
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.



ANNUAL STATEMENT

For the Year Ended December 31, 2011
of the Condition and Affairs of the

Medical Mutual of Ohio

NAIC Group Code.....730, 730 (Current Period) (Prior Period)	NAIC Company Code..... 29076	Employer's ID Number..... 34-0648820
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Licensed as Business Type.....Property/Casualty	Is HMO Federally Qualified? Yes [] No []	
Incorporated/Organized..... March 30, 1934	Commenced Business..... January 1, 1934	
Statutory Home Office	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number) (City or Town, State and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland OH 44115-1355 (Street and Number) (City or Town, State and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.MedMutual.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@mmoh.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-687-1579 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard A. Chiricosta	President	2. Patrick J. Dugan	Secretary
3. Dennis P. Jancsy	Treasurer	4.	

OTHER

Jared P. Chaney	EVP	Patrick J. Dugan	EVP
Dennis P. Jancsy	EVP	Kevin S. Lauterjung #	EVP
Kenneth Sidon	EVP	Susan M. Tyler	EVP

DIRECTORS OR TRUSTEES

Charles A. Bryan	Richard A. Chiricosta	Patrick J. Dugan #	Samuel H. Miller
James V. Patton	Dennis J. Roche	Glenna L. Watson	David J. Young

State of..... Ohio
County of..... Cuyahoga

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

(Signature) Richard A. Chiricosta	(Signature) Patrick J. Dugan	(Signature) Dennis P. Jancsy
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2012	b. If no	1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____