
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.



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) Sharon.Matonis@medmutual.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 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) Richard Alan Chiricosta	(Signature) Steffany Matticola Larkins	(Signature) Raymond Karl Mueller
1. (Printed Name) Chairman, President & CEO	2. (Printed Name) Secretary	3. (Printed Name) Treasurer & CFO
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of _____ 2016	a. Is this an original filing? b. If no	Yes [X] No [] 1. State the amendment number 2. Date filed 3. Number of pages attached

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
.....	37-6532551....	03/31/2015	Ohio State Medical Association Health Benefits Plan.....	OH.....	QA/A/G.....	.....5,848,588	.....	.....41,272	.....5,477,143	.....	.....
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					.....5,848,588	.....0	.....41,272	.....5,477,143	.....0	.....0
1099999.	Total - Non-Affiliates.....					.....5,848,588	.....0	.....41,272	.....5,477,143	.....0	.....0
1199999.	Total - U.S.....					.....5,848,588	.....0	.....41,272	.....5,477,143	.....0	.....0
9999999.	Total.....					.....5,848,588	.....0	.....41,272	.....5,477,143	.....0	.....0