

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☒ the final return/report;	
	☐ an amended 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	<u>NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF MEDICAL MUTUAL OF OHIO</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>12/15/1954</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<u>MEDICAL MUTUAL OF OHIO</u> <u>2060 EAST 9TH STREET</u> <u>CLEVELAND, OH 44115</u>		2b Employer Identification Number (EIN) <u>34-0648820</u>
			2c Sponsor's telephone number <u>216-687-7000</u>
			2d Business code (see instructions) <u>524140</u>

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.	<u>10/14/2011</u>	<u>THOMAS GREENE</u>
	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

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

Form 5500 (2010)
v.092307.1

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

MEDICAL MUTUAL OF OHIO

2060 EAST 9TH 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**

3651

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**

0

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

0

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

0

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

0

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

0

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

0

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

0

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 1H 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) ☒**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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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		01/01/2010	12/31/2010

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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**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** 2057455**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)** 0**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2057455**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2057455(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)** 2057455**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 0

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 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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 METROPOLITAN LIFE INSURANCE COMPANY
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(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
13-5581829	65978	39005	912	01/01/2010	12/31/2010

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.
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(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	
0			

(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****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 ▶ **1994 GROUP ANNUITY MORTALITY TABLE WITH METLIFE MODIFICATION AND PROJECTION****b** Premiums paid to carrier **6b** 46502460**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 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

WILSHIRE ASSOCIATES INCORPORATED

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	5645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

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	433307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMERALD ADVISORS

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	8192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC INSTITUTIONAL INVESTMENTS

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	61379	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
TOWERS WATSON 04-2803046	11	FEES AND EXPENSES
WILSHIRE ASSOCIATES INCORPORATED 95-2755361	20	FEES AND EXPENSES
EMERALD ADVISORS 23-2664857	21	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:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan 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 2010 This Form is Open to Public Inspection.	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
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 or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II					
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO					
c EIN-PN 22-1211670-039		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
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)	
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)	
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)**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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	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)	10707052	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	375340	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72407739	0
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7240	0
(5) Partnership/joint venture interests	1c(5)		
(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)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2057455	0
(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)	56584452	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		0
(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	142139278	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	141978402	0
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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)	46819918	
(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)		46819918

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38127	
(B) U.S. Government securities	2b(1)(B)	18613	
(C) Corporate debt instruments	2b(1)(C)		
(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)		56740

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	12108	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	150037	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		162145

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7289	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7367	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-78

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-1096137	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-1096137
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		1166682
c Other income.....	2c		-346050
d Total income. Add all income amounts in column (b) and enter total.....	2d		46763220

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	141612543	
(2) To insurance carriers for the provision of benefits	2e(2)	46502460	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		188115003
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)	433307	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	61379	
(4) Other	2i(4)	131933	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		626619
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		188741622

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-141978402
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)
MEDICAL MUTUAL OF OHIO EMPLOYEES' RETIREMENT SAVINGS PLAN	34-0648820	002

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 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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 3642
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) 2010 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- 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 SCHEDULE

Non-Contributory Retirement Program for Certain
Employees of Medical Mutual of Ohio
Years Ended December 31, 2010 and 2009
With Report of Independent Auditors

Ernst & Young LLP



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

Financial Statements and Supplemental Schedule

Years Ended December 31, 2010 and 2009

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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, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of reportable transactions for the year then ended. These financial statements and supplemental schedule 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 schedule. 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, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

As further discussed in Notes 1 and 2 to the financial statements, the Plan terminated in 2010 and the Plan's financial statements have been prepared on a liquidation basis.

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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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

July 28, 2011

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

Statements of Net Assets Available for Benefits

	December 31	
	2010	2009
Assets		
Investments, at fair value:		
Common stocks	\$ —	\$ 7,240
Registered investment companies	—	56,584,452
Interest-bearing cash	—	72,407,739
Pooled separate accounts (real estate equity investments)	—	2,057,455
	—	131,056,886
Contribution receivable	—	10,707,052
Accrued investment income and other receivables	—	375,340
Total assets	—	142,139,278
Liabilities		
Accrued administrative expenses	—	160,876
Total liabilities	—	160,876
Net assets available for benefits	<u>\$ —</u>	<u>\$ 141,978,402</u>

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	
	2010	2009
Additions		
Interest and dividend income	\$ 218,885	\$ 3,142,388
Contributions	46,819,918	10,707,052
Total additions	47,038,803	13,849,440
Deductions		
Benefits paid directly to participants	124,189,752	18,407,341
Benefits paid to insurance carriers	46,502,460	—
Transfers to Medical Mutual of Ohio Employees’ Retirement Savings Plan	17,422,791	—
Administrative expenses	626,619	708,828
Other	346,050	15,945
Total deductions	189,087,672	19,132,114
Net appreciation in fair value of investments	70,467	5,670,491
Net (decrease) increase	(141,978,402)	387,817
Net assets available for benefits:		
Beginning of year	141,978,402	141,590,585
End of year	\$ —	\$ 141,978,402

See accompanying notes.

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

Notes to Financial Statements

December 31, 2010 and 2009

1. Description of the Plan

The Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio (the Plan) was a noncontributory defined benefit plan which provided pension benefits and covered 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 was 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*, for further details. All assets of the Plan were distributed prior to December 31, 2010, and accordingly, no assets were held as of December 31, 2010.

Contributions to the Plan by the Company for the funding of current and past service cost of benefits were determined by the Plan's actuary. The Plan met the 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 years ended December 31, 2010 and 2009 was the liquidation basis of accounting.

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

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Payment of Benefits

Benefits were recorded when paid. Participants were given the option to receive benefits directly from the Plan or to have benefits transferred to the Company's Employees' Retirement Savings Plan.

New Accounting Pronouncements

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. As the Plan held no assets as of December 31, 2010, the provisions of ASU 2010-06 did not effect the Plan's fair value measurement disclosures.

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 and Income Recognition

Investments held by the Plan were 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 were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Realized gains or losses on the sale of investments were computed on the specific identification basis. Net changes in appreciation or depreciation of investments were combined with realized gains or losses and were reflected as net appreciation or depreciation in fair value of investments in the statements 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 were 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, including the liquidation basis of accounting, requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The accumulated plan benefits were the actuarial present value of estimated future periodic payments, including lump-sum distributions, that were attributable under the Plan's provisions to service rendered by employees through December 31, 2001. Accumulated plan benefits included 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 were 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 terminated employment or retired. Benefits for active employees as of December 31, 2001 were based on the greater of the preceding formula or their average compensation during the last five years of service. Benefits payable under all circumstances were included to the extent they were deemed attributable to employee service rendered through December 31, 2001.

As discussed in Note 1, the Plan was terminated by the Plan Sponsor effective September 1, 2010. As calculated by the Plan's actuary, the accumulated plan benefits paid out upon the final distribution included lump sum distributions to participants totaling approximately \$135,100,000 and a single premium of approximately \$46,500,000 made to Metropolitan Life for participants receiving an annuity benefit. Approximately \$6,400,000 in benefit payments were made to retirees in 2010 prior to the termination, resulting in total 2010 distributions of approximately

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

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

\$188,000,000. In 2010, the Plan Sponsor made additional contributions to the Plan totaling \$57,500,000 to fully fund these benefits and administrative expenses. No assets were reverted to the Company.

4. Investments

The Plan held no investments at December 31, 2010. All investment information disclosed in the financial statements and schedules, including investments held at December 31, 2009, and net appreciation in fair value of investments and interest and dividend income for the years ended December 31, 2010 and 2009, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by PNC Bank, the trust of the Plan.

The fair value of individual investments that represented 5% or more of the Plan's net assets were as follows:

	December 31	
	2010	2009
Allegiant Advantage Institutional Money Market Fund	\$ –	\$ 72,407,718
Vanguard Bond Index Fund Inc Short Term Bond ETF	–	52,263,666

During 2010 and 2009, investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended December 31	
	2010	2009
Fair value as determined by quoted market price:		
Common stocks	\$ 49	\$ 1,105,963
Registered investment companies	70,418	8,100,578
Partnerships	–	17,852
Fair value as determined by quoted redemption values:		
Pooled separate accounts (real estate equity investments)	–	(3,553,902)
Net appreciation (depreciation) in fair value of investments	<u>\$ 70,467</u>	<u>\$ 5,670,491</u>

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

Notes to Financial Statements (continued)

5. Fair Value Measurements

At December 31, 2010, the Plan held no assets. The following table summarized fair value measurements at December 31, 2009 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:				
Domestic fixed income	52,263,666	–	–	52,263,666
Domestic equities	4,320,786	–	–	4,320,786
Pooled separate accounts	–	2,057,455	–	2,057,455
Total assets at fair value	\$ 128,999,431	\$ 2,057,455	\$ –	\$ 131,056,886

Common stocks were stated at fair value as quoted on a recognized securities exchange, were valued at the last reported sales price on the last business day of the plan year, and were classified as Level 1 investments. Registered investment companies were valued at quoted market prices which represented the net asset value of shares held by the Plan at year-end and were classified as Level 1 investments. Pooled separate accounts (real estate equity investments) were classified as Level 2 investments and their fair value was based on the redemption value of the participation units in real estate funds 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 was qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust was exempt from taxation. Subsequent to this determination letter by the IRS, the Plan was amended. Once qualified, the Plan was required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan was being operated and was terminated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, was qualified and the related trust was tax-exempt. 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.

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

Notes to Financial Statements (continued)

6. Income Tax Status (continued)

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

7. Related-Party Transactions

Prior to Plan termination, the Plan held 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. Subsequent Events

The Plan evaluated subsequent events from the end date of the most recent fiscal year through July 28, 2011, the date the financial statements were available to be issued.

Supplemental Schedule

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, 2010

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 (1) – Single transactions in excess of 5% of plan assets							
Ancora Advisors	FHLB Discount Note, 7/12/10	\$ 9,996,089			\$ 9,996,089	\$ 9,996,089	
Ancora Advisors	FHLB Discount Note, 7/12/10	9,996,133			9,996,133	9,996,133	
Ancora Advisors	FHLB Discount Note, 7/12/10		\$ 19,992,222		19,992,222	19,992,222	\$ –
Ancora Advisors	FNMA Discount Note, 6/30/10	9,995,750			9,995,750	9,995,750	
Ancora Advisors	FNMA Discount Note, 6/30/10		9,995,750		9,995,750	9,995,750	–
Ancora Advisors	US Treasury Bill, 6/24/10	9,996,858			9,996,858	9,996,858	
Ancora Advisors	US Treasury Bill, 6/24/10		9,996,858		9,996,858	9,996,858	–
Ancora Advisors	US Treasury Bill, 7/15/10	9,496,556			9,496,556	9,496,556	
Ancora Advisors	US Treasury Bill, 7/15/10		9,496,556		9,496,556	9,496,556	–
Ancora Advisors	Vanguard Bond Index Fund Inc Short Term Bond ETF		10,347,354		10,340,200	10,347,354	7,154
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,812,994		9,812,994	9,812,994	–
PNC Bank*	PNC Advantage Institutional Money Market Fund	10,347,354			10,347,354	10,347,354	
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,996,089		9,996,089	9,996,089	–
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,996,133		9,996,133	9,996,133	–
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,496,556		9,496,556	9,496,556	–
PNC Bank*	PNC Advantage Institutional Money Market Fund	9,812,994			9,812,994	9,812,994	
PNC Bank*	PNC Advantage Institutional Money Market Fund	20,008,939			20,008,939	20,008,939	
PNC Bank*	PNC Advantage Institutional Money Market Fund	27,799,339			27,799,339	27,799,339	
PNC Bank*	PNC Advantage Institutional Money Market Fund	10,530,323			10,530,323	10,530,323	
PNC Bank*	PNC Advantage Institutional Money Market Fund		135,104,504		135,104,504	135,104,504	–

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 (continued)

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 (3) – Series of transactions in same security in excess of 5% of plan assets							
Ancora Advisors	FHLB Discount Note, 7/12/10	\$ 19,992,222			\$ 19,992,222	\$ 19,992,222	
Ancora Advisors	FNMA Discount Note, 6/30/10	9,995,750	\$ 19,992,222		19,992,222	19,992,222	\$ –
Ancora Advisors	US Treasury Bill, 6/24/10	9,996,858	9,995,750		9,995,750	9,995,750	–
Ancora Advisors	US Treasury Bill, 7/15/10	9,496,556	9,996,858		9,996,858	9,996,858	–
PNC Bank*	PNC Advantage Institutional Money Market Fund	58,340,003	9,496,556		9,496,556	9,496,556	–
			136,147,765		136,147,765	136,147,765	–

There were no category (2) or (4) reportable transactions during 2010.

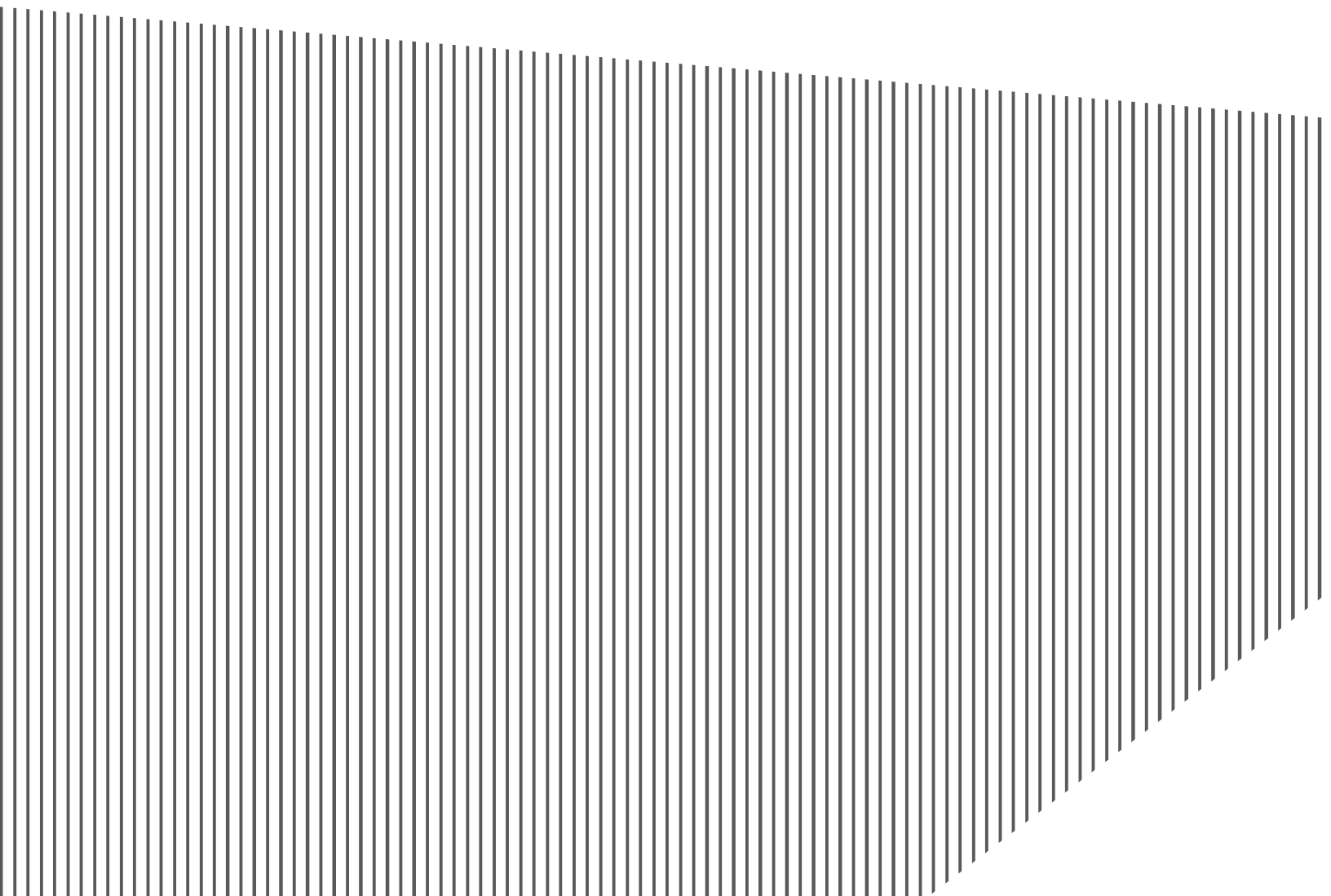
* Indicates party-in-interest to the Plan.

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FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Non-Contributory Retirement Program for Certain
Employees of Medical Mutual of Ohio
Years Ended December 31, 2010 and 2009
With Report of Independent Auditors

Ernst & Young LLP



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

Financial Statements and Supplemental Schedule

Years Ended December 31, 2010 and 2009

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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, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of reportable transactions for the year then ended. These financial statements and supplemental schedule 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 schedule. 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, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

As further discussed in Notes 1 and 2 to the financial statements, the Plan terminated in 2010 and the Plan's financial statements have been prepared on a liquidation basis.

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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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

July 28, 2011

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

Statements of Net Assets Available for Benefits

	December 31	
	2010	2009
Assets		
Investments, at fair value:		
Common stocks	\$ —	\$ 7,240
Registered investment companies	—	56,584,452
Interest-bearing cash	—	72,407,739
Pooled separate accounts (real estate equity investments)	—	2,057,455
	—	131,056,886
Contribution receivable	—	10,707,052
Accrued investment income and other receivables	—	375,340
Total assets	—	142,139,278
Liabilities		
Accrued administrative expenses	—	160,876
Total liabilities	—	160,876
Net assets available for benefits	<u>\$ —</u>	<u>\$ 141,978,402</u>

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	
	2010	2009
Additions		
Interest and dividend income	\$ 218,885	\$ 3,142,388
Contributions	46,819,918	10,707,052
Total additions	47,038,803	13,849,440
Deductions		
Benefits paid directly to participants	124,189,752	18,407,341
Benefits paid to insurance carriers	46,502,460	—
Transfers to Medical Mutual of Ohio Employees’ Retirement Savings Plan	17,422,791	—
Administrative expenses	626,619	708,828
Other	346,050	15,945
Total deductions	189,087,672	19,132,114
Net appreciation in fair value of investments	70,467	5,670,491
Net (decrease) increase	(141,978,402)	387,817
Net assets available for benefits:		
Beginning of year	141,978,402	141,590,585
End of year	\$ —	\$ 141,978,402

See accompanying notes.

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

Notes to Financial Statements

December 31, 2010 and 2009

1. Description of the Plan

The Non-Contributory Retirement Program for Certain Employees of Medical Mutual of Ohio (the Plan) was a noncontributory defined benefit plan which provided pension benefits and covered 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 was 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*, for further details. All assets of the Plan were distributed prior to December 31, 2010, and accordingly, no assets were held as of December 31, 2010.

Contributions to the Plan by the Company for the funding of current and past service cost of benefits were determined by the Plan's actuary. The Plan met the 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 years ended December 31, 2010 and 2009 was the liquidation basis of accounting.

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

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Payment of Benefits

Benefits were recorded when paid. Participants were given the option to receive benefits directly from the Plan or to have benefits transferred to the Company's Employees' Retirement Savings Plan.

New Accounting Pronouncements

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. As the Plan held no assets as of December 31, 2010, the provisions of ASU 2010-06 did not effect the Plan's fair value measurement disclosures.

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 and Income Recognition

Investments held by the Plan were 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 were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

Realized gains or losses on the sale of investments were computed on the specific identification basis. Net changes in appreciation or depreciation of investments were combined with realized gains or losses and were reflected as net appreciation or depreciation in fair value of investments in the statements 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 were 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, including the liquidation basis of accounting, requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The accumulated plan benefits were the actuarial present value of estimated future periodic payments, including lump-sum distributions, that were attributable under the Plan's provisions to service rendered by employees through December 31, 2001. Accumulated plan benefits included 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 were 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 terminated employment or retired. Benefits for active employees as of December 31, 2001 were based on the greater of the preceding formula or their average compensation during the last five years of service. Benefits payable under all circumstances were included to the extent they were deemed attributable to employee service rendered through December 31, 2001.

As discussed in Note 1, the Plan was terminated by the Plan Sponsor effective September 1, 2010. As calculated by the Plan's actuary, the accumulated plan benefits paid out upon the final distribution included lump sum distributions to participants totaling approximately \$135,100,000 and a single premium of approximately \$46,500,000 made to Metropolitan Life for participants receiving an annuity benefit. Approximately \$6,400,000 in benefit payments were made to retirees in 2010 prior to the termination, resulting in total 2010 distributions of approximately

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

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

\$188,000,000. In 2010, the Plan Sponsor made additional contributions to the Plan totaling \$57,500,000 to fully fund these benefits and administrative expenses. No assets were reverted to the Company.

4. Investments

The Plan held no investments at December 31, 2010. All investment information disclosed in the financial statements and schedules, including investments held at December 31, 2009, and net appreciation in fair value of investments and interest and dividend income for the years ended December 31, 2010 and 2009, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by PNC Bank, the trust of the Plan.

The fair value of individual investments that represented 5% or more of the Plan's net assets were as follows:

	December 31	
	2010	2009
Allegiant Advantage Institutional Money Market Fund	\$ –	\$ 72,407,718
Vanguard Bond Index Fund Inc Short Term Bond ETF	–	52,263,666

During 2010 and 2009, investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended December 31	
	2010	2009
Fair value as determined by quoted market price:		
Common stocks	\$ 49	\$ 1,105,963
Registered investment companies	70,418	8,100,578
Partnerships	–	17,852
Fair value as determined by quoted redemption values:		
Pooled separate accounts (real estate equity investments)	–	(3,553,902)
Net appreciation (depreciation) in fair value of investments	<u>\$ 70,467</u>	<u>\$ 5,670,491</u>

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

Notes to Financial Statements (continued)

5. Fair Value Measurements

At December 31, 2010, the Plan held no assets. The following table summarized fair value measurements at December 31, 2009 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:				
Domestic fixed income	52,263,666	–	–	52,263,666
Domestic equities	4,320,786	–	–	4,320,786
Pooled separate accounts	–	2,057,455	–	2,057,455
Total assets at fair value	\$ 128,999,431	\$ 2,057,455	\$ –	\$ 131,056,886

Common stocks were stated at fair value as quoted on a recognized securities exchange, were valued at the last reported sales price on the last business day of the plan year, and were classified as Level 1 investments. Registered investment companies were valued at quoted market prices which represented the net asset value of shares held by the Plan at year-end and were classified as Level 1 investments. Pooled separate accounts (real estate equity investments) were classified as Level 2 investments and their fair value was based on the redemption value of the participation units in real estate funds 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 was qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust was exempt from taxation. Subsequent to this determination letter by the IRS, the Plan was amended. Once qualified, the Plan was required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan was being operated and was terminated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, was qualified and the related trust was tax-exempt. 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.

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

Notes to Financial Statements (continued)

6. Income Tax Status (continued)

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

7. Related-Party Transactions

Prior to Plan termination, the Plan held 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. Subsequent Events

The Plan evaluated subsequent events from the end date of the most recent fiscal year through July 28, 2011, the date the financial statements were available to be issued.

Supplemental Schedule

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, 2010

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 (1) – Single transactions in excess of 5% of plan assets							
Ancora Advisors	FHLB Discount Note, 7/12/10	\$ 9,996,089			\$ 9,996,089	\$ 9,996,089	
Ancora Advisors	FHLB Discount Note, 7/12/10	9,996,133			9,996,133	9,996,133	
Ancora Advisors	FHLB Discount Note, 7/12/10		\$ 19,992,222		19,992,222	19,992,222	\$ –
Ancora Advisors	FNMA Discount Note, 6/30/10	9,995,750			9,995,750	9,995,750	
Ancora Advisors	FNMA Discount Note, 6/30/10		9,995,750		9,995,750	9,995,750	–
Ancora Advisors	US Treasury Bill, 6/24/10	9,996,858			9,996,858	9,996,858	
Ancora Advisors	US Treasury Bill, 6/24/10		9,996,858		9,996,858	9,996,858	–
Ancora Advisors	US Treasury Bill, 7/15/10	9,496,556			9,496,556	9,496,556	
Ancora Advisors	US Treasury Bill, 7/15/10		9,496,556		9,496,556	9,496,556	–
Ancora Advisors	Vanguard Bond Index Fund Inc Short Term Bond ETF		10,347,354		10,340,200	10,347,354	7,154
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,812,994		9,812,994	9,812,994	–
PNC Bank*	PNC Advantage Institutional Money Market Fund	10,347,354			10,347,354	10,347,354	
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,996,089		9,996,089	9,996,089	–
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,996,133		9,996,133	9,996,133	–
PNC Bank*	PNC Advantage Institutional Money Market Fund		9,496,556		9,496,556	9,496,556	–
PNC Bank*	PNC Advantage Institutional Money Market Fund	9,812,994			9,812,994	9,812,994	
PNC Bank*	PNC Advantage Institutional Money Market Fund	20,008,939			20,008,939	20,008,939	
PNC Bank*	PNC Advantage Institutional Money Market Fund	27,799,339			27,799,339	27,799,339	
PNC Bank*	PNC Advantage Institutional Money Market Fund	10,530,323			10,530,323	10,530,323	
PNC Bank*	PNC Advantage Institutional Money Market Fund		135,104,504		135,104,504	135,104,504	–

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 (continued)

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 (3) – Series of transactions in same security in excess of 5% of plan assets							
Ancora Advisors	FHLB Discount Note, 7/12/10	\$ 19,992,222			\$ 19,992,222	\$ 19,992,222	
			\$ 19,992,222		19,992,222	19,992,222	\$ –
Ancora Advisors	FNMA Discount Note, 6/30/10	9,995,750			9,995,750	9,995,750	
			9,995,750		9,995,750	9,995,750	–
Ancora Advisors	US Treasury Bill, 6/24/10	9,996,858			9,996,858	9,996,858	
			9,996,858		9,996,858	9,996,858	–
Ancora Advisors	US Treasury Bill, 7/15/10	9,496,556			9,496,556	9,496,556	
			9,496,556		9,496,556	9,496,556	–
PNC Bank*	PNC Advantage Institutional Money Market Fund	58,340,003			58,340,003	58,340,003	
			136,147,765		136,147,765	136,147,765	–

There were no category (2) or (4) reportable transactions during 2010.

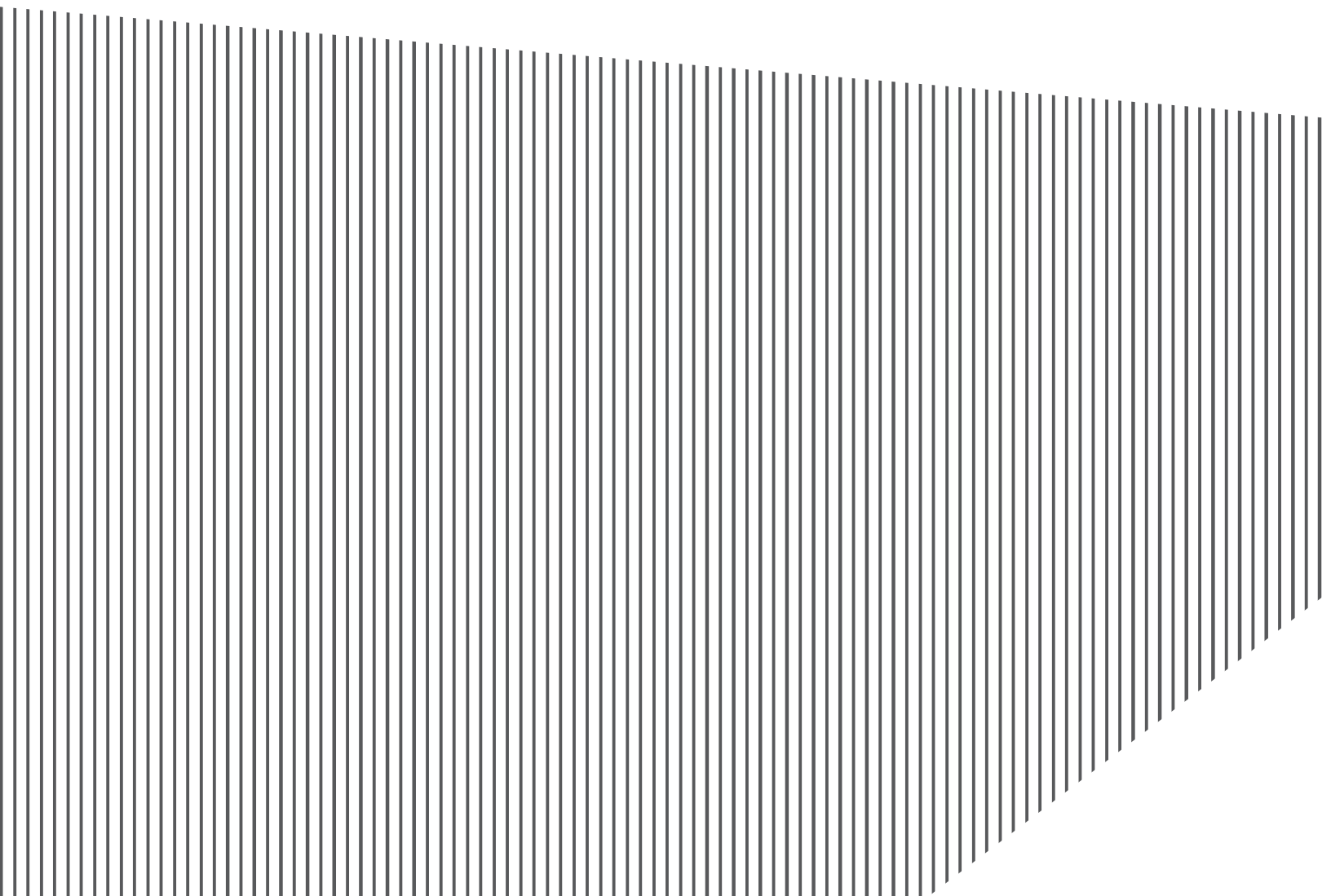
* Indicates party-in-interest to the Plan.

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PNC Funds and PNC Advantage Funds¹ Fee Schedule
Class I, Class A, Class C, Class T & Class S

	Investment Advisory Fees ("IA Fee") (A)	Sub-Advisory Fees	Co-Administration and Accounting Fees ²	Distribution & Service Fees (B)
<u>Money Market Funds:</u> Government Money Market Fund (1) Money Market Fund (2) Treasury Money Market Fund (3) Ohio Municipal Money Market Fund (4) Pennsylvania Tax Exempt Money Market Fund (5) Tax Exempt Money Market Fund (6)	(1,2,3) 0.25% of average daily net assets per fund gross of waivers (4,5,6) 0.20% of average daily net assets per fund gross of waivers	NA	Annual Co-Administration and Accounting Fees 0.05% of average daily net assets per fund allocated between the Adviser and Co-Administrator	(1,2,3,4,5,6) A Shares- Up to 0.10% of average daily net asset value for distribution (12b-1) Fees and up to 0.25% for Shareholder Servicing Fees (2) C Shares- Up to 0.75% of average daily net asset value for distribution (12b-1) Fees and up to 0.25% for Shareholder Servicing Fees (4,5,6) T Shares- Up to 0.10% for Shareholder Servicing Fees
<u>Fixed Income Funds and Tax Exempt Bond Funds:</u> Bond Fund (1) Government Mortgage Fund (2) High Yield Bond Fund (3) Intermediate Bond Fund (4) Limited Maturity Bond Fund (5) Total Return Advantage Fund (6) Ultra Short Bond Fund (7) Intermediate Tax Exempt Bond Fund (8) Limited Maturity Tax Exempt Bond (9) Maryland Tax Exempt Bond (10) Michigan Intermediate Tax Exempt Bond Fund (11) Ohio Intermediate Tax Exempt Bond Fund (12) Pennsylvania Intermediate Municipal Bond Fund (13)	(1) 0.45% of average daily net assets gross of waivers (2,4,6,8,9,10,11,12,13) 0.40% of average daily net assets per fund gross of waivers (3) 0.50% of average daily net assets gross of waivers (5) 0.35% of average daily net assets gross of waivers (7) 0.20% of average daily net assets gross of waivers	NA	Annual Co-Administration and Accounting Fees 0.05% of average daily net assets per fund allocated between the Adviser and Co-Administrator	A Shares- Up to 0.10% of average daily net asset value for distribution (12b-1) Fees and up to 0.25% for Shareholder Servicing Fees C Shares- Up to 0.75% of average daily net asset value for distribution (12b-1) Fees and up to 0.25% for Shareholder Servicing Fees
<u>Equity Funds:</u> Balanced Allocation Fund (1) International Equity Fund (2) Large Cap Core Equity Fund (3) Large Cap Growth Fund (4) Large Cap Value Fund (5) Mid Cap Value Fund (6) Multi-Factor Small Cap Core Fund (7) Multi-Factor Small Cap Growth Fund (8) Multi-Factor Small Cap Value Fund (9) S&P 500 Index Fund (10) Small Cap Core Fund (11)	(1,6) 0.75% of average daily net assets per fund gross of waivers (2) 1.00% of average daily net assets gross of waivers (10) 0.15% of the first \$50 Million, 0.10% of the next \$50 Million and 0.075% of average daily net assets gross of waivers in excess of \$100 Million (3,4,5) 0.75% of the first \$1 Billion, 0.70% of the next \$500 Million, 0.65% of average daily net assets gross of waivers in excess of \$1.5 Billion (7,8,9,11) 1.00% of the first	(2) Polaris Capital Management: 0.35% of the first \$125 Million, 0.40% of the next \$75 Million, and 0.50% of average daily net assets in excess of \$200 Million of the fund. (2) GE Asset Management: 0.55% of the first \$50 Million, 0.50% of the next \$50 Million 0.45% of the third \$50	Annual Co-Administration and Accounting Fees 0.05% of average daily net assets per fund allocated between the Adviser and Co-Administrator	A Shares- Up to 0.10% of average daily net asset value for distribution (12b-1) Fees and up to 0.25% for Shareholder Servicing Fees C Shares- Up to 0.75% of average daily net asset value for distribution (12b-1) Fees and up to 0.25% for Shareholder Servicing Fees

PNC Funds and PNC Advantage Funds¹ Fee Schedule
Class I, Class A, Class C, Class T & Class S

	Investment Advisory Fees ("IA Fee") (A)	Sub-Advisory Fees	Co-Administration and Accounting Fees ²	Distribution & Service Fees (B)
	\$500 Million, 0.95% of the next \$500 Million, 0.90% of average daily net assets gross of waivers in excess of \$1 Billion	Million, 0.40% of average daily net assets in excess of \$150 Million All other Funds- NA		
<u>PNC Advantage Funds:</u> Institutional Money Market Fund (1) Institutional Government Money Market Fund (2) Institutional Treasury Money Market Fund (3)	0.15% of average daily net assets gross of waivers	NA	Annual Co-Administration and Accounting Fees The Adviser receives a fee of 0.01% of average daily net assets per fund.	(1,2,3) Advisor Shares- Up to 0.10% for Shareholder Servicing Fees (1,2,3) Service Shares- Up to 0.25% for Shareholder Servicing Fees

¹ The Funds were formerly known as the Allegiant Funds and Allegiant Advantage Funds.

² Fee schedules effective July 1, 2010

- (A) Agreement with PNC Capital Advisors, LLC (gross fees exclude voluntary advisory fee waivers (where applicable)). Funds with yield-based or expense cap based voluntary fee waivers will experience daily waiver amount fluctuations.
- (B) Distribution Agreement with Professional Funds Distributor, LLC and selling agreements with multiple unaffiliated broker-dealers