	L								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	N								0	
15. Indiana	IN	L								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	L	700,255							700,255	
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	2,118,834,804	1,213,860,253			14,062,235			3,346,757,292	
37. Oklahoma	OK	N								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	L								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	L								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	L								0	
50. Wisconsin	WI	L								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	0
59. Subtotal	XXX	2,119,535,058	1,213,860,253	0	0	14,062,235	0	0	3,347,457,547	0	0
60. Reporting entity contributions for employee benefit plans	XXX								0		
61. Totals (direct business)	XXX	2,119,535,058	1,213,860,253	0	0	14,062,235	0	0	3,347,457,547	0	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	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

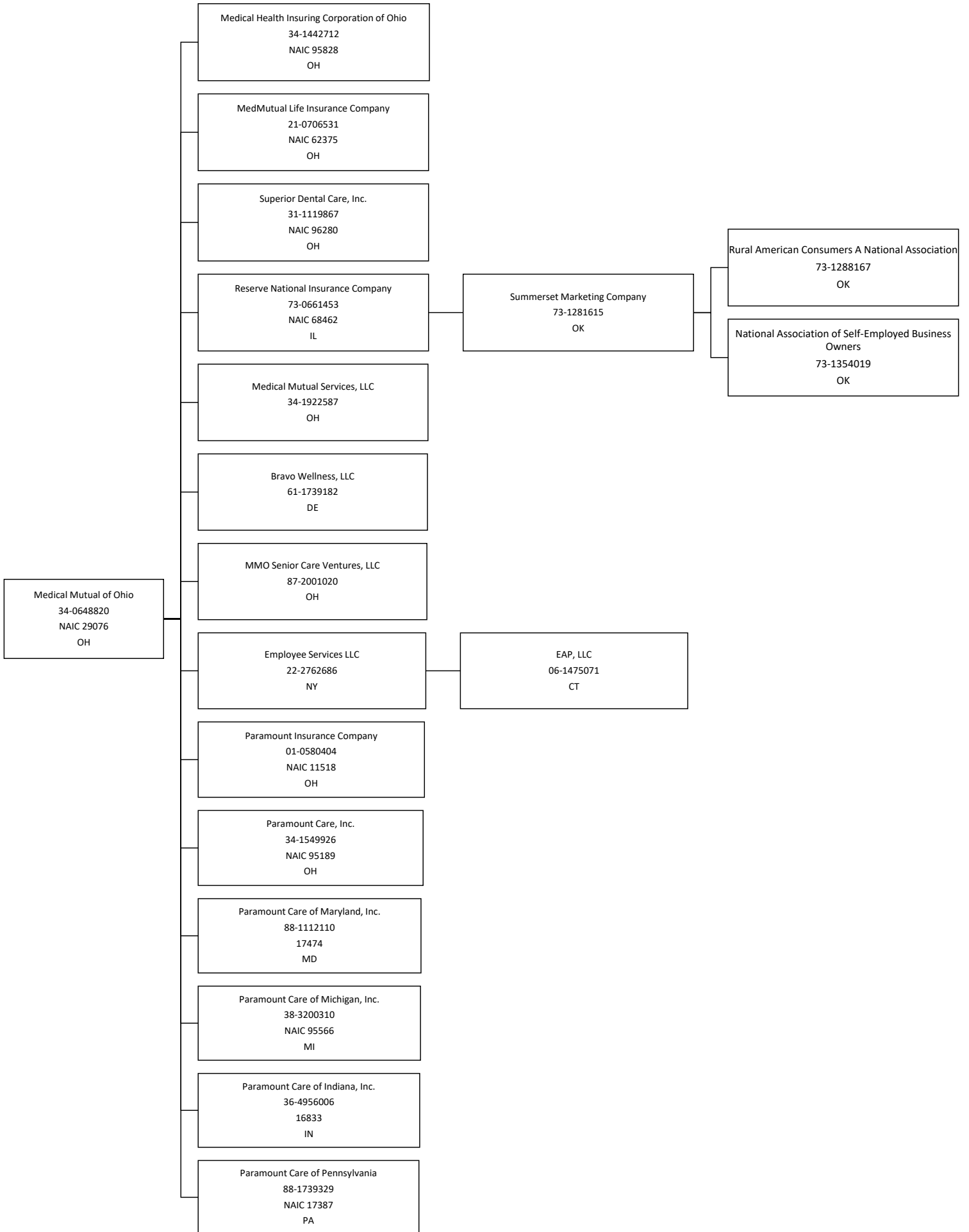
(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 9
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 48

(b) Explanation of basis of allocation by states, premiums by state, etc.

Not applicable

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



**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Unclaimed Funds .....	5,577,210		5,577,210	4,923,078
2305. Guaranty Fund Liability .....	1,148,000		1,148,000	1,191,000
2397. Summary of remaining write-ins for Line 23 from overflow page	6,725,210	0	6,725,210	6,114,078

Additional Write-ins for Statement of Revenue and Expenses Line 47

	1	2
	Current Year	Prior Year
4704. ....		0
4797. Summary of remaining write-ins for Line 47 from overflow page	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Exhibit 1 Line 6

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
0604. Medicare Supplement .....	6,052	5,889	5,787	5,675	5,553	69,223
0697. Summary of remaining write-ins for Line 6 from overflow page	6,052	5,889	5,787	5,675	5,553	69,223