AMENDED FILING EXPLANATION

Page 29, Five-Year Historical Data, Line 31, Column 1 was updated to 277,198,091.

Page 31, Schedule S - Part 1 - Section 2, Line 0899999, Column 10, was updated to 5,477,143.

29076201520100105

ANNUAL STATEMENT

For the Year Ended December 31, 2015

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 ..... US …. 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	2060 East Ninth Street….. Cleveland ..... OH ..... US …. 44115-1355 *(Street and Number) (City or Town, State, Country and Zip Code)*	216-687-7000 *(Area Code) (Telephone Number)*
Mail Address	2060 East Ninth Street….. Cleveland ..... OH ..... US …. 44115-1355 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	2060 East Ninth Street….. Cleveland ..... OH ..... US …. 44115-1355 *(Street and Number) (City or Town, State, Country 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@medmutual.com *(E-Mail Address)*	216-360-4073 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	Chairman, President & CEO	2. Steffany Matticola Larkins	Secretary
3. Raymond Karl Mueller	Treasurer & CFO	4.	

OTHER

Jared Paul Chaney	EVP	Kathleen Rose Golovan	EVP
Steffany Matticola Larkins	EVP	Raymond Karl Mueller	EVP
Susan Marie Tyler	EVP		

DIRECTORS OR TRUSTEES

Charles Arthur Bryan	Richard Alan Chiricosta	Frederick David DiSanto	Terrance Callahan Egger
Robert John King Jr.	Samuel Henry Miller	Dennis John Roche	Greta Jane Russell
David Joseph 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 Alan Chiricosta	Steffany Matticola Larkins	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman, President & CEO	Secretary	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2016

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 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,853,224,657	1,766,909,245	1,684,588,248	1,634,353,695	1,558,709,532
2. Total liabilities (Page 3, Line 24)	500,384,727	487,007,434	462,783,907	500,792,885	437,808,278
3. Statutory minimum capital and surplus requirement	217,156,264	222,504,356	241,525,900	248,173,026	220,416,212
4. Total capital and surplus (Page 3, Line 33)	1,352,839,930	1,279,901,811	1,221,804,341	1,133,560,810	1,120,901,254
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	2,146,944,662	2,238,208,133	2,473,452,397	2,371,862,087	2,122,761,380
6. Total medical and hospital expenses (Line 18)	1,677,906,452	1,819,680,986	2,068,746,339	2,041,311,942	1,714,170,993
7. Claims adjustment expenses (Line 20)	55,975,724	57,692,301	65,444,186	69,662,362	64,390,278
8. Total administrative expenses (Line 21)	257,161,989	273,394,712	252,250,607	237,425,592	281,171,936
9. Net underwriting gain (loss) (Line 24)	134,900,497	87,440,134	88,925,265	24,796,191	61,572,173
10. Net investment gain (loss) (Line 27)	29,367,657	30,190,307	28,963,755	23,580,111	33,282,914
11. Total other income (Lines 28 plus 29)	34,654	(2,876,641)	911,414	72,087	58,563
12. Net income or (loss) (Line 32)	126,749,688	97,299,319	97,740,167	43,417,934	66,235,138
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	130,819,176	107,547,158	37,410,445	119,900,275	108,965,673
Risk-Based Capital Analysis					
14. Total adjusted capital	1,352,876,325	1,279,933,899	1,221,831,862	1,133,560,810	1,120,901,254
15. Authorized control level risk-based capital	108,578,132	111,252,178	120,762,950	124,086,513	110,208,106
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	996,587	1,022,576	1,111,733	1,159,793	1,028,945
17. Total member months (Column 6, Line 7)	12,075,664	12,549,670	13,425,595	13,467,058	12,196,851
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)	78.2	81.3	83.6	86.1	80.8
20. Cost containment expenses	0.8	0.9	1.1	1.2	1.2
21. Other claims adjustment expenses	1.8	1.7	1.5	1.7	1.8
22. Total underwriting deductions (Line 23)	93.7	96.1	96.4	99.0	97.1
23. Total underwriting gain (loss) (Line 24)	6.3	3.9	3.6	1.0	2.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	167,934,249	203,037,536	224,901,739	186,896,890	180,197,320
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	183,750,789	200,749,206	246,945,492	189,306,714	203,490,800
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)	81,164,463	89,178,485	142,718,687	126,723,336	132,707,523
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	277,198,091	337,751,439	367,347,797	408,737,048	434,311,220
32. Total of above Lines 26 to 31	358,362,554	426,929,924	510,066,484	535,460,384	567,018,743
33. Total investment in parent included in Lines 26 to 31 above					

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: