

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☒ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 12/15/1954
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MEDICAL MUTUAL OF OHIO 2060 EAST NINTH STREET CLEVELAND, OH 44115	2b Employer Identification Number (EIN) 34-0648820 2c Sponsor's telephone number 216-687-7000 2d Business code (see instructions) 524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	THOMAS GREENE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

MEDICAL MUTUAL OF OHIO

2060 EAST NINTH STREET
CLEVELAND, OH 44115**3b** Administrator's EIN

34-0648820

3c Administrator's telephone number

216-687-7000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

3821

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

1516

b Retired or separated participants receiving benefits.....**6b**

218

c Other retired or separated participants entitled to future benefits.....**6c**

1850

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

3584

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

67

f Total. Add lines **6d** and **6e**.....**6f**

3651

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500. MEDICAL MUTUAL OF OHIO	D Employer Identification Number (EIN) 34-0648820	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	007394		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 2057455**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)****d** Total of balance and additions (add **b** and **c(6)**). **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDICAL MUTUAL OF OHIO</u>	D Employer Identification Number (EIN) <u>34-0648820</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information	
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>		
2 Assets:		
a Market value	2a <u>141074320</u>	
b Actuarial value	2b <u>141074320</u>	
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>207</u>	<u>14844297</u>
b For terminated vested participants	3b <u>2037</u>	<u>51245990</u>
c For active participants:		
(1) Non-vested benefits	3c(1)	<u>4679814</u>
(2) Vested benefits	3c(2)	<u>64987354</u>
(3) Total active	3c(3) <u>1577</u>	<u>69667168</u>
d Total	3d <u>3821</u>	<u>135757455</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5 <u>6.43</u> %	
6 Target normal cost	6 <u>800000</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/08/2010</u>
Signature of actuary	Date
<u>JENNIFER R. COLLISTER</u>	<u>08-06362</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31423964	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	
9	Amount remaining (Item 7 minus item 8).....	31423964	0
10	Interest on item 9 using prior year's actual return of <u>27.30</u> %	-8577799	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		28081491
b	Interest on (a) using prior year's effective rate of <u>5.92</u> %		1662424
c	Total available at beginning of current plan year to add to prefunding balance		29743915
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	22846165	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	87.08 %
15	Adjusted funding target attainment percentage.....	15	103.91 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	106.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10707052				
			Totals ►	18(b)	10707052
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 9652467
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	800000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	800000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	800000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	9652467
38 Interest-adjusted excess contributions for current year (see instructions).....	38	8852467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL MUTUAL OF OHIO		D Employer Identification Number (EIN) 34-0648820

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
--

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INVESCO NATIONAL TRUST COMPANY

1555 PEASCHTREE STREET, N.E.
TWO PEACHTREE POINTE
ATLANTA, GA 30309

58-2323529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	56076	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

WILSHIRE ASSOCIATES INCORPORATED

222 WEST ADAMS STREET, SUITE 1725
CHICAGO, IL 60606

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	51479	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON

1001 LAKESIDE AVE., SUITE 1900
CLEVELAND, OH 44114

04-2803046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	348957	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

ALLIANCEBERNSTEIN

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

13-3434400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	51678	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

EMERALD ADVISORS

1703 OREGON PIKE
P.O. BOX 10666
LANCASTER, PA 17605-0666

23-2664857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	27187	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

RIVERSOURCE INVESTMENTS

829 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	24847	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PNC INSTITUTIONAL INVESTMENTS

1900 EAST 9TH STREET
CLEVELAND, OH 44114

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	62052	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
INVESCO NATIONAL TRUST COMPANY 1555 PEACHTREE STREET, N.E. TWO PEACHTREE POINTE ATLANTA, GA 30309 58-2323529	21	FEES AND EXPENSES
WILSHIRE ASSOCIATES INCORPORATED 222 WEST ADAMS STREET, SUITE 1725 CHICAGO, IL 60606 95-2755361	20	FEES AND EXPENSES
TOWERS WATSON 1001 LAKESIDE AVE., SUITE 1900 CLEVELAND, OH 44114 04-2803046	11	FEES AND EXPENSES
ALLIANCEBERNSTEIN 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 13-3434400	21	FEES AND EXPENSES
EMERALD ADVISORS 1703 OREGON PIKE P.O. BOX 10666 LANCASTER, PA 17605-0666 23-2664857	21	FEES AND EXPENSES
RIVERSOURCE INVESTMENTS 829 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474 41-1533211	21	FEES AND EXPENSES

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
PNC INSTITUTIONAL INVESTMENTS 22-1146430 1900 EAST 9TH STREET CLEVELAND, OH 44114	26	FEES AND EXPENSES

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL MUTUAL OF OHIO</u>	D Employer Identification Number (EIN) <u>34-0648820</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	30000000	10707052
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	664905	375340
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1324799	72407739
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	44471639	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	45629984	7240
(5) Partnership/joint venture interests	1c(5)	27948	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13924992	0
(10) Value of interest in pooled separate accounts	1c(10)	5313843	2057455
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	411923	56584452
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	141770033	142139278

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	88119	160876
i Acquisition indebtedness	1i		
j Other liabilities	1j	91329	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	179448	160876

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	141590585	141978402
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10707052	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10707052

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	61589	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1444930	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1506519

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	437407	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	918288	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1355695

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	360522162	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	374415749	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-13893587

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	21315935	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		21315935
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1802045
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-3321766
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-12052
d Total income. Add all income amounts in column (b) and enter total.....	2d		19459841

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18407341	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		18407341
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	327393	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	205574	
(4) Other	2i(4)	131716	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		664683
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19072024

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		387817
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2009 This Form is Open to Public Inspection.	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO				B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL MUTUAL OF OHIO				D Employer Identification Number (EIN) 34-0648820	
Part I Distributions All references to distributions relate only to payments of benefits during the plan year. 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 154					
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8. 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. 6 a Enter the minimum required contribution for this plan year 6a b Enter the amount contributed by the employer to the plan for this plan year 6b c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... 6c If you completed line 6c, skip lines 8 and 9. 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No 11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2009 v.092308.1	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 54% Investment-Grade Debt: 40% High-Yield Debt: 0% Real Estate: 5% Other: 1%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Non-Contributory Retirement Program for Certain
Employees of Medical Mutual of Ohio
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP



Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Financial Statements and Supplemental Schedules

Years Ended December 31, 2009 and 2008

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Report of Independent Auditors

The Pension Administration Committee
Medical Mutual of Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio as of December 31, 2009 and 2008, and the related statements of change in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by PNC Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 1 to the financial statements, the Board of Directors of Medical Mutual of Ohio, the Plan's Sponsor, voted on May 4, 2009 to terminate the Plan. As a result, the Plan changed its basis of accounting used to determine the amounts at which the accumulated benefit information are stated, from the accrual basis used in presenting the 2008 financial statements to the liquidation basis used in presenting the 2009 financial statements.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 13, 2010

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Common stocks	\$ 7,240	\$ 45,629,984
Registered investment companies	56,584,452	58,808,554
Interest-bearing cash	72,407,739	1,324,799
Partnerships	—	27,948
Pooled separate accounts (real estate equity investments)	2,057,455	5,313,843
	131,056,886	111,105,128
Contribution receivable	10,707,052	30,000,000
Accrued investment income and other receivables	375,340	664,905
Total assets	142,139,278	141,770,033
Liabilities		
Accrued administrative expenses	160,876	88,119
Amounts due to broker, net	—	91,329
Total liabilities	160,876	179,448
Net assets available for benefits	\$ 141,978,402	\$ 141,590,585

See accompanying notes.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Additions		
Interest and dividend income	\$ 3,142,388	\$ 4,259,259
Contribution receivable	10,707,052	30,000,000
Total additions	13,849,440	34,259,259
Deductions		
Benefits paid directly to participants	18,407,341	6,879,525
Administrative expenses	708,828	812,553
Other	15,945	28,694
Total deductions	19,132,114	7,720,772
Net appreciation (depreciation) in fair value of investments	5,670,491	(47,062,970)
Net decrease	387,817	(20,524,483)
Net assets available for benefits:		
Beginning of year	141,590,585	162,115,068
End of year	<u>\$ 141,978,402</u>	<u>\$ 141,590,585</u>

See accompanying notes.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio (the Plan) is a noncontributory defined benefit plan which provides pension benefits and covers qualifying employees of Medical Mutual of Ohio (the Company and Plan Sponsor). Effective December 31, 2001, the Board of Trustees of the Company elected to cease providing new benefits under the Plan. Accordingly, any future benefits for employees retiring on or after January 1, 2002, were based on years of service through December 31, 2001, and average pay for periods ending prior to December 31, 2001. Additionally, as of December 31, 2001, all participants became fully vested in benefits earned under the Plan pursuant to the Employee Retirement Income Security Act of 1974 (ERISA) regulations. Normal retirement under the Plan is age 65 with a provision for early and late retirement.

On May 4, 2009, the Board of Directors of the Company voted to terminate the Plan and in June 2009, the Plan Sponsor provided notice to all participants of its intent to terminate the Plan in a standard termination. On September 1, 2010, the Plan was terminated. See Note 3, *Accumulated Plan Benefits*, and Note 9, *Subsequent Events*, for further details.

Contributions to the Plan by the Company for the funding of current and past service cost of benefits are determined by the Plan's actuary. The Plan has met ERISA minimum funding requirements.

Information about the Plan, including vesting and benefit provisions, is contained in the Summary Plan Description pamphlet. Copies of this pamphlet are available from the Company's Pension Administration Committee.

2. Significant Accounting Policies

Basis of Accounting

As a result of the termination of the Plan effective September 1, 2010, the Plan's basis of accounting for the year ended December 31, 2009 was the liquidation basis of accounting. This change in basis of accounting did not result in a change in the net assets available for benefits during 2009 or 2008; however, the change did affect the way accumulated benefit information (see Note 3) was determined as of December 31, 2009.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standard No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (FAS 168)*, a replacement of FASB Statement No. 162. This statement modifies the GAAP hierarchy by establishing only two levels of GAAP, authoritative and nonauthoritative accounting literature. Effective July 2009, the FASB Accounting Standards Codification (ASC), also known collectively as the “Codification,” is considered the single source of authoritative U.S. accounting and reporting standards. Nonauthoritative guidance and literature would include, among other things, FASB Concepts Statements, American Institute of Certified Public Accountants Issue Papers and Technical Practice Aids and accounting textbooks. The Codification was developed to organize GAAP pronouncements by topic so that users can more easily access authoritative accounting guidance. It is organized by topic, subtopic, section, and paragraph, each of which is identified by a numerical designation. The Plan has adopted FAS 168 effective December 31, 2009.

In April 2009, the FASB issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly (FSP 157-4)*. FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan’s net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009 and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 4 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Valuation of Investments

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, at the measurement date (exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement 157), assets measured at fair value are categorized into the following fair value hierarchy:

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

Level 2 – Inputs include quoted prices for similar assets or liabilities 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 and 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 Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Realized gains or losses on the sale of investments are computed on the specific identification basis. Net changes in appreciation or depreciation of investments are combined with realized gains or losses and are reflected as net appreciation or depreciation in fair value of shares of registered investment companies in the statement of changes in net assets available for benefits.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Administrative Expenses

PBGC insurance premiums, investment management, actuarial, and other professional fees are accrued for by the Plan as incurred.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The accumulated plan benefits are the actuarial present value of estimated future periodic payments that are attributable under the Plan's provisions to service rendered by employees through December 31, 2001 (see Note 2). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the average of an employee's earnings over the five highest consecutive calendar years out of the ten calendar years of employment prior to December 31, 2001, excluding the year in which the participant terminates employment or retires. Benefits for active employees as of December 31, 2001 are based on the greater of the preceding formula or their average compensation during the last five years of service. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

As calculated by the Plan's actuary, the accumulated plan benefits paid out upon the final distribution of Plan assets were approximately \$188,000,000. The Plan Sponsor contributed necessary amounts to fund the final payment of benefits in accordance with Plan provisions in 2010. None of the Plan's assets reverted to the Company upon the final settlement.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

4. Investments

All investment information disclosed in the financial statements and schedules, including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments, interest, dividends, and investment expenses for the years ended December 31, 2009 and 2008, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee, PNC Bank.

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31	
	2009	2008
Allegiant Advantage Institutional Money Market Fund	\$ 72,407,718	\$ —
Vanguard Bond Index Fund Inc Short Term Bond ETF	52,263,666	—
Blackrock Funds Core Bond Total Return	—	44,471,639
Invesco I.R.T. International Equity Fund	—	13,924,992

During 2009 and 2008, investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended December 31	
	2009	2008
Fair value as determined by quoted market price:		
Common stocks	\$ 1,105,963	\$ (27,303,660)
Registered investment companies	8,100,578	(18,264,886)
Partnerships	17,852	(131,259)
Fair value as determined by quoted redemption values:		
Pooled separate accounts (real estate equity investments)	(3,553,902)	(1,363,165)
Net appreciation (depreciation) in fair value of investments	<u>\$ 5,670,491</u>	<u>\$ (47,062,970)</u>

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

5. Fair Value Measurements

The following table summarized fair value measurements at December 31, 2009 and 2008 for assets measured at fair value on a recurring basis:

Description	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 72,407,739	\$ —	\$ —	\$ 72,407,739
Common stocks	7,240	—	—	7,240
Registered investment companies	56,584,452	—	—	56,584,452
Pooled separate accounts	—	2,057,455	—	2,057,455
Accrued investment income/receivables	11,082,392	—	—	11,082,392
Total assets at fair value	<u>\$ 140,081,823</u>	<u>\$ 2,057,455</u>	<u>\$ —</u>	<u>\$ 142,139,278</u>

Description	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 1,324,799	\$ —	\$ —	\$ 1,324,799
Common stocks	45,629,984	—	—	45,629,984
Registered investment companies	44,883,562	—	—	44,883,562
Common/collective trusts	—	13,924,992	—	13,924,992
Partnerships	—	27,948	—	27,948
Pooled separate accounts	—	5,313,843	—	5,313,843
Accrued investment income/receivables	30,664,905	—	—	30,664,905
Total assets at fair value	<u>\$ 122,503,250</u>	<u>\$ 19,266,783</u>	<u>\$ —</u>	<u>\$ 141,770,033</u>

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Common stocks are stated at fair value as quoted on a recognized securities exchange, are valued at the last reported sales price on the last business day of the plan year, and are classified as Level 1 investments. Mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end and are classified as Level 1 investments. Pooled separate accounts (real estate equity investments) are classified as Level 2 investments and their fair value is based on the redemption value of the participation units in real estate funds owned by the Plan as determined by quoted prices for similar assets.

6. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated April 5, 2004, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination letter by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated and was terminated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

7. Related Party Transactions

The Plan holds units of money market funds managed by PNC Bank, the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

8. Risks and Uncertainties (continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Subsequent Events

As discussed in Notes 1 and 3, the Plan was terminated by the Plan Sponsor effective September 1, 2010. Upon termination, lump sum distributions to participants totaled approximately \$135,100,000 and a single premium of approximately \$46,200,000 was made to Metropolitan Life for participants receiving an annuity benefit. Approximately \$6,700,000 in benefit payments were made to retirees in 2010 prior to the termination, resulting in total distributions of approximately \$188,000,000 made by the Plan in 2010. In 2010, the Plan Sponsor made additional contributions to the Plan totaling \$57,147,000 to fully fund these benefits and administrative expenses.

The Plan received a determination letter from the IRS dated August 23, 2010, stating the termination of the plan does not adversely affect its qualification for federal tax purposes.

The Plan evaluated subsequent events from the end date of the most recent fiscal year through October 13, 2010, the date the financial statements were available to be issued.

Supplemental Schedules

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

EIN #34-0648820 Plan #001

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2009

Issuer	Shares/ Par Value	Cost	Current Value
Common stocks			
Apollo Investment Corp	29	\$ 171	\$ 277
CF Industries Holdings Inc	49	6,736	4,448
Marriott Intl Inc	1	32	27
Myriad Pharmaceuticals Inc Com	367	–	1,846
Simon Property Group Inc New	8	428	642
Total common stocks		7,367	7,240
Interest-bearing cash			
Allegiant Advantage Institutional Money Market Fund*	72,407,718	72,407,718	72,407,718
Allegiant Money Market Fund I Shares*	21	21	21
Total interest-bearing cash		72,407,739	72,407,739
Registered investment companies			
Vanguard Bond Index Fund Inc Short Term Bond ETF	657,074	51,922,409	52,263,666
Ishares TR S&P 500 Index	38,644	3,565,779	4,320,786
Total registered investment companies		55,488,188	56,584,452
Pooled separate accounts (real estate equity investments)			
Partner in Group Pension Annuity Contract GPA-7394			
Prisa II with Prudential Insurance Co	268	4,511,007	2,057,455
		<u>\$ 132,414,301</u>	<u>\$ 131,056,886</u>

* Indicates party-in-interest to the Plan.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

EIN #34-0648820 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2009

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) – Single transactions in excess of 5% of plan assets							
PNC Bank*	Allegiant Money Market Fund I Shares*	\$ 30,000,000			\$ 30,000,000	\$ 30,000,000	
		15,679,917			15,679,917	15,679,917	
		15,685,773			15,685,773	15,685,773	
			\$ 15,685,773		15,685,773	15,685,773	
		9,000,000			9,000,000	9,000,000	
PNC Bank*	Allegiant Advantage Institutional Money Market Fund*		24,685,773		24,685,773	24,685,773	
		19,105,901			19,105,901	19,105,901	
		33,617,522			33,617,522	33,617,522	
			8,971,666		8,971,666	8,971,666	
		9,000,000			9,000,000	9,000,000	
			13,855,021		13,855,021	13,855,021	
			13,626,727		13,626,727	13,626,727	
			17,749,157		17,749,157	17,749,157	
		9,300,044			9,300,044	9,300,044	
			9,304,053		9,304,053	9,304,053	
		9,236,045			9,236,045	9,236,045	
		7,759,567			7,759,567	7,759,567	
		10,194,113			10,194,113	10,194,113	
			54,515,426		54,515,426	54,515,426	
		54,620,658			54,620,658	54,620,658	
PNC Bank*	Blackrock Total Return Fund		9,000,000		8,927,419	9,000,000	\$ 72,581
			9,000,000		8,900,503	9,000,000	99,497
			9,000,000		8,873,747	9,000,000	126,253
PNC Bank*	Invesco Int'l Equity Trust		9,300,000		9,116,231	9,300,000	183,769
PNC Bank*			15,679,917		13,875,779	15,679,917	1,804,138
PNC Bank*	Vanguard Bond Index Fund Inc Short Term Bond ETF	5,826,268		\$ 2,590	5,826,268	5,826,268	
		9,003,957		3,991	9,003,957	9,003,957	
		17,749,351		7,875	17,749,351	17,749,351	
		9,304,053		4,112	9,304,053	9,304,053	
		\$ 289,768,942	\$ 229,478,764	\$ 18,568	\$ 516,961,468	\$ 519,247,706	\$ 2,286,238
Category (iii) – Series of transactions in same security in excess of 5% of plan assets							
PNC Bank*	Invesco Int'l Equity Trust		\$ 15,727,038		\$ 13,924,992	\$ 15,727,038	\$ 1,802,046
PNC Bank*	Ishares TR S&P 500 Index	\$ 10,335,444		\$ 3,920	10,335,444	10,335,444	
			7,291,899	2,772	6,769,662	7,291,899	522,237
PNC Bank*	Vanguard Index Funds Small Cap ETF	7,749,683		5,958	7,749,683	7,749,683	
			8,824,031	6,231	7,749,682	8,824,031	1,074,349
		\$ 18,085,127	\$ 31,842,968	\$ 18,881	\$ 46,529,463	\$ 49,928,095	\$ 3,398,632

There were no category (ii) or (iv) reportable transactions during 2009.

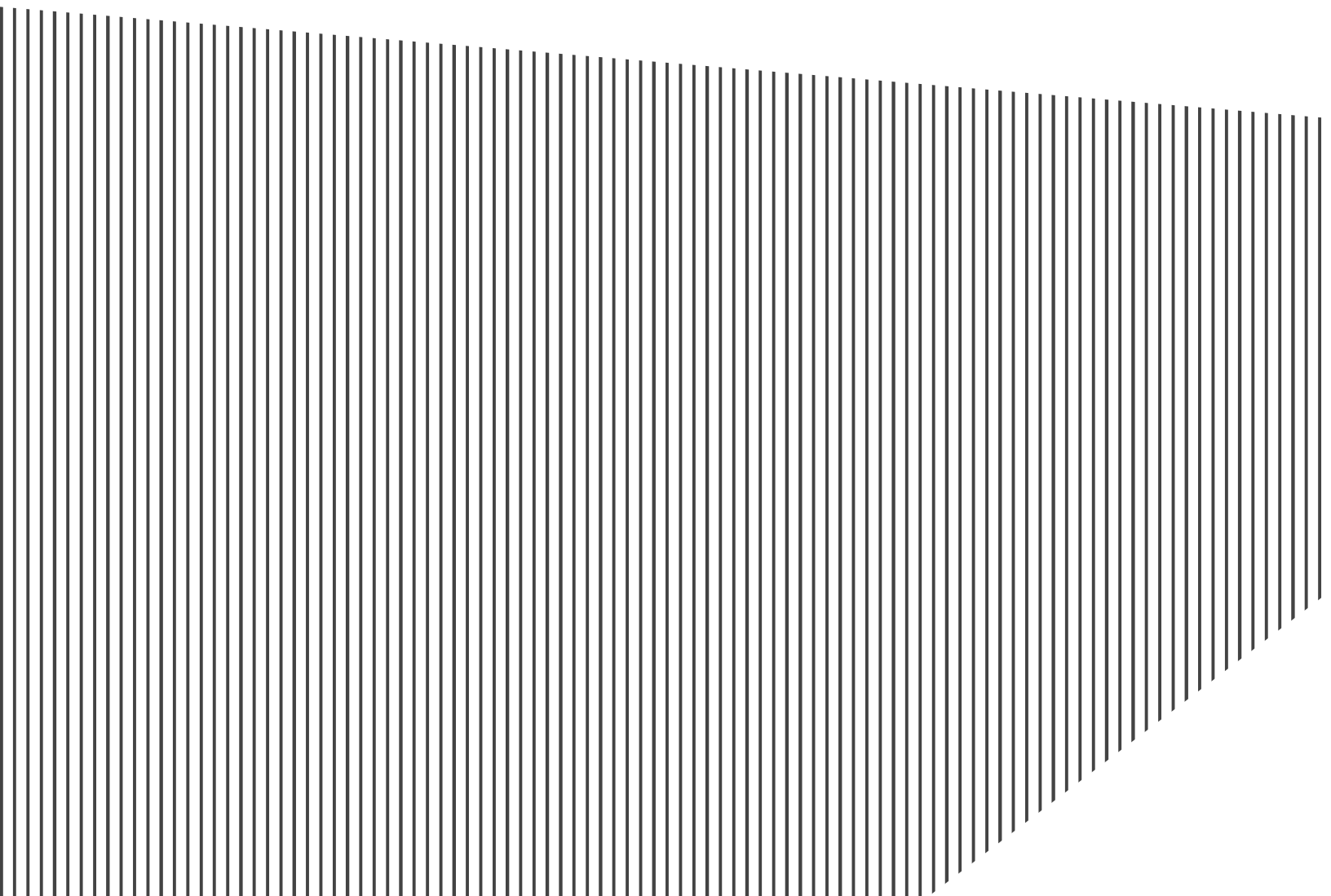
* Indicates party-in-interest to the Plan.

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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	B Three-digit plan number (PN) ► <u>001</u> D Employer Identification Number (EIN) <u>34-0648820</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Medical Mutual of Ohio</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	141,074,320	
b Actuarial value.....	2b	141,074,320	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....		5	6.43 %
6 Target normal cost.....		6	800,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Jennifer R. Collister</u> <i>JRC</i> Signature of actuary <u>Jennifer R. Collister</u> Type or print name of actuary <u>Towers Watson Delaware Inc.</u> Firm name <u>1001 Lakeside Avenue, Suite 1900</u> <u>Cleveland</u> OH 44114 Address of the firm	<u>October 8, 2010</u> Date <u>08-06362</u> Most recent enrollment number <u>(216) 937-4000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ▶			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	B Three-digit plan number (PN) <u>001</u> D Employer Identification Number (EIN) <u>34-0648820</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Medical Mutual of Ohio	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer R. Collister <i>JRC</i> Signature of actuary Jennifer R. Collister Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	October 8, 2010 Date 08-06362 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
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 Plan Sponsor: Medical Mutual of Ohio
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► Round off amounts to nearest dollar.

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6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer R. Collister <i>JRC</i> Signature of actuary Jennifer R. Collister Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	October 8, 2010 Date 08-06362 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	B Three-digit plan number (PN) <u>001</u> D Employer Identification Number (EIN) <u>34-0648820</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Medical Mutual of Ohio	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer R. Collister <i>JRC</i> Signature of actuary Jennifer R. Collister Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	October 8, 2010 Date 08-06362 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
-------------------------------	-----------

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	B Three-digit plan number (PN) ► <u>001</u> D Employer Identification Number (EIN) <u>34-0648820</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Medical Mutual of Ohio</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Jennifer R. Collister</u> <i>JRC</i> Signature of actuary <u>Jennifer R. Collister</u> Type or print name of actuary <u>Towers Watson Delaware Inc.</u> Firm name <u>1001 Lakeside Avenue, Suite 1900</u> <u>Cleveland</u> OH 44114 Address of the firm	<u>October 8, 2010</u> Date <u>08-06362</u> Most recent enrollment number <u>(216) 937-4000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 34-0648820</td> </tr> </table>	B Three-digit plan number (PN) ►	001			D Employer Identification Number (EIN) 34-0648820	
B Three-digit plan number (PN) ►	001						
D Employer Identification Number (EIN) 34-0648820							
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Medical Mutual of Ohio							
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500							

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer R. Collister <i>JRC</i> Signature of actuary Jennifer R. Collister Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	October 8, 2010 Date 08-06362 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
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Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
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SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name: Non-Contributory Retirement Program
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SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

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SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
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SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

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Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
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Plan Sponsor: Medical Mutual of Ohio
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
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Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Years of Credited Service																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0		0		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3		0		0	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18		0		0	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11		0		0	
65 - 69	0		7		4		8		4		0		2		2		0		0	
70 & Over	0		0		0		0		1		1		1		0		0		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Non-Contributory Retirement Program for Certain
Employees of Medical Mutual of Ohio
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP



Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Financial Statements and Supplemental Schedules

Years Ended December 31, 2009 and 2008

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Report of Independent Auditors

The Pension Administration Committee
Medical Mutual of Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio as of December 31, 2009 and 2008, and the related statements of change in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by PNC Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 1 to the financial statements, the Board of Directors of Medical Mutual of Ohio, the Plan's Sponsor, voted on May 4, 2009 to terminate the Plan. As a result, the Plan changed its basis of accounting used to determine the amounts at which the accumulated benefit information are stated, from the accrual basis used in presenting the 2008 financial statements to the liquidation basis used in presenting the 2009 financial statements.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 13, 2010

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Common stocks	\$ 7,240	\$ 45,629,984
Registered investment companies	56,584,452	58,808,554
Interest-bearing cash	72,407,739	1,324,799
Partnerships	—	27,948
Pooled separate accounts (real estate equity investments)	2,057,455	5,313,843
	131,056,886	111,105,128
Contribution receivable	10,707,052	30,000,000
Accrued investment income and other receivables	375,340	664,905
Total assets	142,139,278	141,770,033
Liabilities		
Accrued administrative expenses	160,876	88,119
Amounts due to broker, net	—	91,329
Total liabilities	160,876	179,448
Net assets available for benefits	\$ 141,978,402	\$ 141,590,585

See accompanying notes.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Additions		
Interest and dividend income	\$ 3,142,388	\$ 4,259,259
Contribution receivable	10,707,052	30,000,000
Total additions	13,849,440	34,259,259
Deductions		
Benefits paid directly to participants	18,407,341	6,879,525
Administrative expenses	708,828	812,553
Other	15,945	28,694
Total deductions	19,132,114	7,720,772
Net appreciation (depreciation) in fair value of investments	5,670,491	(47,062,970)
Net decrease	387,817	(20,524,483)
Net assets available for benefits:		
Beginning of year	141,590,585	162,115,068
End of year	<u>\$ 141,978,402</u>	<u>\$ 141,590,585</u>

See accompanying notes.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio (the Plan) is a noncontributory defined benefit plan which provides pension benefits and covers qualifying employees of Medical Mutual of Ohio (the Company and Plan Sponsor). Effective December 31, 2001, the Board of Trustees of the Company elected to cease providing new benefits under the Plan. Accordingly, any future benefits for employees retiring on or after January 1, 2002, were based on years of service through December 31, 2001, and average pay for periods ending prior to December 31, 2001. Additionally, as of December 31, 2001, all participants became fully vested in benefits earned under the Plan pursuant to the Employee Retirement Income Security Act of 1974 (ERISA) regulations. Normal retirement under the Plan is age 65 with a provision for early and late retirement.

On May 4, 2009, the Board of Directors of the Company voted to terminate the Plan and in June 2009, the Plan Sponsor provided notice to all participants of its intent to terminate the Plan in a standard termination. On September 1, 2010, the Plan was terminated. See Note 3, *Accumulated Plan Benefits*, and Note 9, *Subsequent Events*, for further details.

Contributions to the Plan by the Company for the funding of current and past service cost of benefits are determined by the Plan's actuary. The Plan has met ERISA minimum funding requirements.

Information about the Plan, including vesting and benefit provisions, is contained in the Summary Plan Description pamphlet. Copies of this pamphlet are available from the Company's Pension Administration Committee.

2. Significant Accounting Policies

Basis of Accounting

As a result of the termination of the Plan effective September 1, 2010, the Plan's basis of accounting for the year ended December 31, 2009 was the liquidation basis of accounting. This change in basis of accounting did not result in a change in the net assets available for benefits during 2009 or 2008; however, the change did affect the way accumulated benefit information (see Note 3) was determined as of December 31, 2009.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standard No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (FAS 168)*, a replacement of FASB Statement No. 162. This statement modifies the GAAP hierarchy by establishing only two levels of GAAP, authoritative and nonauthoritative accounting literature. Effective July 2009, the FASB Accounting Standards Codification (ASC), also known collectively as the “Codification,” is considered the single source of authoritative U.S. accounting and reporting standards. Nonauthoritative guidance and literature would include, among other things, FASB Concepts Statements, American Institute of Certified Public Accountants Issue Papers and Technical Practice Aids and accounting textbooks. The Codification was developed to organize GAAP pronouncements by topic so that users can more easily access authoritative accounting guidance. It is organized by topic, subtopic, section, and paragraph, each of which is identified by a numerical designation. The Plan has adopted FAS 168 effective December 31, 2009.

In April 2009, the FASB issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly (FSP 157-4)*. FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan’s net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009 and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 4 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Valuation of Investments

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, at the measurement date (exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement 157), assets measured at fair value are categorized into the following fair value hierarchy:

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

Level 2 – Inputs include quoted prices for similar assets or liabilities 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 and 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 Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Realized gains or losses on the sale of investments are computed on the specific identification basis. Net changes in appreciation or depreciation of investments are combined with realized gains or losses and are reflected as net appreciation or depreciation in fair value of shares of registered investment companies in the statement of changes in net assets available for benefits.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Administrative Expenses

PBGC insurance premiums, investment management, actuarial, and other professional fees are accrued for by the Plan as incurred.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The accumulated plan benefits are the actuarial present value of estimated future periodic payments that are attributable under the Plan's provisions to service rendered by employees through December 31, 2001 (see Note 2). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the average of an employee's earnings over the five highest consecutive calendar years out of the ten calendar years of employment prior to December 31, 2001, excluding the year in which the participant terminates employment or retires. Benefits for active employees as of December 31, 2001 are based on the greater of the preceding formula or their average compensation during the last five years of service. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

As calculated by the Plan's actuary, the accumulated plan benefits paid out upon the final distribution of Plan assets were approximately \$188,000,000. The Plan Sponsor contributed necessary amounts to fund the final payment of benefits in accordance with Plan provisions in 2010. None of the Plan's assets reverted to the Company upon the final settlement.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

4. Investments

All investment information disclosed in the financial statements and schedules, including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments, interest, dividends, and investment expenses for the years ended December 31, 2009 and 2008, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee, PNC Bank.

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31	
	2009	2008
Allegiant Advantage Institutional Money Market Fund	\$ 72,407,718	\$ —
Vanguard Bond Index Fund Inc Short Term Bond ETF	52,263,666	—
Blackrock Funds Core Bond Total Return	—	44,471,639
Invesco I.R.T. International Equity Fund	—	13,924,992

During 2009 and 2008, investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended December 31	
	2009	2008
Fair value as determined by quoted market price:		
Common stocks	\$ 1,105,963	\$ (27,303,660)
Registered investment companies	8,100,578	(18,264,886)
Partnerships	17,852	(131,259)
Fair value as determined by quoted redemption values:		
Pooled separate accounts (real estate equity investments)	(3,553,902)	(1,363,165)
Net appreciation (depreciation) in fair value of investments	<u>\$ 5,670,491</u>	<u>\$ (47,062,970)</u>

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

5. Fair Value Measurements

The following table summarized fair value measurements at December 31, 2009 and 2008 for assets measured at fair value on a recurring basis:

Description	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 72,407,739	\$ —	\$ —	\$ 72,407,739
Common stocks	7,240	—	—	7,240
Registered investment companies	56,584,452	—	—	56,584,452
Pooled separate accounts	—	2,057,455	—	2,057,455
Accrued investment income/receivables	11,082,392	—	—	11,082,392
Total assets at fair value	<u>\$ 140,081,823</u>	<u>\$ 2,057,455</u>	<u>\$ —</u>	<u>\$ 142,139,278</u>

Description	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 1,324,799	\$ —	\$ —	\$ 1,324,799
Common stocks	45,629,984	—	—	45,629,984
Registered investment companies	44,883,562	—	—	44,883,562
Common/collective trusts	—	13,924,992	—	13,924,992
Partnerships	—	27,948	—	27,948
Pooled separate accounts	—	5,313,843	—	5,313,843
Accrued investment income/receivables	30,664,905	—	—	30,664,905
Total assets at fair value	<u>\$ 122,503,250</u>	<u>\$ 19,266,783</u>	<u>\$ —</u>	<u>\$ 141,770,033</u>

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Common stocks are stated at fair value as quoted on a recognized securities exchange, are valued at the last reported sales price on the last business day of the plan year, and are classified as Level 1 investments. Mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end and are classified as Level 1 investments. Pooled separate accounts (real estate equity investments) are classified as Level 2 investments and their fair value is based on the redemption value of the participation units in real estate funds owned by the Plan as determined by quoted prices for similar assets.

6. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated April 5, 2004, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination letter by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated and was terminated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

7. Related Party Transactions

The Plan holds units of money market funds managed by PNC Bank, the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

8. Risks and Uncertainties (continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Subsequent Events

As discussed in Notes 1 and 3, the Plan was terminated by the Plan Sponsor effective September 1, 2010. Upon termination, lump sum distributions to participants totaled approximately \$135,100,000 and a single premium of approximately \$46,200,000 was made to Metropolitan Life for participants receiving an annuity benefit. Approximately \$6,700,000 in benefit payments were made to retirees in 2010 prior to the termination, resulting in total distributions of approximately \$188,000,000 made by the Plan in 2010. In 2010, the Plan Sponsor made additional contributions to the Plan totaling \$57,147,000 to fully fund these benefits and administrative expenses.

The Plan received a determination letter from the IRS dated August 23, 2010, stating the termination of the plan does not adversely affect its qualification for federal tax purposes.

The Plan evaluated subsequent events from the end date of the most recent fiscal year through October 13, 2010, the date the financial statements were available to be issued.

Supplemental Schedules

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

EIN #34-0648820 Plan #001

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2009

Issuer	Shares/ Par Value	Cost	Current Value
Common stocks			
Apollo Investment Corp	29	\$ 171	\$ 277
CF Industries Holdings Inc	49	6,736	4,448
Marriott Intl Inc	1	32	27
Myriad Pharmaceuticals Inc Com	367	–	1,846
Simon Property Group Inc New	8	428	642
Total common stocks		7,367	7,240
Interest-bearing cash			
Allegiant Advantage Institutional Money Market Fund*	72,407,718	72,407,718	72,407,718
Allegiant Money Market Fund I Shares*	21	21	21
Total interest-bearing cash		72,407,739	72,407,739
Registered investment companies			
Vanguard Bond Index Fund Inc Short Term Bond ETF	657,074	51,922,409	52,263,666
Ishares TR S&P 500 Index	38,644	3,565,779	4,320,786
Total registered investment companies		55,488,188	56,584,452
Pooled separate accounts (real estate equity investments)			
Partner in Group Pension Annuity Contract GPA-7394			
Prisa II with Prudential Insurance Co	268	4,511,007	2,057,455
		<u>\$ 132,414,301</u>	<u>\$ 131,056,886</u>

* Indicates party-in-interest to the Plan.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

EIN #34-0648820 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2009

						Current Value of Asset on	
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred	Cost of Asset	Transaction Date	Net Gain
Category (i) – Single transactions in excess of 5% of plan assets							
PNC Bank*	Allegiant Money Market Fund I Shares*	\$ 30,000,000			\$ 30,000,000	\$ 30,000,000	
		15,679,917			15,679,917	15,679,917	
		15,685,773			15,685,773	15,685,773	
			\$ 15,685,773		15,685,773	15,685,773	
		9,000,000			9,000,000	9,000,000	
PNC Bank*	Allegiant Advantage Institutional Money Market Fund*		24,685,773		24,685,773	24,685,773	
			19,105,901		19,105,901	19,105,901	
			33,617,522		33,617,522	33,617,522	
				8,971,666	8,971,666	8,971,666	
			9,000,000		9,000,000	9,000,000	
				13,855,021	13,855,021	13,855,021	
				13,626,727	13,626,727	13,626,727	
				17,749,157	17,749,157	17,749,157	
			9,300,044		9,300,044	9,300,044	
				9,304,053	9,304,053	9,304,053	
			9,236,045		9,236,045	9,236,045	
			7,759,567		7,759,567	7,759,567	
			10,194,113		10,194,113	10,194,113	
				54,515,426	54,515,426	54,515,426	
			54,620,658		54,620,658	54,620,658	
PNC Bank*	Blackrock Total Return Fund		9,000,000		8,927,419	9,000,000	\$ 72,581
			9,000,000		8,900,503	9,000,000	99,497
			9,000,000		8,873,747	9,000,000	126,253
			9,300,000		9,116,231	9,300,000	183,769
PNC Bank*	Invesco Int'l Equity Trust		15,679,917		13,875,779	15,679,917	1,804,138
PNC Bank*	Vanguard Bond Index Fund Inc Short Term Bond ETF	5,826,268		\$ 2,590	5,826,268	5,826,268	
		9,003,957		3,991	9,003,957	9,003,957	
		17,749,351		7,875	17,749,351	17,749,351	
		9,304,053		4,112	9,304,053	9,304,053	
		\$ 289,768,942	\$ 229,478,764	\$ 18,568	\$ 516,961,468	\$ 519,247,706	\$ 2,286,238
Category (iii) – Series of transactions in same security in excess of 5% of plan assets							
PNC Bank*	Invesco Int'l Equity Trust		\$ 15,727,038		\$ 13,924,992	\$ 15,727,038	\$ 1,802,046
PNC Bank*	Ishares TR S&P 500 Index	\$ 10,335,444		\$ 3,920	10,335,444	10,335,444	
			7,291,899	2,772	6,769,662	7,291,899	522,237
PNC Bank*	Vanguard Index Funds Small Cap ETF	7,749,683		5,958	7,749,683	7,749,683	
			8,824,031	6,231	7,749,682	8,824,031	1,074,349
		\$ 18,085,127	\$ 31,842,968	\$ 18,881	\$ 46,529,463	\$ 49,928,095	\$ 3,398,632

There were no category (ii) or (iv) reportable transactions during 2009.

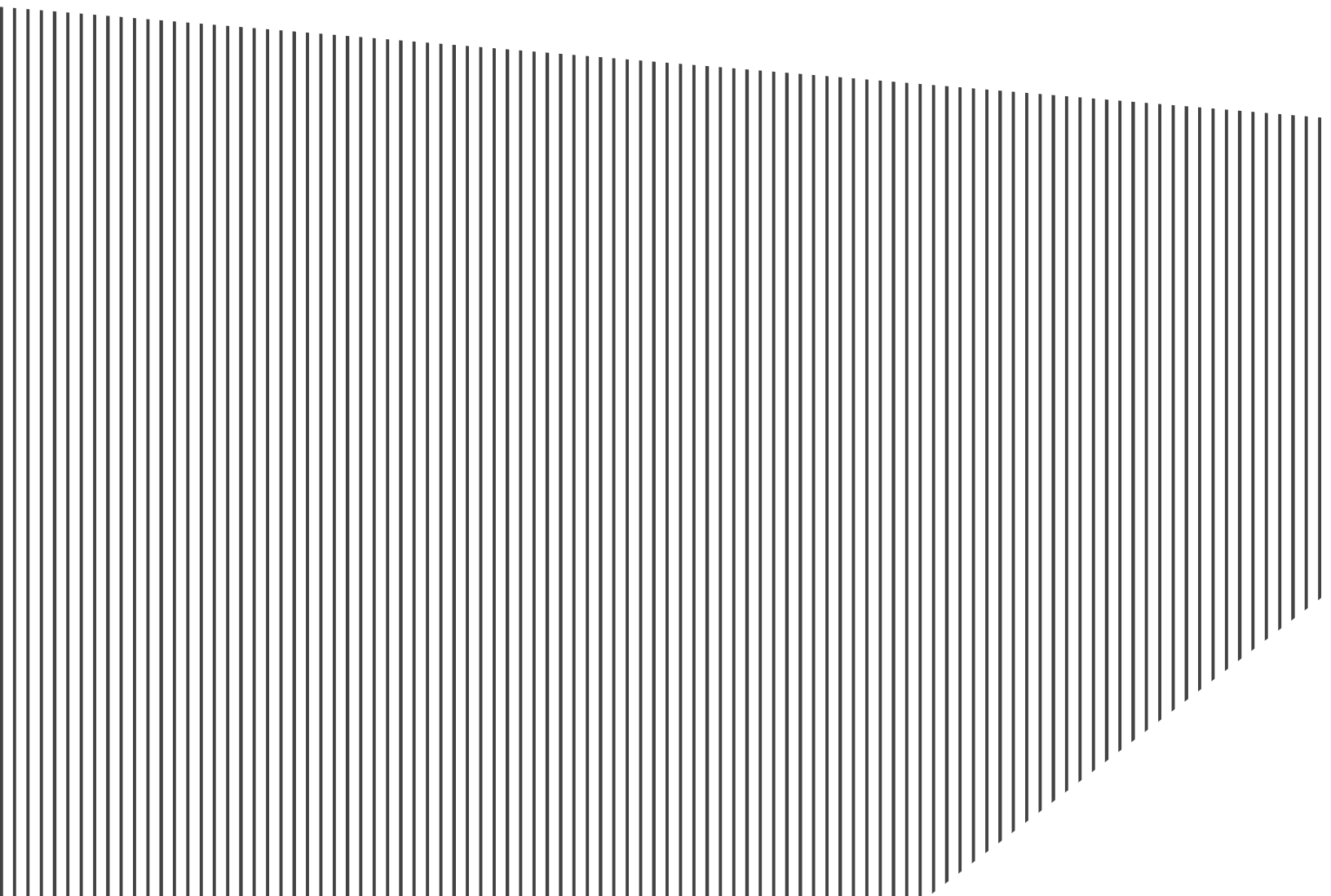
* Indicates party-in-interest to the Plan.

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FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Non-Contributory Retirement Program for Certain
Employees of Medical Mutual of Ohio
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP



Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Financial Statements and Supplemental Schedules

Years Ended December 31, 2009 and 2008

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Report of Independent Auditors

The Pension Administration Committee
Medical Mutual of Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio as of December 31, 2009 and 2008, and the related statements of change in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by PNC Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 1 to the financial statements, the Board of Directors of Medical Mutual of Ohio, the Plan's Sponsor, voted on May 4, 2009 to terminate the Plan. As a result, the Plan changed its basis of accounting used to determine the amounts at which the accumulated benefit information are stated, from the accrual basis used in presenting the 2008 financial statements to the liquidation basis used in presenting the 2009 financial statements.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 13, 2010

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments, at fair value:		
Common stocks	\$ 7,240	\$ 45,629,984
Registered investment companies	56,584,452	58,808,554
Interest-bearing cash	72,407,739	1,324,799
Partnerships	—	27,948
Pooled separate accounts (real estate equity investments)	2,057,455	5,313,843
	131,056,886	111,105,128
Contribution receivable	10,707,052	30,000,000
Accrued investment income and other receivables	375,340	664,905
Total assets	142,139,278	141,770,033
Liabilities		
Accrued administrative expenses	160,876	88,119
Amounts due to broker, net	—	91,329
Total liabilities	160,876	179,448
Net assets available for benefits	\$ 141,978,402	\$ 141,590,585

See accompanying notes.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Additions		
Interest and dividend income	\$ 3,142,388	\$ 4,259,259
Contribution receivable	10,707,052	30,000,000
Total additions	13,849,440	34,259,259
Deductions		
Benefits paid directly to participants	18,407,341	6,879,525
Administrative expenses	708,828	812,553
Other	15,945	28,694
Total deductions	19,132,114	7,720,772
Net appreciation (depreciation) in fair value of investments	5,670,491	(47,062,970)
Net decrease	387,817	(20,524,483)
Net assets available for benefits:		
Beginning of year	141,590,585	162,115,068
End of year	<u>\$ 141,978,402</u>	<u>\$ 141,590,585</u>

See accompanying notes.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio (the Plan) is a noncontributory defined benefit plan which provides pension benefits and covers qualifying employees of Medical Mutual of Ohio (the Company and Plan Sponsor). Effective December 31, 2001, the Board of Trustees of the Company elected to cease providing new benefits under the Plan. Accordingly, any future benefits for employees retiring on or after January 1, 2002, were based on years of service through December 31, 2001, and average pay for periods ending prior to December 31, 2001. Additionally, as of December 31, 2001, all participants became fully vested in benefits earned under the Plan pursuant to the Employee Retirement Income Security Act of 1974 (ERISA) regulations. Normal retirement under the Plan is age 65 with a provision for early and late retirement.

On May 4, 2009, the Board of Directors of the Company voted to terminate the Plan and in June 2009, the Plan Sponsor provided notice to all participants of its intent to terminate the Plan in a standard termination. On September 1, 2010, the Plan was terminated. See Note 3, *Accumulated Plan Benefits*, and Note 9, *Subsequent Events*, for further details.

Contributions to the Plan by the Company for the funding of current and past service cost of benefits are determined by the Plan's actuary. The Plan has met ERISA minimum funding requirements.

Information about the Plan, including vesting and benefit provisions, is contained in the Summary Plan Description pamphlet. Copies of this pamphlet are available from the Company's Pension Administration Committee.

2. Significant Accounting Policies

Basis of Accounting

As a result of the termination of the Plan effective September 1, 2010, the Plan's basis of accounting for the year ended December 31, 2009 was the liquidation basis of accounting. This change in basis of accounting did not result in a change in the net assets available for benefits during 2009 or 2008; however, the change did affect the way accumulated benefit information (see Note 3) was determined as of December 31, 2009.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standard No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (FAS 168)*, a replacement of FASB Statement No. 162. This statement modifies the GAAP hierarchy by establishing only two levels of GAAP, authoritative and nonauthoritative accounting literature. Effective July 2009, the FASB Accounting Standards Codification (ASC), also known collectively as the “Codification,” is considered the single source of authoritative U.S. accounting and reporting standards. Nonauthoritative guidance and literature would include, among other things, FASB Concepts Statements, American Institute of Certified Public Accountants Issue Papers and Technical Practice Aids and accounting textbooks. The Codification was developed to organize GAAP pronouncements by topic so that users can more easily access authoritative accounting guidance. It is organized by topic, subtopic, section, and paragraph, each of which is identified by a numerical designation. The Plan has adopted FAS 168 effective December 31, 2009.

In April 2009, the FASB issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly (FSP 157-4)*. FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan’s net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009 and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 4 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Valuation of Investments

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, at the measurement date (exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

In accordance with ASC 820, *Fair Value Measurements and Disclosures* (formerly FASB Statement 157), assets measured at fair value are categorized into the following fair value hierarchy:

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

Level 2 – Inputs include quoted prices for similar assets or liabilities 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 and 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 Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Realized gains or losses on the sale of investments are computed on the specific identification basis. Net changes in appreciation or depreciation of investments are combined with realized gains or losses and are reflected as net appreciation or depreciation in fair value of shares of registered investment companies in the statement of changes in net assets available for benefits.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Administrative Expenses

PBGC insurance premiums, investment management, actuarial, and other professional fees are accrued for by the Plan as incurred.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The accumulated plan benefits are the actuarial present value of estimated future periodic payments that are attributable under the Plan's provisions to service rendered by employees through December 31, 2001 (see Note 2). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the average of an employee's earnings over the five highest consecutive calendar years out of the ten calendar years of employment prior to December 31, 2001, excluding the year in which the participant terminates employment or retires. Benefits for active employees as of December 31, 2001 are based on the greater of the preceding formula or their average compensation during the last five years of service. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

As calculated by the Plan's actuary, the accumulated plan benefits paid out upon the final distribution of Plan assets were approximately \$188,000,000. The Plan Sponsor contributed necessary amounts to fund the final payment of benefits in accordance with Plan provisions in 2010. None of the Plan's assets reverted to the Company upon the final settlement.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

4. Investments

All investment information disclosed in the financial statements and schedules, including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments, interest, dividends, and investment expenses for the years ended December 31, 2009 and 2008, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee, PNC Bank.

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31	
	2009	2008
Allegiant Advantage Institutional Money Market Fund	\$ 72,407,718	\$ —
Vanguard Bond Index Fund Inc Short Term Bond ETF	52,263,666	—
Blackrock Funds Core Bond Total Return	—	44,471,639
Invesco I.R.T. International Equity Fund	—	13,924,992

During 2009 and 2008, investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended December 31	
	2009	2008
Fair value as determined by quoted market price:		
Common stocks	\$ 1,105,963	\$ (27,303,660)
Registered investment companies	8,100,578	(18,264,886)
Partnerships	17,852	(131,259)
Fair value as determined by quoted redemption values:		
Pooled separate accounts (real estate equity investments)	(3,553,902)	(1,363,165)
Net appreciation (depreciation) in fair value of investments	<u>\$ 5,670,491</u>	<u>\$ (47,062,970)</u>

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

5. Fair Value Measurements

The following table summarized fair value measurements at December 31, 2009 and 2008 for assets measured at fair value on a recurring basis:

Description	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 72,407,739	\$ —	\$ —	\$ 72,407,739
Common stocks	7,240	—	—	7,240
Registered investment companies	56,584,452	—	—	56,584,452
Pooled separate accounts	—	2,057,455	—	2,057,455
Accrued investment income/receivables	11,082,392	—	—	11,082,392
Total assets at fair value	<u>\$ 140,081,823</u>	<u>\$ 2,057,455</u>	<u>\$ —</u>	<u>\$ 142,139,278</u>

Description	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 1,324,799	\$ —	\$ —	\$ 1,324,799
Common stocks	45,629,984	—	—	45,629,984
Registered investment companies	44,883,562	—	—	44,883,562
Common/collective trusts	—	13,924,992	—	13,924,992
Partnerships	—	27,948	—	27,948
Pooled separate accounts	—	5,313,843	—	5,313,843
Accrued investment income/receivables	30,664,905	—	—	30,664,905
Total assets at fair value	<u>\$ 122,503,250</u>	<u>\$ 19,266,783</u>	<u>\$ —</u>	<u>\$ 141,770,033</u>

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Common stocks are stated at fair value as quoted on a recognized securities exchange, are valued at the last reported sales price on the last business day of the plan year, and are classified as Level 1 investments. Mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end and are classified as Level 1 investments. Pooled separate accounts (real estate equity investments) are classified as Level 2 investments and their fair value is based on the redemption value of the participation units in real estate funds owned by the Plan as determined by quoted prices for similar assets.

6. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated April 5, 2004, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination letter by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated and was terminated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

7. Related Party Transactions

The Plan holds units of money market funds managed by PNC Bank, the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

Notes to Financial Statements (continued)

8. Risks and Uncertainties (continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Subsequent Events

As discussed in Notes 1 and 3, the Plan was terminated by the Plan Sponsor effective September 1, 2010. Upon termination, lump sum distributions to participants totaled approximately \$135,100,000 and a single premium of approximately \$46,200,000 was made to Metropolitan Life for participants receiving an annuity benefit. Approximately \$6,700,000 in benefit payments were made to retirees in 2010 prior to the termination, resulting in total distributions of approximately \$188,000,000 made by the Plan in 2010. In 2010, the Plan Sponsor made additional contributions to the Plan totaling \$57,147,000 to fully fund these benefits and administrative expenses.

The Plan received a determination letter from the IRS dated August 23, 2010, stating the termination of the plan does not adversely affect its qualification for federal tax purposes.

The Plan evaluated subsequent events from the end date of the most recent fiscal year through October 13, 2010, the date the financial statements were available to be issued.

Supplemental Schedules

Non-Contributory Retirement Program for
Certain Employees of Medical Mutual of Ohio

EIN #34-0648820 Plan #001

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2009

Issuer	Shares/ Par Value	Cost	Current Value
Common stocks			
Apollo Investment Corp	29	\$ 171	\$ 277
CF Industries Holdings Inc	49	6,736	4,448
Marriott Intl Inc	1	32	27
Myriad Pharmaceuticals Inc Com	367	–	1,846
Simon Property Group Inc New	8	428	642
Total common stocks		7,367	7,240
Interest-bearing cash			
Allegiant Advantage Institutional Money Market Fund*	72,407,718	72,407,718	72,407,718
Allegiant Money Market Fund I Shares*	21	21	21
Total interest-bearing cash		72,407,739	72,407,739
Registered investment companies			
Vanguard Bond Index Fund Inc Short Term Bond ETF	657,074	51,922,409	52,263,666
Ishares TR S&P 500 Index	38,644	3,565,779	4,320,786
Total registered investment companies		55,488,188	56,584,452
Pooled separate accounts (real estate equity investments)			
Partner in Group Pension Annuity Contract GPA-7394			
Prisa II with Prudential Insurance Co	268	4,511,007	2,057,455
		<u>\$ 132,414,301</u>	<u>\$ 131,056,886</u>

* Indicates party-in-interest to the Plan.

Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio

EIN #34-0648820 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) – Single transactions in excess of 5% of plan assets							
PNC Bank*	Allegiant Money Market Fund I Shares*	\$ 30,000,000			\$ 30,000,000	\$ 30,000,000	
		15,679,917			15,679,917	15,679,917	
		15,685,773			15,685,773	15,685,773	
			\$ 15,685,773		15,685,773	15,685,773	
		9,000,000			9,000,000	9,000,000	
			24,685,773		24,685,773	24,685,773	
PNC Bank*	Allegiant Advantage Institutional Money Market Fund*		19,105,251		19,105,251	19,105,251	
		24,685,773			24,685,773	24,685,773	
		19,105,901			19,105,901	19,105,901	
		33,617,522			33,617,522	33,617,522	
			8,971,666		8,971,666	8,971,666	
		9,000,000			9,000,000	9,000,000	
			13,855,021		13,855,021	13,855,021	
			13,626,727		13,626,727	13,626,727	
			17,749,157		17,749,157	17,749,157	
		9,300,044			9,300,044	9,300,044	
			9,304,053		9,304,053	9,304,053	
		9,236,045			9,236,045	9,236,045	
PNC Bank*	Blackrock Total Return Fund	7,759,567			7,759,567	7,759,567	
		10,194,113			10,194,113	10,194,113	
			54,515,426		54,515,426	54,515,426	
		54,620,658			54,620,658	54,620,658	
			9,000,000		8,927,419	9,000,000	\$ 72,581
			9,000,000		8,900,503	9,000,000	99,497
PNC Bank*	Invesco Int'l Equity Trust		9,000,000		8,873,747	9,000,000	126,253
			9,300,000		9,116,231	9,300,000	183,769
			15,679,917		13,875,779	15,679,917	1,804,138
PNC Bank*	Vanguard Bond Index Fund Inc Short Term Bond ETF	5,826,268		\$ 2,590	5,826,268	5,826,268	
		9,003,957		3,991	9,003,957	9,003,957	
		17,749,351		7,875	17,749,351	17,749,351	
		9,304,053		4,112	9,304,053	9,304,053	
		<u>\$ 289,768,942</u>	<u>\$ 229,478,764</u>	<u>\$ 18,568</u>	<u>\$ 516,961,468</u>	<u>\$ 519,247,706</u>	<u>\$ 2,286,238</u>
Category (iii) – Series of transactions in same security in excess of 5% of plan assets							
PNC Bank*	Invesco Int'l Equity Trust		\$ 15,727,038		\$ 13,924,992	\$ 15,727,038	\$ 1,802,046
PNC Bank*	Ishares TR S&P 500 Index	\$ 10,335,444		\$ 3,920	10,335,444	10,335,444	
			7,291,899	2,772	6,769,662	7,291,899	522,237
PNC Bank*	Vanguard Index Funds Small Cap ETF	7,749,683		5,958	7,749,683	7,749,683	
			8,824,031	6,231	7,749,682	8,824,031	1,074,349
		<u>\$ 18,085,127</u>	<u>\$ 31,842,968</u>	<u>\$ 18,881</u>	<u>\$ 46,529,463</u>	<u>\$ 49,928,095</u>	<u>\$ 3,398,632</u>

There were no category (ii) or (iv) reportable transactions during 2009.

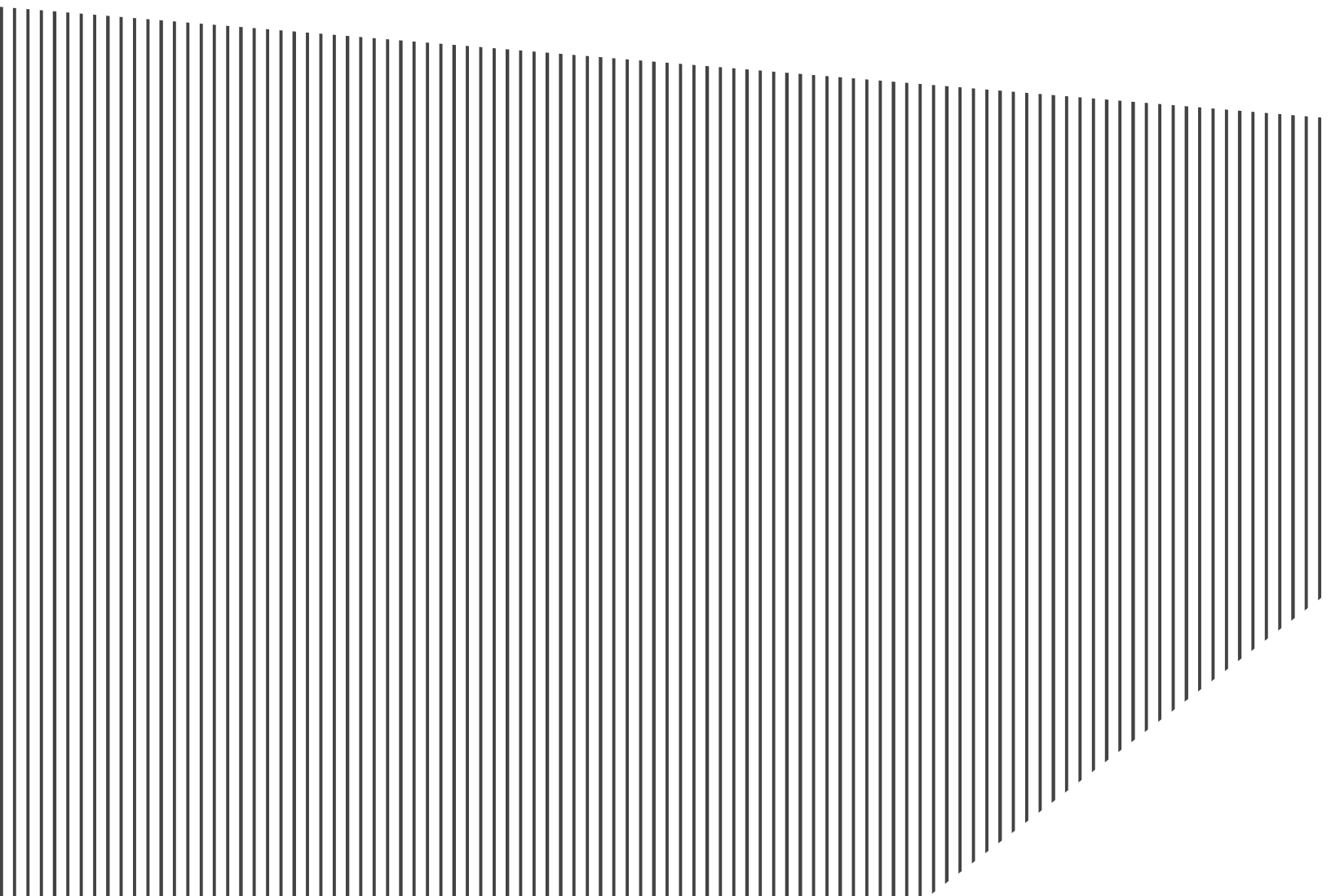
* Indicates party-in-interest to the Plan.

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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 34-0648820</td> </tr> </table>	B Three-digit plan number (PN) ►	001			D Employer Identification Number (EIN) 34-0648820	
B Three-digit plan number (PN) ►	001						
D Employer Identification Number (EIN) 34-0648820							
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Medical Mutual of Ohio							
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500							

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer R. Collister <i>JRC</i> Signature of actuary Jennifer R. Collister Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	October 8, 2010 Date 08-06362 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	B Three-digit plan number (PN) ► <u>001</u> D Employer Identification Number (EIN) <u>34-0648820</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Medical Mutual of Ohio</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Jennifer R. Collister</u> <i>JRC</i> Signature of actuary <u>Jennifer R. Collister</u> Type or print name of actuary <u>Towers Watson Delaware Inc.</u> Firm name <u>1001 Lakeside Avenue, Suite 1900</u> <u>Cleveland</u> OH 44114 Address of the firm	<u>October 8, 2010</u> Date <u>08-06362</u> Most recent enrollment number <u>(216) 937-4000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Non-Cont. Rtrmnt. Program for Certain Ees of MMO	B Three-digit plan number (PN) <u>001</u> D Employer Identification Number (EIN) <u>34-0648820</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Medical Mutual of Ohio	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		141,074,320
b Actuarial value.....	2b		141,074,320
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	207	14,844,297
b For terminated vested participants	3b	2,037	51,245,990
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4,679,814
(2) Vested benefits.....	3c(2)		64,987,354
(3) Total active	3c(3)	1,577	69,667,168
d Total.....	3d	3,821	135,757,455
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.43 %	
6 Target normal cost.....	6	800,000	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer R. Collister <i>JRC</i> Signature of actuary Jennifer R. Collister Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	October 8, 2010 Date 08-06362 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	31,423,964	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	31,423,964	0
10 Interest on item 9 using prior year's actual return of <u>(27.30)%</u>	(8,577,799)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		28,081,491
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		1,662,424
c Total available at beginning of current plan year to add to prefunding balance		29,743,915
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,846,165	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.08 %
15 Adjusted funding target attainment percentage	15	103.91 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/31/2010	10,707,052				
Totals ►			18(b)	10,707,052	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,652,467

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	800,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	800,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	800,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,652,467
38 Interest-adjusted excess contributions for current year (see instructions)	38	8,852,467
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Plan Name	Non-Contributory Retirement Program
Valuation Date	January 1, 2009
Enrolled Actuary	Jennifer R. Collister
Enrollment Number	08-06362

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	10.00%	6.27%	3.8859
63	15.00%	8.46%	5.3306
64	15.00%	7.19%	4.6029
65	30.00%	12.23%	7.9473
66	30.00%	8.56%	5.6487
67	30.00%	5.99%	4.0140
68	30.00%	4.19%	2.8517
69	30.00%	2.94%	2.0256
70	100.00%	6.85%	4.7948

Retirement Age====>	63
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Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of actuarial assumptions and methods

Plan Sponsor	Medical Mutual of Ohio
EIN/PN	34-0648820/001
Discount rates	Current plan year PPA effective interest rate: 6.43%
	Prior plan year PPA effective interest rate: 5.915%
	3-Segment Rates
	Applicable month: November 2008
Assumed cost of living adjustments	None.

Compensation increases

N/A. Plan benefits were frozen as of December 31, 2001.

Future increases in Social Security

N/A.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Inclusion date

All employees who are participants in the Plan on the valuation date are included.

Administrative expenses

The amount included this year for plan-related expenses is \$800,000.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55-59	0.05
60-62	0.10
63-64	0.15
65-69	0.30
70	1.00

Disability rates

No rates of incidence are assumed.

Representative termination rates not due to disability, retirement or mortality

The valuation includes Program participants only, for whom a moderate rate of withdrawal has been assumed. The following rates are illustrative:

Age	Incidence of Withdrawal
20	0.100
30	0.095
40	0.087
50	0.070
55	0.042

Form of payment

Eligible participants are assumed to elect the single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

85% of males and 50% of females are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Due to the freezing of accruals on December 31, 2001, Pensionable Earnings after 2001 are not considered.

Asset method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year's effective PPA interest rate.

Participant data

Participant data was supplied in the form of a file generated by the WyPen pension administration system as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

None.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to the nearest 0.01% to be consistent with rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Medical Mutual of Ohio

Plan

Non-Contributory Retirement Program

Effective Date and Most Recent Amendment

December 15, 1954; most recently amended and restated effective January 1, 1997; and most recently amended in 2004, but effective as of December 31, 2001.

Plan Year

The twelve-month period ending December 31.

Participation

Each full-time employee becomes a participant on January 1 or July 1 after attaining age 21 and completing one year of service. Part-time employees who complete 1,000 Hours of Service also become participants January 1 or July 1 upon attaining age 21 and completing one year of service. Employees hired after January 1, 2002 are not eligible to participate.

Service

(a) Vesting Service

Service is credited from date of hire in years and fractions of years during which the Employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999.

For participants in the Medical Mutual of Cleveland Program as of August 31, 1984, or participants in the Benjamin Rose Program as of December 31, 1985, Vesting Service as of those dates is no less than the Vesting Service credited under the respective Programs.

(b) Plan (Benefit) Service

Service is credited from date of hire, in years and fractions of years during which the employee is employed with the Company. This includes prior service with any approved Blue Cross and Blue Shield organization for participants initially employed prior to March 1, 1999. Leaves of absence and layoffs in excess of one year, as well as part-time service prior to January 1, 1976, are excluded.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Participants in the Toledo Program as of June 30, 1986, earn 1.2 years of Plan Service for each year of service earned through June 30, 1986.

No Plan service is credited after December 31, 2001.

Final Average Earnings

Equals the average of an employee's earnings ending December 31, 2001, over the highest five consecutive years out of the last ten years of employment, including any partial years of employment.

The Primary Social Security Amount

The estimated amount as of a participant's Normal Retirement Age assuming wages prior to the final year of earnings had increased at the same rate as the national averages for such wages, and wages after the final year of earnings are assumed to be zero. However, for participants who terminated before becoming eligible for early retirement benefits, wages after termination are assumed to be equal to earnings for the year prior to termination on an annual basis.

The Primary Social Security amount is frozen as of December 31, 2001.

Normal Retirement Benefit

Normal Retirement Date: Eligibility is attainment of age 65, or if hired after age 60, after completing 5 years of Vesting Service.

Benefit Formula: An annual Normal Retirement Benefit, if paid on a straight-life basis, equal to 60% of Final Average Earnings less 50% of the Primary Social Security Amount with 30 years of Plan Service. The benefit is pro-rated for participants with less than 30 years of Plan Service.

Early Retirement Benefit

Eligibility: Eligibility at age 55 and 5 years of Plan Service.

Benefit: The benefit available at early retirement is the amount of Normal Retirement Benefit based on earnings and service up to actual retirement (accrued Normal Retirement Benefit). The benefit commences at age 62 unless the employee elects a reduced benefit commencing prior to age 62. The reduction is 5/12% for each full month by which benefit commencement precedes age 62.

Special Early Retirement Benefit

Eligibility: Eligibility at age 55 and 30 years of Plan Service. Vesting Service earned after January 1, 2002 is included with Plan Service in determining eligibility for this benefit.

Plan Name:	Non-Contributory Retirement Program
EIN / PN:	34-0648820 / 001
Plan Sponsor:	Medical Mutual of Ohio
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Benefit: The benefit available is the same as the regular early retirement benefit except the benefit commences at age 60, unless the employee elects a reduced benefit prior to age 60. The reduction is 5/12% for each month by which benefit commencement precedes age 60.

Disability Benefit

Eligibility: Eligible if totally and permanently disabled, as defined under the Program.

Benefit: The benefit is payable at the participant's Normal Retirement Date based on Final Average Earnings as of the date of disability, and Years of Plan Service as of the earlier of December 31, 2001, the Participant's Normal Retirement Date, the date which the participant is no longer disabled, or date of death.

Vested Benefits Upon Termination of Service

Vesting: Eligibility at any age and 5 years of Vesting Service.

Termination Benefit: The deferred vested benefit is the accrued normal retirement pension, based on earnings and service at termination payable at age 65, unless the employee elects a reduced benefit payable as early as age 55. The reduction is 2/3% per month for commencement between age 65 and age 60, and an additional 1/3% per month for commencement prior to age 60.

Participants between January 1, 1990, and December 20, 1991, are vested in the benefit they accrued as of December 20, 1991, or their dates of termination, if earlier.

Participants at the W. 150th Street HMO segment who were terminated on June 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants of the Summit County segment who were terminated on September 30, 1997, due to the closure of that segment are fully vested in their accrued benefits.

Participants who were active employees of the Medical Life segment as of December 31, 1997, are fully vested in their accrued benefits as a result of the sale. They can become eligible for early retirement benefits if they continue active employment with Medical Life until age 55.

Participants who were actively employed on December 31, 2001, are fully vested in their accrued benefits as of that date.

Death Benefits for Deferred Vested Participants and Participants in Active Service

Upon death after 5 years of Vesting Service, the surviving spouse will receive, commencing as early as the first day of the month following the participant's 55th birthday, 50% of the benefit the participant would have received had they terminated employment the earlier of the day before their death and actual termination date and elected the 50% Joint and Survivor form of benefit commencing at Normal Retirement. Reductions for early commencement are the same as those for an early retirement for an employee who dies while an active participant. Reductions for a participant who dies after termination of employment are the same as those for a deferred vested participant who commences benefits early.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive their benefit on a straight-life basis, a 50%, 66-2/3%, 75%, or 100% Joint and Contingent Basis, or a straight-life basis with 10 or 20 years of payments guaranteed. Appropriate reductions are taken to adjust these forms of payment from the straight-life basis. A Social Security adjustment option is also available for participants who commence their benefit prior to age 62 which will provide increased benefits up to the earliest time that Social Security benefits commence. Also, a single lump sum payment option is available to retirees and equals the present value of the benefits as defined under the Program. Unless otherwise elected, any benefit payable under the Program shall be paid:

- (1) on a 50% Joint and Contingent basis, if the employee is married on the date their benefits commence; or
- (2) on a straight-life basis, otherwise.

Changes in Plan Provisions since Last Actuarial Valuation

The Non-Contributory Retirement Program was terminated on August 1, 2009.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following changes in assumptions were made as part of this valuation:

- The retirement decrements were adjusted to better reflect anticipated future experience; and
- The assumed form of payment was changed from a lump sum to a single life annuity.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Plan Name: Non-Contributory Retirement Program
EIN / PN: 34-0648820 / 001
Plan Sponsor: Medical Mutual of Ohio
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	6		9		0		0		0		0		0		0	
30 - 34	8		65	1,058	9		0		0		0		0		0	
35 - 39	7		80	1,348	41	2,800	18		0		0		0		0	
40 - 44	8		66	1,561	43	3,954	81	7,141	31	8,769	1		0		0	
45 - 49	10		56	1,976	39	4,252	95	8,158	81	10,808	38	12,289	2		0	
50 - 54	9		70	2,022	33	3,429	66	8,007	70	15,246	51	13,225	33	14,970	3	
55 - 59	5		50	1,944	25	4,950	50	8,216	50	13,037	32	15,842	28	27,741	18	
60 - 64	3		32	1,554	23	5,651	34	8,977	20	11,848	25	17,491	12		11	
65 - 69	0		7		4		8		4		0		2		2	
70 & Over	0		0		0		0		1		1		1		0	

Note: The Plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

Plan Name: Non-Contributory Retirement Program
 EIN / PN: 34-0648820 / 001
 Plan Sponsor: Medical Mutual of Ohio
 Valuation Date: January 1, 2009