



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 filed02/28/2026
3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,028,615					1,028,615
Group Subscribers:						
Medical Health Insuring Company	53,066,519					53,066,519
COSE Health & Wellness Trust	52,944,026					52,944,026
CADA Group Health Plan	9,510,173					9,510,173
0299997. Group subscriber subtotal	115,520,718	0	0	0	0	115,520,718
0299998. Premiums due and unpaid not individually listed	5,931,054					5,931,054
0299999. Total group	121,451,772	0	0	0	0	121,451,772
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
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.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	122,480,387	0	0	0	0	122,480,387

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	69,709,252	235,273,989	0	105,786,643	69,709,252	74,658,751
2. Claim overpayment receivables	22,391,986	222,658,532	1,319,337	24,129,048	23,711,323	18,669,056
3. Loans and advances to providers	0	3,428,179		64,082	0	3,399,031
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	7,090,657	39,186,140	(1,217)	716,676	7,089,441	544,555
7. Totals (Lines 1 through 6)	99,191,895	500,546,841	1,318,120	130,696,449	100,510,016	97,271,393

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	9,951,766	0.3	27,208	3.2		9,951,766
4. Total capitation payments	9,951,766	0.3	27,208	3.2	0	9,951,766
Other Payments:						
5. Fee-for-service	6,372,068	0.2	XXX	XXX		6,372,068
6. Contractual fee payments	2,706,054,388	89.5	XXX	XXX		2,706,054,388
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	9,875,213	0.3	XXX	XXX		9,875,213
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	292,498,556	9.7	XXX	XXX		292,498,556
12. Total other payments	3,014,800,224	99.7	XXX	XXX	0	3,014,800,224
13. TOTAL (Line 4 plus Line 12)	3,024,751,990	100%	XXX	XXX	0	3,024,751,990

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	27,105,877		21,654,328	5,451,548	5,451,548	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	27,105,877	0	21,654,328	5,451,548	5,451,548	0



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2025										(LOCATION) NAIC Company Code 29076	
	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													
Total Members at end of:																
1. Prior year	0															
2. First quarter	0															
3. Second quarter	0															
4. Third quarter	0															
5. Current year	0															
6. Current year member months	0															
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	0															
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0															
11. Number of inpatient admissions	0															
12. Health premiums written (b)	0															
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	0															
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	0															
18. Amount incurred for provision of health care services	0															

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		29076	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3												Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only																
Total Members at end of:																					
1. Prior year	0																				
2. First quarter	0																				
3. Second quarter	0																				
4. Third quarter	0																				
5. Current year	0																				
6. Current year member months	0																				
Total Member Ambulatory Encounters for Year:																					
7. Physician	0																				
8. Non-physician	0																				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b)	0																				
13. Life premiums direct	0																				
14. Property/casualty premiums written	0																				
15. Health premiums earned	0																				
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services	0																				
18. Amount incurred for provision of health care services	0																				

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2025										(LOCATION) NAIC Company Code 29076	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		2	3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior year	461												461			
2. First quarter	469												469			
3. Second quarter	458												458			
4. Third quarter	454												454			
5. Current year	438												438			
6. Current year member months	5,481												5,481			
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-physician	0															
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0															
11. Number of inpatient admissions	0															
12. Health premiums written (b)	700,255												700,255			
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	700,255												700,255			
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	805,245												805,245			
18. Amount incurred for provision of health care services	805,245												805,245			

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		29076	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
Total Members at end of:																					
1. Prior year	0																				
2. First quarter	0																				
3. Second quarter	0																				
4. Third quarter	0																				
5. Current year	0																				
6. Current year member months	0																				
Total Member Ambulatory Encounters for Year:																					
7. Physician	0																				
8. Non-physician	0																				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b)	0																				
13. Life premiums direct	0																				
14. Property/casualty premiums written	0																				
15. Health premiums earned	0																				
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services	0																				
18. Amount incurred for provision of health care services	0																				

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730 BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2025										NAIC Company Code 29076	
	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												
Total Members at end of:															
1. Prior year	857,458	8,862	211,593	6,052	68,548	45,235	2,014	46,714					468,440		
2. First quarter	879,192	8,116	205,039	5,889	73,846	43,096	1,974	86,317					454,915		
3. Second quarter	872,696	7,880	202,263	5,787	73,329	41,947	1,957	85,970					453,563		
4. Third quarter	853,029	7,604	198,500	5,675	73,335	41,370	1,949	85,817					438,779		
5. Current year	852,376	7,406	197,803	5,553	73,938	41,224	1,902	85,479					439,071		
6. Current year member months	10,373,640	94,175	2,415,799	69,223	882,063	503,840	23,395	1,031,549					5,353,596		
Total Member Ambulatory Encounters for Year:															
7. Physician	4,312,754	1,235,788	1,761,726	190,801	530	181,965	10,123	923,369					8,452		
8. Non-physician	1,492,546	31,394	1,155,261	81,833	518	67,818	10,012	138,861					6,849		
9. Total	5,805,300	1,267,182	2,916,987	272,634	1,048	249,783	20,135	1,062,230	0	0	0	0	15,301	0	
10. Hospital patient days incurred	202,684	896	48,856	12,478			789	139,459	0	0	0	0	206		
11. Number of inpatient admissions	28,616	173	11,303	1,593			115	15,381	0	0	0	0	51		
12. Health premiums written (b)	3,346,757,292	58,135,167	1,695,558,876	20,128,120	4,987,947	13,984,539	14,062,235	1,213,860,253	0				326,040,154		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	3,346,757,292	58,135,167	1,695,558,876	20,128,120	4,987,947	13,984,539	14,062,235	1,213,860,253	0				326,040,154		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	3,023,946,745	40,262,590	1,412,894,590	16,043,031	3,629,267	10,831,124	12,431,430	1,231,478,627					296,376,088		
18. Amount incurred for provision of health care services	3,034,482,129	37,774,737	1,414,016,770	15,290,207	3,629,269	10,674,139	12,153,583	1,243,876,578					297,066,846		

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		29076	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
Total Members at end of:																					
1. Prior year	0																				
2. First quarter	0																				
3. Second quarter	0																				
4. Third quarter	0																				
5. Current year	0																				
6. Current year member months	0																				
Total Member Ambulatory Encounters for Year:																					
7. Physician	0																				
8. Non-physician	0																				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b)	0																				
13. Life premiums direct	0																				
14. Property/casualty premiums written	0																				
15. Health premiums earned	0																				
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services	0																				
18. Amount incurred for provision of health care services	0																				

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		29076		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14								
		2	3																			
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health									
Total Members at end of:																						
1. Prior year	0																					
2. First quarter	0																					
3. Second quarter	0																					
4. Third quarter	0																					
5. Current year	0																					
6. Current year member months	0																					
Total Member Ambulatory Encounters for Year:																						
7. Physician	0																					
8. Non-physician	0																					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0																					
11. Number of inpatient admissions	0																					
12. Health premiums written (b)	0																					
13. Life premiums direct	0																					
14. Property/casualty premiums written	0																					
15. Health premiums earned	0																					
16. Property/casualty premiums earned	0																					
17. Amount paid for provision of health care services	0																					
18. Amount incurred for provision of health care services	0																					

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		29076		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14								
		2	3																			
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health									
Total Members at end of:																						
1. Prior year	0																					
2. First quarter	0																					
3. Second quarter	0																					
4. Third quarter	0																					
5. Current year	0																					
6. Current year member months	0																					
Total Member Ambulatory Encounters for Year:																						
7. Physician	0																					
8. Non-physician	0																					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0																					
11. Number of inpatient admissions	0																					
12. Health premiums written (b)	0																					
13. Life premiums direct	0																					
14. Property/casualty premiums written	0																					
15. Health premiums earned	0																					
16. Property/casualty premiums earned	0																					
17. Amount paid for provision of health care services	0																					
18. Amount incurred for provision of health care services	0																					

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730		BUSINESS IN THE STATE OF		Wisconsin		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		29076	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
Total Members at end of:																					
1. Prior year	0																				
2. First quarter	0																				
3. Second quarter	0																				
4. Third quarter	0																				
5. Current year	0																				
6. Current year member months	0																				
Total Member Ambulatory Encounters for Year:																					
7. Physician	0																				
8. Non-physician	0																				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0																				
11. Number of inpatient admissions	0																				
12. Health premiums written (b)	0																				
13. Life premiums direct	0																				
14. Property/casualty premiums written	0																				
15. Health premiums earned	0																				
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services	0																				
18. Amount incurred for provision of health care services	0																				

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

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Medical Mutual of Ohio

2. Cleveland, OH

NAIC Group Code	0730	BUSINESS IN THE STATE OF												Grand Total		DURING THE YEAR													
		1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	(LOCATION)												
		Total	Individual	Group	Medicare Supplement												Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	NAIC Company Code	29076	
Total Members at end of:																													
1.	Prior year	857,919	8,862	211,593	6,052	68,548	45,235	2,014	46,714	0	0	0	0	468,901	0														
2.	First quarter	879,661	8,116	205,039	5,889	73,846	43,096	1,974	86,317	0	0	0	0	455,384	0														
3.	Second quarter	873,154	7,880	202,263	5,787	73,329	41,947	1,957	85,970	0	0	0	0	454,021	0														
4.	Third quarter	853,483	7,604	198,500	5,675	73,335	41,370	1,949	85,817	0	0	0	0	439,233	0														
5.	Current year	852,814	7,406	197,803	5,553	73,938	41,224	1,902	85,479	0	0	0	0	439,509	0														
6.	Current year member months	10,379,121	94,175	2,415,799	69,223	882,063	503,840	23,395	1,031,549	0	0	0	0	5,359,077	0														
Total Member Ambulatory Encounters for Year:																													
7.	Physician	4,312,754	1,235,788	1,761,726	190,801	530	181,965	10,123	923,369	0	0	0	0	8,452	0														
8.	Non-physician	1,492,546	31,394	1,155,261	81,833	518	67,818	10,012	138,861	0	0	0	0	6,849	0														
9.	Total	5,805,300	1,267,182	2,916,987	272,634	1,048	249,783	20,135	1,062,230	0	0	0	0	15,301	0														
10.	Hospital patient days incurred	202,684	896	48,856	12,478	0	0	789	139,459	0	0	0	0	206	0														
11.	Number of inpatient admissions	28,616	173	11,303	1,593	0	0	115	15,381	0	0	0	0	51	0														
12.	Health premiums written (b)	3,347,457,547	58,135,167	1,695,558,876	20,128,120	4,987,947	13,984,539	14,062,235	1,213,860,253	0	0	0	0	326,740,409	0														
13.	Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
14.	Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
15.	Health premiums earned	3,347,457,547	58,135,167	1,695,558,876	20,128,120	4,987,947	13,984,539	14,062,235	1,213,860,253	0	0	0	0	326,740,409	0														
16.	Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
17.	Amount paid for provision of health care services	3,024,751,990	40,262,590	1,412,894,590	16,043,031	3,629,267	10,831,124	12,431,430	1,231,478,627	0	0	0	0	297,181,333	0														
18.	Amount incurred for provision of health care services	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	0														

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
95828	34-1442712	01/01/2023	Medical Health Insuring Corporation of Ohio	OH	QA/I	CMM	287,881,528		53,461,585	46,591,758		
95828	34-1442712	01/01/2023	Medical Health Insuring Corporation of Ohio	OH	QA/I	MS	227,057,112		45,132,588			
95828	34-1442712	01/01/2023	Medical Health Insuring Corporation of Ohio	OH	QA/I	D	4,363,741		330,000			
0299999. U.S. affiliates - other							519,302,381	0	98,924,173	46,591,758	0	0
0399999. Total - U.S. affiliates							519,302,381	0	98,924,173	46,591,758	0	0
0699999. Total - non-U.S. affiliates							0	0	0	0	0	0
0799999. Total - affiliates							519,302,381	0	98,924,173	46,591,758	0	0
	81-6240902	01/01/2020	COSE Health and Wellness Trust	OH	QA/G	CMM	307,107,296		46,617,657	57,246,902		
	34-1320838	05/01/2021	CADA Group Health Plan	OH	QA/G	CMM	13,974,345		1,598,201	9,397,693		
0899999. U.S. non-affiliates							321,081,642	0	48,215,858	66,644,594	0	0
1099999. Total - non-affiliates							321,081,642	0	48,215,858	66,644,594	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							840,384,023	0	147,140,031	113,236,352	0	0
1299999. Total non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							840,384,023	0	147,140,031	113,236,352	0	0

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - authorized U.S. affiliates				0	0	0	0	0	0	0
0699999			Total General Account - authorized non-U.S. affiliates				0	0	0	0	0	0	0
0799999			Total General Account - authorized affiliates				0	0	0	0	0	0	0
1099999			Total General Account - authorized non-affiliates				0	0	0	0	0	0	0
1199999			Total General Account authorized				0	0	0	0	0	0	0
1499999			Total General Account - unauthorized U.S. affiliates				0	0	0	0	0	0	0
1799999			Total General Account - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
1899999			Total General Account - unauthorized affiliates				0	0	0	0	0	0	0
00000	83-3843209	01/01/2022	WellBe Senior Medical, LLC	FL	OTH/I	MR	55,644,820						
00000	87-2589381	01/01/2023	NEO Total Health and Wellness	OH	OTH/I	MR	297,247						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	MR	4,485,789						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/I	CMM	7,032						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/G	CMM	331,944						
14421	27-1595679	01/01/2021	Eyemed Insurance Company	AZ	OTH/G	LB	1,238,682						
80659	82-4533188	07/01/2025	The Canada Life Assurance Company	MI	OTH/G	CMM	161,924,009						
80659	82-4533188	07/01/2025	The Canada Life Assurance Company	MI	OTH/G	SLEL	120,957,108						
1999999			General Account - unauthorized U.S. non-affiliates				344,886,630	0	0	0	0	0	0
2199999			Total General Account - unauthorized non-affiliates				344,886,630	0	0	0	0	0	0
2299999			Total General Account unauthorized				344,886,630	0	0	0	0	0	0
2599999			Total General Account - certified U.S. affiliates				0	0	0	0	0	0	0
2899999			Total General Account - certified non-U.S. affiliates				0	0	0	0	0	0	0
2999999			Total General Account - certified affiliates				0	0	0	0	0	0	0
3299999			Total General Account - certified non-affiliates				0	0	0	0	0	0	0
3399999			Total General Account certified				0	0	0	0	0	0	0
3699999			Total General Account - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
3999999			Total General Account - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
4099999			Total General Account - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
4399999			Total General Account - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
4499999			Total General Account reciprocal jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account authorized, unauthorized, reciprocal jurisdiction and certified				344,886,630	0	0	0	0	0	0
4899999			Total Separate Accounts - authorized U.S. affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - authorized non-U.S. affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - authorized affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - authorized non-affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts authorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - unauthorized U.S. affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - unauthorized non-U.S. affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - unauthorized affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - unauthorized non-affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - certified U.S. affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - certified non-U.S. affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - certified affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - certified non-affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - reciprocal jurisdiction U.S. affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - reciprocal jurisdiction affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - reciprocal jurisdiction non-affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts reciprocal jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified				0	0	0	0	0	0	0

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						344,886,630	0	0	0	0	0	0
9299999	Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	Totals						344,886,630	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - life and annuity U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - life and annuity non-U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - life and annuity affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - life and annuity non-affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account life and annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - accident and health U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
.....	83-3843209	01/01/2022	WellBe Senior Medical, LLC		30,067,780		30,067,780						26,013,502	26,013,502
.....	82-4533188	07/01/2025	The Canada Life Assurance Company		277,157,356		277,157,356						300,109,754	277,157,356
1699999			General Account - accident and health non-U.S. affiliates - other	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858
1799999			Total General Account - accident and health non-U.S. affiliates	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858
1899999			Total General Account - accident and health affiliates	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858
2199999			Total General Account - accident and health non-affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2299999			Total General Account accident and health	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858
2399999			Total General Account	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858
2699999			Total Separate Accounts - U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - non-U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - non-affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	0	0	0	0	XXX	0	0	0	0	0
3699999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858
9999999			Totals	0	307,225,136	0	307,225,136	0	XXX	0	0	0	326,123,256	303,170,858

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

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

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	284,461	1,687	1,483	1,426	1,557
2. Title XVIII - Medicare	60,425	45,845	39,589	20,625	1,780
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	3,208	4,171	3,562	2,544	0
8. Reinsurance recoverable on paid losses	304,017	57,242	21,402	18,877	82
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	2,194,821,805		2,194,821,805
2. Accident and health premiums due and unpaid (Line 15)	175,679,301	115,520,718	291,200,019
3. Amounts recoverable from reinsurers (Line 16.1)	304,017,484	30,067,780	334,085,264
4. Net credit for ceded reinsurance	XXX	172,257,447	172,257,447
5. All other admitted assets (Balance)	191,531,454	15,509,749	207,041,203
6. Total assets (Line 28)	2,866,050,044	333,355,694	3,199,405,738
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	492,238,960	146,023,448	638,262,408
8. Accrued medical incentive pool and bonus payments (Line 2)	14,665,000	1,246,000	15,911,000
9. Premiums received in advance (Line 8)	54,443,816		54,443,816
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	4,054,278		4,054,278
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	889,064,084	186,086,246	1,075,150,330
15. Total liabilities (Line 24)	1,454,466,138	333,355,694	1,787,821,832
16. Total capital and surplus (Line 33)	1,411,583,906	XXX	1,411,583,906
17. Total liabilities, capital and surplus (Line 34)	2,866,050,044	333,355,694	3,199,405,738
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	146,023,448		
19. Accrued medical incentive pool	1,246,000		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	(30,067,780)		
22. Other ceded reinsurance recoverables	(15,509,749)		
23. Total ceded reinsurance recoverables	101,691,919		
24. Premiums receivable	115,520,718		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	(186,086,246)		
30. Total ceded reinsurance payables/offsets	(70,565,528)		
31. Total net credit for ceded reinsurance	172,257,447		

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

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total							

NONE

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

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0730	Medical Mutual of Ohio	29076	34-0648820				Medical Mutual of Ohio	OH	RE		Board of Directors	0.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	95828	34-1442712				Medical Health Insuring Corporation of Ohio	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	62375	21-0706531				MedMutual Life Insurance Company	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	96280	31-1119867				Superior Dental Care, Inc	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	68462	73-0661453				Reserve National Insurance Company	IL	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	95189	34-1549926				Paramount Care, Inc.	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	95566	38-3200310				Paramount Care of Michigan, Inc.	MI	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	11518	01-0580404				Paramount Insurance Company	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	16833	36-4956006				Paramount Care of Indiana, Inc	IN	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	17474	88-1112110				Paramount Care of Maryland, Inc.	MD	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
.0730	Medical Mutual of Ohio	17387	88-1739329				Paramount Care of Pennsylvania	PA	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		34-1922587				Medical Mutual Services, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		61-1739182				Bravo Wellness, LLC	DE	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		22-2762686				Employee Services LLC	NY	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		06-1475071				EAP, LLC	CT	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		87-2001020				MMO Senior Care Ventures, LLC	OH	DS	Medical Mutual of Ohio	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1281615				Summerset Marketing Company	OK	DS	Reserve National Insurance Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1288167				Rural American Consumers A National Association	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
	Medical Mutual of Ohio		73-1354019				National Association of Self-Employed Business Owners	OK	DS	Summerset Marketing Company	Ownership	100.000	Medical Mutual of Ohio	NO	
												0.000			

NONE

Asterisk	

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

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
29076	34-0648820	Medical Mutual of Ohio	136,500,000	(207,332,623)	0	0	392,961,072	(107,877,785)		0	214,250,664	(40,276,394)
95828	34-1442712	Medical Health Insuring Corporation of Ohio	(95,000,000)	18,700,000	0	0	(86,811,722)	107,877,785		0	(55,233,937)	40,276,394
62375	21-0706531	MedMutual Life Insurance Company	0	0	0	0	115,547	0		0	115,547	0
96280	31-1119867	Superior Dental Care, Inc	0	0	0	0	(3,748,194)	0		0	(3,748,194)	0
68462	73-0661453	Reserve National Insurance Company	(30,000,000)	0	0	0	(3,509,516)	0		0	(33,509,516)	0
95189	34-1549926	Paramount Care, Inc.	0	48,141,977	0	0	19,072,406	0		0	67,214,382	0
95566	38-3200310	Paramount Care of Michigan, Inc.	0	8,387,551	0	0	(4,328,212)	0		0	4,059,339	0
11518	01-0580404	Paramount Insurance Company	0	8,639,096	0	0	(24,532,933)	0		0	(15,893,837)	0
16833	36-4956006	Paramount Care of Indiana, Inc	0	0	0	0	0	0		0	0	0
17474	88-1112110	Paramount Care of Maryland, Inc.	0	0	0	0	0	0		0	0	0
17387	88-1739329	Paramount Care of Pennsylvania	0	0	0	0	0	0		0	0	0
	34-1922587	Medical Mutual Services, LLC	0	120,000,000	0	0	(288,935,952)	0		0	(168,935,952)	0
	61-1739182	Bravo Wellness, LLC	0	3,464,000	0	0	1,183,589	0		0	4,647,589	0
	22-2762686	Employee Services LLC	(11,500,000)	0	0	0	(1,466,084)	0		0	(12,966,084)	0
	06-1475071	EAP, LLC	0	0	0	0	0	0		0	0	0
	87-2001020	MMO Senior Care Ventures, LLC	0	0	0	0	0	0		0	0	0
	73-1281615	Summerset Marketing Company	0	0	0	0	0	0		0	0	0
	73-1288167	Rural American Consumers A National Association	0	0	0	0	0	0		0	0	0
	73-1354019	National Association of Self-Employed Business Owners	0	0	0	0	0	0		0	0	0
			0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
NONE							

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.











	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an Actuarial Opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an Audited Financial Report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
20.	
21.	

Bar Codes:

11. Life Supplement [Document Identifier 205]	 2 9 0 7 6 2 0 2 5 2 0 5 0 0 0 0 0
12. SIS Stockholder Information Supplement [Document Identifier 420]	 2 9 0 7 6 2 0 2 5 4 2 0 0 0 0 0 0
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	 2 9 0 7 6 2 0 2 5 3 7 1 0 0 0 0 0
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 2 9 0 7 6 2 0 2 5 3 7 0 0 0 0 0 0
15. Medicare Part D Coverage Supplement [Document Identifier 365]	 2 9 0 7 6 2 0 2 5 3 6 5 0 0 0 0 0
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 2 9 0 7 6 2 0 2 5 2 2 4 0 0 0 0 0
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 2 9 0 7 6 2 0 2 5 2 2 5 0 0 0 0 0
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	 2 9 0 7 6 2 0 2 5 2 2 6 0 0 0 0 0
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 2 9 0 7 6 2 0 2 5 3 0 6 0 0 0 0 0
21. Life Supplement [Document Identifier 211]	 2 9 0 7 6 2 0 2 5 2 1 1 0 0 0 0 0



SUPPLEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0730..... NAIC Company Code 29076.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44144.....
 Person Completing This Exhibit TJ Reisch.....
 Title Director of Actuarial Services..... Telephone Number 216-687-7020.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
N/A	NG8903-W	P	NO	0204060	10/17/1990			03/01/1990	MediComp	30,399	21,992	72.3	8	0	0	0.0	0
N/A	NG8817; CEP84000; CEP86001S-M; NG9001; R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup Regular Option Medifil	41,904	23,976	57.2	8	0	0	0.0	0
N/A	NG8903-W; NG8806; NG8806-S; R2005w/oRx	P	NO	0204060	09/02/1988			01/01/1990	NonGroup High Option Medifil	61,403	21,431	34.9	7	0	0	0.0	0
N/A	NG8902-W	P	NO	0204060	10/17/1990			12/31/1991	Medifil Ohio	61,164	96,512	157.8	14	0	0	0.0	0
YES	NG9200A/W 11/91	A	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio A	24,800	17,990	72.5	9	0	0	0.0	0
YES	NG9200C/W	C	NO	0204060	11/26/1991			03/31/2000	Medifil Ohio C	534,000	515,884	96.6	136	0	0	0.0	0
YES	NG9200A/R1200	A	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio A - Attained Age	24,788	30,751	124.1	7	0	0	0.0	0
YES	NG9200C/R1200	C	NO	0204060	12/28/2000			01/31/2004	Medifil Ohio C - Attained Age	568,221	566,631	99.7	93	0	0	0.0	0
YES	STMS - NG0000	C	YES	0204060	11/01/2002			01/31/2004	Medicare Select Plan C Medicare Supplement Individual Policy - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STIM-NG2004-A; R2004-NG/MED/OH; STIM-NG2008-A	A	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STIM-NG2010-A	A	NO	0034000	06/14/2010			04/01/2025	Medicare Supplement Individual Policy - Plan A	53,439	40,602	76.0	21	1,753	0	0.0	1
YES	STIM-NG2004-C; R2004-NG/MED/OH; STIM-NG2008-C	C	NO	0034000	12/23/2003			05/31/2010	Medicare Supplement Individual Policy - Plan C	0	0	0.0	0	0	0	0.0	0
YES	STIM-NG2010-C	C	NO	0034000	06/14/2010			04/01/2025	Medicare Supplement Individual Policy - Plan C	1,557,089	1,011,737	65.0	349	0	0	0.0	0
YES	STMS-NG2004; R2004-NG/MED/OH	C	YES	0034000	12/23/2003			03/31/2006	Medicare Select Individual Policy - Plan C	10,931	5,154	47.1	3	0	0	0.0	0
YES	STIM-NG2004-F; STIM-NG2008-F	F	NO	0034000	07/14/2004			05/31/2010	Medicare Supplement Individual Policy - Plan F	0	0	0.0	0	0	0	0.0	0

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SUPPLEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0730..... NAIC Company Code 29076.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44144.....
 Person Completing This Exhibit TJ Reisch.....
 Title Director of Actuarial Services..... Telephone Number 216-687-7020.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	STM-NG2010-F	F	NO	0034000	06/14/2010			04/01/2025	Medicare Supplement Individual Policy - Plan F	13,748,091	10,276,516	74.7	3,453	8,051	2,102	26.1	2
YES	STM-NG2010-HI/F	F	NO	0034000	01/13/2011			04/01/2025	Medicare Supplement Individual Policy - High Ded Plan F	463,774	186,147	40.1	283	1,239	0	0.0	1
YES	STM-NG2010-N	N	NO	0034000	01/13/2011			04/01/2025	Medicare Supplement Individual Policy - Plan N	958,363	876,473	91.5	336	6,885	1,000	14.5	3
YES	STM-NG2019-G	G	NO	0034000	10/17/2019			04/01/2025	Medicare Supplement Individual Policy - Plan G	370,586	265,976	71.8	185	748,881	641,207	85.6	399
0199999. Total experience on individual policies										18,517,348	13,973,039	75.5	4,915	766,809	644,309	84.0	406
YES	STM-GRP/ASC2900-A	A	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan A	16,033	17,518	109.3	5	0	0	0.0	0
YES	STM-GRP/ASC2010-A	A	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan A	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2900-C	C	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan C	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2010-C	C	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan C	425,809	315,925	74.2	108	0	0	0.0	0
YES	STM-GRP/ASC2900-F	F	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan F	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2010-F	F	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - Plan F	342,244	294,857	86.2	87	0	0	0.0	0
YES	STM-GRP/ASC2900-HI/F	F	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - High Ded Plan F	29,447	26,869	91.2	23	0	0	0.0	0
YES	STM-GRP/ASC2010-HI/F	F	NO	0034067	06/14/2010				Medicare Supplement from Medical Mutual - High Ded Plan F	0	0	0.0	0	0	0	0.0	0
YES	STM-GRP/ASC2900-H	H	NO	0034067	09/29/2008			05/31/2010	Medicare Supplement from Medical Mutual - Plan H	30,429	17,690	58.1	8	0	0	0.0	0
0299999. Total experience on group policies										843,963	672,858	79.7	231	0	0	0.0	0

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SUPPLEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 100 American Road Cleveland, OH 44144
 - 2.2 Contact Person and Phone Number: Patricia Bunn Decensi 216-687-7000
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 100 American Road Cleveland, OH 44114
 - 3.2 Contact Person and Phone Number: Patricia Bunn Decensi 216-687-7000
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE Medical Mutual of Ohio
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0730

NAIC Company Code 29076

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	YES
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	YES
12. Travel	NO
13. Pet insurance plans	NO