AMENDED FILING EXPLANATION

Page 28, Five-Year Historical Data

Line 31 has been updated from -0- to 434,311,220.
Line 32 has been updated from 132,707,523 to 567,018,743.

29076201120100105

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)*	216-687-6049 *(Area Code) (Telephone Number) (Extension)*
	Sharon.Matonis@mmoh.com *(E-Mail Address)*	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)	(Signature)	(Signature)
Richard A. Chiricosta	Patrick J. Dugan	Dennis P. Jancsy
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2012

a. Is this an original filing? Yes [X] No [ ]

b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

FIVE-YEAR HISTORICAL DATA

	1 2011	2 2010	3 2009	4 2008	5 2007
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,558,709,532	1,495,657,937	1,454,851,786	1,396,166,651	1,330,973,008
2. Total liabilities (Page 3, Line 24)	437,808,278	430,331,682	479,819,695	485,188,052	451,123,502
3. Statutory surplus	217,403,178	220,451,890	215,275,374	214,529,652	209,083,408
4. Total capital and surplus (Page 3, Line 33)	1,120,901,254	1,065,326,255	975,032,091	910,978,599	879,849,506
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	2,122,761,380	2,078,659,426	1,979,336,977	2,030,649,266	1,995,234,585
6. Total medical and hospital expenses (Line 18)	1,714,170,993	1,716,315,809	1,648,889,308	1,665,764,235	1,618,318,795
7. Claims adjustment expenses (Line 20)	64,390,278	65,249,879	66,097,208	73,813,257	66,540,530
8. Total administrative expenses (Line 21)	281,171,936	363,502,527	244,377,221	227,401,859	214,770,158
9. Net underwriting gain (loss) (Line 24)	61,572,173	(58,616,789)	16,579,240	66,823,915	93,145,102
10. Net investment gain (loss) (Line 27)	33,282,914	36,856,911	35,242,275	15,963,030	38,449,808
11. Total other income (Lines 28 plus 29)	58,563	6,151,301	5,743,454	7,902,963	4,113,327
12. Net income or (loss) (Line 32)	66,235,138	(25,427,131)	43,510,395	76,367,454	100,203,702
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	108,965,673	31,244,411	19,152,570	133,304,565	100,230,104
Risk-Based Capital Analysis					
14. Total adjusted capital	1,120,901,254	1,065,326,255	975,032,091	910,978,599	879,849,506
15. Authorized control level risk-based capital	110,208,106	110,225,945	107,637,687	107,264,826	104,541,704
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,028,945	1,039,293	994,578	1,042,472	1,192,130
17. Total member months (Column 6, Line 7)	12,196,851	12,252,504	12,008,784	12,364,144	14,551,747
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	80.8	82.6	83.5	82.0	100.0
20. Cost containment expenses	1.2	1.1	1.1	1.2	1.2
21. Other claims adjustment expenses	1.8	2.0	2.2	2.5	2.1
22. Total underwriting deductions (Line 23)	97.1	102.8	99.2	96.7	95.3
23. Total underwriting gain (loss) (Line 24)	2.9	(2.8)	0.8	3.3	4.7
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	180,197,320	188,216,400	210,269,400	200,602,200	210,662,560
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	203,490,800	207,317,000	213,529,200	214,145,000	228,029,560
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)	132,707,523	124,193,357	121,943,444	129,158,696	125,018,510
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated	434,311,220	443,671,162	432,792,916	410,454,038	350,935,821
32. Total of above Lines 26 to 31	567,018,743	567,864,519	554,736,360	539,612,734	475,954,331

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

If no, please explain: