



# QUARTERLY STATEMENT

As of March 31, 2019

of the Condition and Affairs of the

## MedMutual Life Insurance Company

NAIC Group Code....730, 730

(Current Period) (Prior Period)

NAIC Company Code.... 62375

Employer's ID Number.... 21-0706531

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type:

Life, Accident & Health

Incorporated/Organized..... October 3, 1955

Commenced Business..... October 3, 1955

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

216-687-7000

(Street and Number) (City or Town, State, Country and Zip Code)

(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

216-687-7000

(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Web Site Address

www.ConsumersLife.com

Statutory Statement Contact

Sharon Matonis

216-687-6049

(Name)

(Area Code) (Telephone Number) (Extension)

Sharon.Matonis@medmutual.com

216-360-4073

(E-Mail Address)

(Fax Number)

## OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	President & CEO	2. Patricia Bunn Decensi	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

## DIRECTORS OR TRUSTEES

James Charles Cellura	Richard Alan Chiricosta	Andrea Marie Hogben	Steffany Matticola Larkins
Raymond Karl Mueller			

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  
1. (Printed Name)  
President & CEO  
(Title)

(Signature)  
Patricia Bunn Decensi  
2. (Printed Name)  
Secretary  
(Title)

(Signature)  
Raymond Karl Mueller  
3. (Printed Name)  
Treasurer  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

Statement as of March 31, 2019 of the **MedMutual Life Insurance Company**  
**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	28,822,664		28,822,664	27,844,448
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....636,944), cash equivalents (\$....12,597,940) and short-term investments (\$.....0).....	13,234,884		13,234,884	13,548,609
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	42,057,548	0	42,057,548	41,393,057
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	168,082		168,082	157,554
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	876,292		876,292	774,324
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	16,449		16,449	259,129
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	159,236		159,236	35,417
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	1,087,608		1,087,608	1,138,094
19. Guaranty funds receivable or on deposit.....	16,180		16,180	17,596
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	1,879,467		1,879,467	1,075,074
24. Health care (\$.....0) and other amounts receivable.....	3,000	3,000	0	
25. Aggregate write-ins for other than invested assets.....	47,716	30,223	17,493	14,642
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	46,311,578	33,223	46,278,355	44,864,887
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	46,311,578	33,223	46,278,355	44,864,887

**DETAILS OF WRITE-INS**

1101.....				0
1102.....				0
1103.....				0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Assets.....	16,429	16,429	0	
2502. Other Receivables.....	13,794	13,794	0	
2503. Other Assets.....	17,493		17,493	14,642
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	47,716	30,223	17,493	14,642

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....971,000 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	.971,000	981,000
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	.473,000	470,000
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....	.....	.....
4. Contract claims:		
4.1 Life.....	4,377,961	4,772,961
4.2 Accident and health.....	.570,000	.580,000
5. Policyholders' dividends/refunds to members \$.....0 and coupons \$.....0 due and unpaid.....	.....	.....
6. Provision for policyholders' dividends/refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholder's dividends/refunds to members apportioned for payment (including \$.....0 Modco).....	.....	.....
6.2 Policyholder's dividends/refunds to members not yet apportioned (including \$.....0 Modco).....	.....	.....
6.3 Coupons and similar benefits (including \$.....0 Modco).....	.....	.....
7. Amount provisionally held for deferred dividend policies not included in Line 6.....	.....	.....
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....118,768 accident and health premiums.....	.411,972	405,528
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....	.....	.....
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....	.3,287,288	3,270,188
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$....788,000 ceded.....	.788,000	.416,000
9.4 Interest Maintenance Reserve.....	.12,699	.14,467
10. Commissions to agents due or accrued - life and annuity contracts \$....121,878, accident and health \$....26,782 and deposit-type contract funds \$.....0.....	.148,660	154,927
11. Commissions and expense allowances payable on reinsurance assumed.....	.....	.....
12. General expenses due or accrued.....	.211,757	.333,388
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....	.....	.....
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	.578,371	.481,013
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	.1,253,335	.956,131
15.2 Net deferred tax liability.....	.....	.....
16. Unearned investment income.....	.....	.....
17. Amounts withheld or retained by reporting entity as agent or trustee.....	.....	.....
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....	.....	.....
19. Remittances and items not allocated.....	.....	.....
20. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....	.....
21. Liability for benefits for employees and agents if not included above.....	.....	.....
22. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
23. Dividends to stockholders declared and unpaid.....	.....	.....
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	.46,081	.49,105
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....	.....	.....
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....	.....	.....
24.04 Payable to parent, subsidiaries and affiliates.....	.....	.....
24.05 Drafts outstanding.....	.....	.....
24.06 Liability for amounts held under uninsured plans.....	.18,900	.18,900
24.07 Funds held under coinsurance.....	.....	.....
24.08 Derivatives.....	.....	.....
24.09 Payable for securities.....	.....	.....
24.10 Payable for securities lending.....	.....	.....
24.11 Capital notes \$.....0 and interest thereon \$.....0.....	.....	.....
25. Aggregate write-ins for liabilities.....	.131,127	.190,692
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	.13,280,151	.13,094,300
27. From Separate Accounts statement.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	.13,280,151	.13,094,300
29. Common capital stock.....	.1,600,000	.1,600,000
30. Preferred capital stock.....	.....	.....
31. Aggregate write-ins for other-than-special surplus funds.....	.0	.0
32. Surplus notes.....	.....	.....
33. Gross paid in and contributed surplus.....	.36,633,368	.36,633,368
34. Aggregate write-ins for special surplus funds.....	.0	.0
35. Unassigned funds (surplus).....	.(-5,235,164)	.(-6,462,781)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....	.....	.....
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....	.....	.....
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	.31,398,204	.30,170,587
38. Totals of Lines 29, 30 and 37.....	.32,998,204	.31,770,587
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	.46,278,355	.44,864,887

**DETAILS OF WRITE-INS**

2501. Unclaimed Funds and Other Liabilities.....	.131,127	.190,692
2502. .....	.....	.....
2503. .....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.131,127	.190,692
3101. .....	.....	.....
3102. .....	.....	.....
3103. .....	.....	.....
3198. Summary of remaining write-ins for Line 31 from overflow page.....	.0	.0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	.0	.0
3401. .....	.....	.....
3402. .....	.....	.....
3403. .....	.....	.....
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	.0	.0

**SUMMARY OF OPERATIONS**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	6,308,819	6,604,264	27,204,839
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	187,136	122,719	619,541
4. Amortization of Interest Maintenance Reserve (IMR).....	1,768	1,775	7,098
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....	0	0	0
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 to 8.3).....	6,497,723	6,728,758	27,831,478
10. Death benefits.....	2,849,825	5,773,203	16,209,424
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....	694,009	906,578	2,532,499
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....			
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	(7,000)	(396,100)	(360,000)
20. Totals (Lines 10 to 19).....	3,536,834	6,283,681	18,381,923
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	452,748	384,558	1,744,626
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses and fraternal expenses.....	836,442	700,791	2,261,797
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	163,472	175,725	628,044
25. Increase in loading on deferred and uncollected premiums.....			
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	(50,467)	19,199	53,807
28. Totals (Lines 20 to 27).....	4,939,029	7,563,954	23,070,197
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	1,558,694	(835,196)	4,761,281
30. Dividends to policyholders and refunds to members.....			
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).....	1,558,694	(835,196)	4,761,281
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	297,204	(153,641)	838,481
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....			
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR).....			
35. Net income (Line 33 plus Line 34).....	1,261,490	(681,555)	3,922,800
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
36. Capital and surplus, December 31, prior year.....	31,770,587	27,639,671	27,639,671
37. Net income (Line 35).....	1,261,490	(681,555)	3,922,800
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....	(50,486)	(123,849)	4,118
41. Change in nonadmitted assets.....	13,589	(86,702)	205,850
42. Change in liability for reinsurance in unauthorized and certified companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....	3,024	(6,248)	(1,852)
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....			
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....			
52. Dividends to stockholders.....	0	0	0
53. Aggregate write-ins for gains and losses in surplus.....			
54. Net change in capital and surplus (Lines 37 through 53).....	1,227,617	(898,354)	4,130,916
55. Capital and surplus as of statement date (Lines 36 + 54).....	32,998,204	26,741,317	31,770,587

**DETAILS OF WRITE-INS**

08.301.			
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	0	0	0
2701. (Other Income)/Other Expense.....	(50,467)	19,199	53,807
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	(50,467)	19,199	53,807
5301.			
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

Statement as of March 31, 2019 of the **MedMutual Life Insurance Company**  
**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	6,602,395	8,041,993	25,911,194
2. Net investment income.....	190,440	90,056	625,835
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	6,792,835	8,132,049	26,537,029
5. Benefit and loss related payments.....	3,709,154	6,661,444	18,455,476
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,614,703	1,437,629	5,238,752
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	5,323,857	8,099,073	23,694,228
11. Net cash from operations (Line 4 minus Line 10).....	1,468,978	32,976	2,842,801
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,000,000		2,500,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,000,000	0	2,500,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,992,048	5,512,379	7,415,348
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,992,048	5,512,379	7,415,348
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(992,048)	(5,512,379)	(4,915,348)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(790,655)	(1,556,348)	(1,277,958)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(790,655)	(1,556,348)	(1,277,958)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(313,725)	(7,035,751)	(3,350,505)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	13,548,609	16,899,114	16,899,114
19.2 End of period (Line 18 plus Line 19.1).....	13,234,884	9,863,363	13,548,609

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.001 .....	.....	.....	.....
--------------	-------	-------	-------

Statement as of March 31, 2019 of the **MedMutual Life Insurance Company**  
**EXHIBIT 1**

**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	46,011	43,061	189,866
3. Ordinary individual annuities.....			
4. Credit life (group and individual).....			
5. Group life insurance.....	5,988,329	6,333,751	25,174,723
6. Group annuities.....			
7. A&H - group.....	1,270,883	1,295,683	5,254,306
8. A&H - credit (group and individual).....			
9. A&H - other.....	198,675	156,292	1,479,842
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal (Lines 1 through 10).....	7,503,898	7,828,787	32,098,737
12. Fraternal ( Fraternal Benefit Societies Only).....			
13. Subtotal (Lines 11 through 12).....	7,503,898	7,828,787	32,098,737
14. Deposit-type contracts.....			
15. Total (Lines 13 and 14).....	7,503,898	7,828,787	32,098,737

**DETAILS OF WRITE-INS**

1001.....			
1002.....			
1003.....			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern**

## A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2018
<b>NET INCOME</b>					
(1) MedMutual Life Insurance Company Company state basis (Page 4, Line 35, Columns 1 & 3)	XXX	XXX	XXX	\$ 1,261,490	\$ 3,922,800
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 1,261,490	\$ 3,922,800
<b>SURPLUS</b>					
(5) MedMutual Life Insurance Company Company state basis (Page 3, line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 32,998,204	\$ 31,770,587
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 32,998,204	\$ 31,770,587

## B. Use of Estimates

No significant change.

## C. Accounting Policy

No significant change.

## D. Going Concern

No significant change.

**Note 2 – Accounting Changes and Corrections of Errors**

No significant change.

**Note 3 – Business Combinations and Goodwill**

No significant change.

**Note 4 – Discontinued Operations**

No significant change.

**Note 5 – Investments**

## A. Mortgage loans, including mezzanine real estate

Not applicable.

## B. Troubled Debt

Not applicable.

## C. Reverse Mortgages

Not applicable.

## D. Loan-Backed Securities

Not applicable.

## E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

## F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions

Not applicable.

---

**NOTES TO FINANCIAL STATEMENTS**

---

H. Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions  
Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Not applicable.

J. Real Estate  
Not applicable.

K. Low Income Housing Tax Credits  
Not applicable.

L. Restricted Assets  
No significant change.

M. Working Capital Finance Investments  
Not applicable.

N. Offsetting and Netting of Assets and Liabilities  
Not applicable.

O. Structured Notes  
Not applicable.

P. 5\*Securities  
Not applicable.

Q. Short Sales  
Not applicable.

R. Prepayment Penalties and Acceleration Fees  
Not applicable.

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

**Note 7 – Investment Income**

No significant change.

**Note 8 – Derivative Instruments**

Not applicable.

**Note 9 – Income Taxes**

No significant change.

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant change.

**Note 11 – Debt**

A. Amount, Interest, Maturities, Collateral, Covenants  
Not applicable.

B. FHLB (Federal Home Loan Bank) Agreements  
Not applicable.

**NOTES TO FINANCIAL STATEMENTS****Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

## Defined Benefit Plan

A-I. Not applicable.

**Note 13 – Capital and Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**Note 14 – Liabilities, Contingencies and Assessments**

No significant change.

**Note 15 – Leases**

No significant change.

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No significant change.

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Transfer of receivables reported as sales

Not applicable.

B. Transfer and Servicing of Financial Assets

(2) Servicing Assets and Servicing Liabilities

No significant change.

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales  
(a)

No significant change.

(b)

No significant change.

C. Wash Sales

(1) Description of the Objectives Regarding These Transactions

Not applicable.

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current period and reacquired within 30 days of the sale date are:

Not applicable.

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
		\$	\$	\$	

No significant change.

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

No significant change.

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change.

**Note 20 – Fair Value Measurements**

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

Not applicable.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not applicable.

(3) Policies when Transfers Between Levels are Recognized

Not applicable.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

**NOTES TO FINANCIAL STATEMENTS**

Not applicable.

## (5) Fair Value Disclosures

Not applicable.

## B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

## C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
BONDS	\$ 28,613,558	\$ 28,822,664	\$	\$ 28,613,558	\$	\$	\$

## D. Not Practicable to Estimate Fair Value

Not applicable.

## E. NAV Practical Expedient Investments

Not applicable.

**Note 21 – Other Items**

No significant change.

**Note 22 – Events Subsequent**

No significant change.

**Note 23 – Reinsurance**

No significant change.

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

## A-D. No significant change.

## E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?

Yes [ ] No [ X ]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year to date:

	AMOUNT
a. Permanent ACA Risk Adjustment Program	

Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	
3. Premium adjustments payable due to ACA Risk Adjustment	
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	

	AMOUNT
b. Transitional ACA Reinsurance Program	

Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	

88

9. ACA Reinsurance contributions – not reported as ceded premium	
--	--

	AMOUNT
c. Temporary ACA Risk Corridors Program	
Assets	

1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
---	--

**NOTES TO FINANCIAL STATEMENTS**

c. Temporary ACA Risk Corridors Program								AMOUNT	
Operations (Revenue & Expenses)									
3. Effect of ACA Risk Corridors on net premium income (paid/received)									
4. Effect of ACA Risk Corridors on change in reserves for rate credits									

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of The Prior Year		Received or Paid as of the Current Year to Date on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
a. Permanent ACA Risk Adjustment Program	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments (payable)	\$								B		
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
b. Transitional ACA Reinsurance Program									C		
1. Amounts recoverable for claims paid			88		(88)		88				
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
6. Subtotal ACA Transitional Reinsurance Program				88	(88)		88				
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium									I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions			88		(88)		88				

## Explanations of Adjustments

- A. Not applicable.
- B. Not applicable.
- C. ACA Reinsurance based on the final reinsurance report received from HHS on June 30, 2017 and payments received through March 31, 2019.
- D. Not applicable.
- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before Dec. 31 of The Prior Year		Received or Paid as of the Current Year to Date on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled as of the Reporting Date		
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
a. 2014	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	A		
1. Accrued retrospective											

**NOTES TO FINANCIAL STATEMENTS**

	Accrued Prior Year Written Before The Prior	During the on Business Dec. 31 of Year	Received or the Current on Business Before the Prior	Paid as of Year to Date Written Dec 31 of Year	Differences	Adjustments	Unsettled as of the	Balances Reporting Date	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	(Payable)
premium									
2. Reserve for rate credits for policy experience rating refunds									
b. 2015								B	
1. Accrued retrospective premium								C	
2. Reserve for rate credits for policy experience rating refunds								D	
c. 2016									
1. Accrued retrospective premium								E	
2. Reserve for rate credits or policy experience rating refunds								F	
d. Total for Risk Corridors									

- A. Not applicable.
- B. Not applicable.
- C. Not applicable.
- D. Not applicable.
- E. Not applicable.
- F. Not applicable.

## (5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014						
b. 2015						
c. 2016						
d. Total (a+b+c)						

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

## A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid claims and claims adjustment expenses as of December 31, 2018 were \$5.2 million. As of March 31, 2019, \$2.1 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves available for prior years are \$2.7 based on the estimation of unpaid claims and claims adjustment expenses at March 31, 2109. Therefore, there has been a \$0.4 million favorable development since December 31, 2018. The redundancy that emerged results from differences in claims severity and utilization as compared to expectations.

## B. Information about Significant Changes in Methodologies and Assumptions

No significant change.

**Note 26 – Intercompany Pooling Arrangements**

No significant change.

**Note 27 – Structured Settlements**

No significant change.

**NOTES TO FINANCIAL STATEMENTS****Note 28 – Health Care Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/Confirmation
03/31/2019	-	-	-	-	-
12/31/2018	-	-	-	-	-
09/30/2018	-	-	-	-	-
06/30/2018	-	-	-	-	-
03/31/2018	-	-	\$2,581	-	-
12/31/2017	\$249,000	\$249,000	2,184	\$536,460	\$1,746
09/30/2017	192,000	190,000	86,059	893	732
06/30/2017	90,000	191,000	96,834	3,594	397
03/31/2017	75,267	181,817	85,808	371	(1,210)

**Note 29 – Participating Policies**

No significant change.

**Note 30 – Premium Deficiency Reserves**

No significant change.

**Note 31 – Reserves for Life Contracts and Deposit-Type Contracts**

No significant change.

**Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

No significant change.

**Note 33 – Premium and Annuity Considerations Deferred and Uncollected**

No significant change.

**Note 34 – Separate Accounts**

No significant change.

**Note 35 – Loss/Claim Adjustment Expenses**

No significant change.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No [ ]

2.2 If yes, date of change: 03/29/2019

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
Consumers Life Insurance Company changed name to MedMutual Life Insurance Company effective 3/29/19.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [ ] N/A [X]  
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/12/2016

6.4 By what department or departments?  
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 1,883,529

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

14.21 Bonds  
 14.22 Preferred Stock  
 14.23 Common Stock  
 14.24 Short-Term Investments  
 14.25 Mortgage Loans on Real Estate  
 14.26 All Other  
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)  
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
FIFTH THIRD BANK	5050 KINGSLEY DRIVE, CINCINNATI, OH 45263

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ("...that have access to the investment accounts", "handle securities").

1	2
Name of Firm or Individual	Affiliation
JAMES CELLURA	1

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

18.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

**GENERAL INTERROGATORIES (continued)****PART 2 - LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES****Life and Accident and Health Companies/Fraterna Benefit Societies**

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1	Long-term mortgages in good standing	Amount
1.11	Farm mortgages.....	\$.....
1.12	Residential mortgages.....	\$.....
1.13	Commercial mortgages.....	\$.....
1.14	Total mortgages in good standing.....	\$.....0
1.2	Long-term mortgages in good standing with restructured terms	\$.....
1.21	Total mortgages in good standing with restructured terms.....	\$.....
1.3	Long-term mortgage loans upon which interest is overdue more than three months	\$.....
1.31	Farm mortgages.....	\$.....
1.32	Residential mortgages.....	\$.....
1.33	Commercial mortgages.....	\$.....
1.34	Total mortgages with interest overdue more than three months.....	\$.....0
1.4	Long-term mortgage loans in process of foreclosure	\$.....
1.41	Farm mortgages.....	\$.....
1.42	Residential mortgages.....	\$.....
1.43	Commercial mortgages.....	\$.....
1.44	Total mortgages in process of foreclosure.....	\$.....0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$.....0
1.6	Long-term mortgages foreclosed, properties transferred to real estate in current quarter	\$.....
1.61	Farm mortgages.....	\$.....
1.62	Residential mortgages.....	\$.....
1.63	Commercial mortgages.....	\$.....
1.64	Total mortgages foreclosed and transferred to real estate.....	\$.....0
2.	Operating Percentages:	
2.1	A&H loss percent.....	82.3
2.2	A&H cost containment percent.....	0.3
2.3	A&H expense percent excluding cost containment expenses.....	24.5
3.1	Do you act as a custodian for health savings accounts?.....	Yes [ ] No [ X ]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
3.3	Do you act as an administrator for health savings accounts?.....	Yes [ ] No [ X ]
3.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....
4.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ X ] No [ ]
4.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes [ ] No [ ]

**Fraterna Benefit Societies Only:**

5.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurance for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done?

Yes [ X ] No [ ] N/A [ ]

5.2 If no, explain:

---

6.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?

Yes [ ] No [ X ]

6.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
	.....

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident &amp; Health - Non-Affiliates</b>								
70815.....	06-0838648.....	01/01/2019	Hartford Life and Accident Insurance Company.....	CT.....	OTH/G.....	Authorized.....	.....	.....

# MedMutual Life Insurance Company

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status (a)	1	Direct Business Only				
			Life Contracts		4	5	6
			2	3			
1. Alabama.....	AL	N..					0
2. Alaska.....	AK	N..					0
3. Arizona.....	AZ	L					0
4. Arkansas.....	AR	L					0
5. California.....	CA	N..					0
6. Colorado.....	CO	L					0
7. Connecticut.....	CT	N..					0
8. Delaware.....	DE	L					0
9. District of Columbia.....	DC	L					0
10. Florida.....	FL	N..					0
11. Georgia.....	GA	L	5,139		.439		5,578
12. Hawaii.....	HI	N..					0
13. Idaho.....	ID	N..					0
14. Illinois.....	IL	L					0
15. Indiana.....	IN	L	6,201		2,305		8,506
16. Iowa.....	IA	L					0
17. Kansas.....	KS	L					0
18. Kentucky.....	KY	L					0
19. Louisiana.....	LA	L					0
20. Maine.....	ME	N..					0
21. Maryland.....	MD	L					0
22. Massachusetts.....	MA	N..					0
23. Michigan.....	MI	L	109,252		.7,583		116,835
24. Minnesota.....	MN	L					0
25. Mississippi.....	MS	L					0
26. Missouri.....	MO	L					0
27. Montana.....	MT	L					0
28. Nebraska.....	NE	L					0
29. Nevada.....	NV	L					0
30. New Hampshire.....	NH	N..					0
31. New Jersey.....	NJ	L					0
32. New Mexico.....	NM	L					0
33. New York.....	NY	N..					0
34. North Carolina.....	NC	N..					0
35. North Dakota.....	ND	L					0
36. Ohio.....	OH	L	5,899,512		1,458,952		7,358,464
37. Oklahoma.....	OK	L					0
38. Oregon.....	OR	L					0
39. Pennsylvania.....	PA	L	.287		.279		.566
40. Rhode Island.....	RI	N..					0
41. South Carolina.....	SC	L	13,704				13,704
42. South Dakota.....	SD	L					0
43. Tennessee.....	TN	N..					0
44. Texas.....	TX	L					0
45. Utah.....	UT	L					0
46. Vermont.....	VT	N..					0
47. Virginia.....	VA	L					0
48. Washington.....	WA	N..					0
49. West Virginia.....	WV	L	.245				.245
50. Wisconsin.....	WI	L					0
51. Wyoming.....	WY	L					0
52. American Samoa.....	AS	N..					0
53. Guam.....	GU	N..					0
54. Puerto Rico.....	PR	N..					0
55. US Virgin Islands.....	VI	N..					0
56. Northern Mariana Islands.....	MP	N..					0
57. Canada.....	CAN	N..					0
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0
59. Subtotal.....		XXX	6,034,340	0	1,469,558	0	7,503,898
90. Reporting entity contributions for employee benefit plans.....		XXX					0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX					0
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX					0
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX					0
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0
95. Totals (Direct Business).....		XXX	6,034,340	0	1,469,558	0	7,503,898
96. Plus Reinsurance Assumed.....		XXX					0
97. Totals (All Business).....		XXX	6,034,340	0	1,469,558	0	7,503,898
98. Less Reinsurance Ceded.....		XXX	575,932		.619,147		1,195,079
99. Totals (All Business) less Reinsurance Ceded.....		XXX	5,458,408	0	.850,411	0	6,308,819

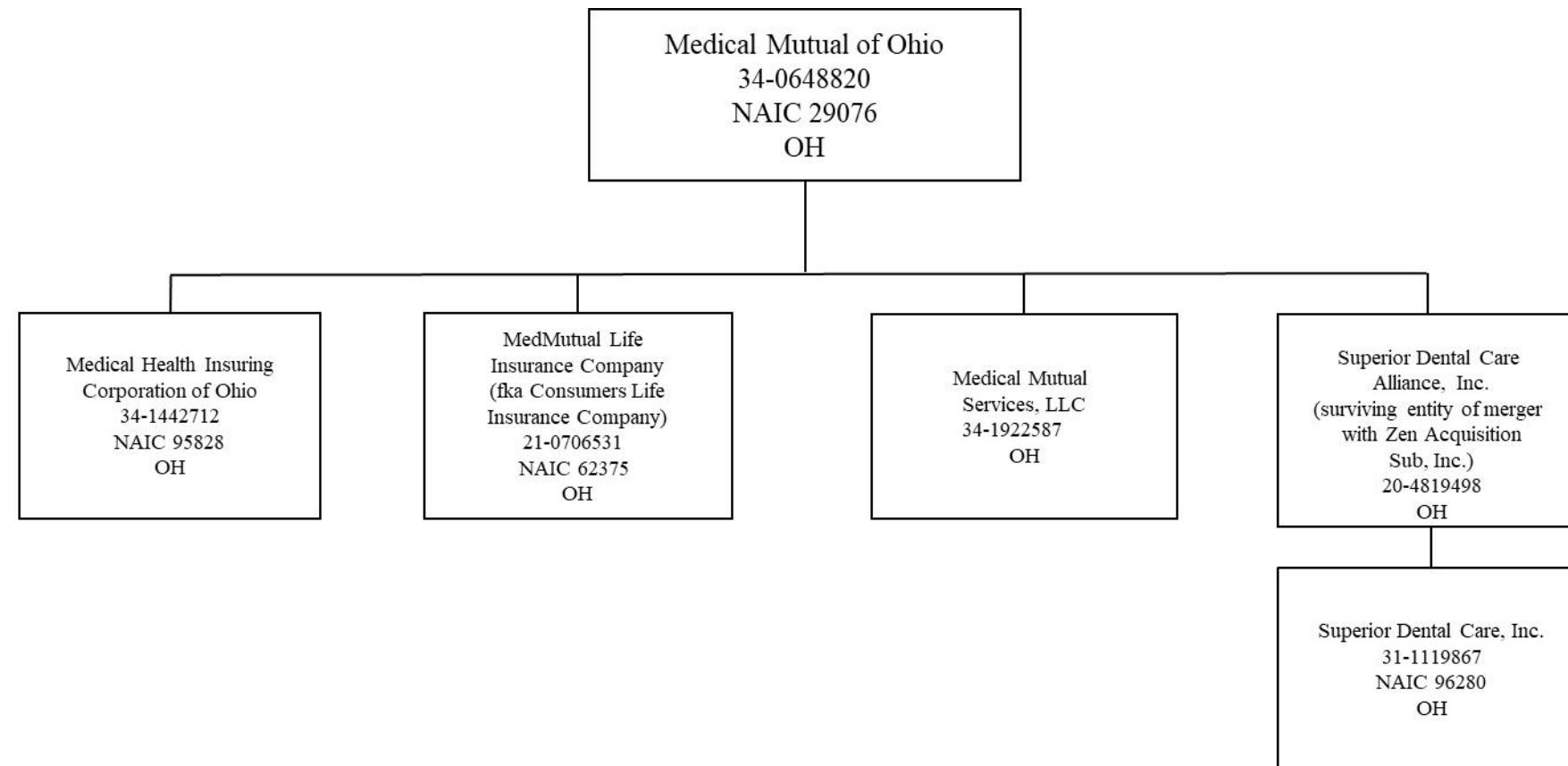
## DETAILS OF WRITE-INS

58001.....	XXX..						0
58002.....	XXX..						0
58003.....	XXX..						0
58998. Summary of remaining write-ins for line 58 from overflow page.....	XXX..	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX..	0	0	0	0	0	0
9401.....	XXX..						0
9402.....	XXX..						0
9403.....	XXX..						0
9498. Summary of remaining write-ins for line 94 from overflow page.....	XXX..	0	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX..	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 35  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0R - Registered - Non-domiciled RRGs..... 0  
Q - Qualified - Qualified or accredited reinsurer..... 0  
N - None of the above - Not allowed to write business in the state..... 22

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
PART 1 – ORGANIZATIONAL CHART



**Q12**

As of 3/31/2019

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required?	16 * .....
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK										
<b>Members</b>															
0730	Medical Mutual of Ohio.....	29076...	34-0648820..	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	RE.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....
0730	Medical Mutual of Ohio.....	95828...	34-1442712..	.....	.....	.....	Medical Health Insuring Corporation of Ohio....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....
0730	Medical Mutual of Ohio.....	62375...	21-0706531..	.....	.....	.....	MedMutual Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587..	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....
.....	Medical Mutual of Ohio.....	.....	20-4819498..	.....	.....	.....	Superior Dental Care Alliance, Inc.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....Y.....	.....
0730	Medical Mutual of Ohio.....	96280...	31-1119867..	.....	.....	.....	Superior Dental Care, Inc.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	....100.000	Medical Mutual of Ohio.....	.....N.....	.....

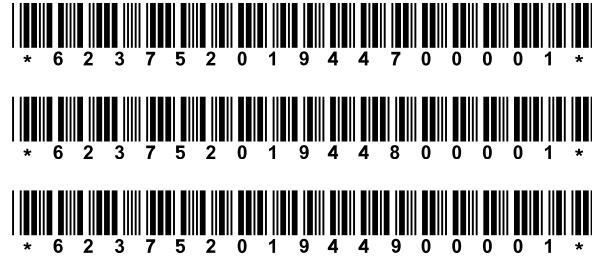
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
8. Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarterly Only). The response for 1st and 3rd quarters should be N/A. A NO response resulting with a barcode is only appropriate in the 2nd quarter.	N/A

**Explanations:**

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.
8. Not Applicable for 1st and 3rd Quarters

**Bar Code:**

**NONE**

Statement as of March 31, 2019 of the **MedMutual Life Insurance Company**  
**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	
2.2 Additional investment made after acquisition.....	.....	
3. Current year change in encumbrances.....	.....	
4. Total gain (loss) on disposals.....	.....	
5. Deduct amounts received on disposals.....	.....	
6. Total foreign exchange change in book/adjusted carrying value.....	.....	
7. Deduct current year's other-than-temporary impairment recognized.....	.....	
8. Deduct current year's depreciation.....	.....	
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.....0	.....0
10. Deduct total nonadmitted amounts.....	.....	
11. Statement value at end of current period (Line 9 minus Line 10).....	.....0	.....0

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.....0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	
2.2 Additional investment made after acquisition.....	.....	
3. Capitalized deferred interest and other.....	.....	
4. Accrual of discount.....	.....	
5. Unrealized valuation increase (decrease).....	.....	
6. Total gain (loss) on disposals.....	.....	
7. Deduct amounts received on disposals.....	.....	
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	.....	
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	.....	
10. Deduct current year's other-than-temporary impairment recognized.....	.....	
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....0	.....0
12. Total valuation allowance.....	.....	
13. Subtotal (Line 11 plus Line 12).....	.....0	.....0
14. Deduct total nonadmitted amounts.....	.....	
15. Statement value at end of current period (Line 13 minus Line 14).....	.....0	.....0

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.....	
2.2 Additional investment made after acquisition.....	.....	
3. Capitalized deferred interest and other.....	.....	
4. Accrual of discount.....	.....	
5. Unrealized valuation increase (decrease).....	.....	
6. Total gain (loss) on disposals.....	.....	
7. Deduct amounts received on disposals.....	.....	
8. Deduct amortization of premium and depreciation.....	.....	
9. Total foreign exchange change in book/adjusted carrying value.....	.....	
10. Deduct current year's other-than-temporary impairment recognized.....	.....	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.....0	.....0
12. Deduct total nonadmitted amounts.....	.....	
13. Statement value at end of current period (Line 11 minus Line 12).....	.....0	.....0

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	.....27,844,448	.....22,993,635
2. Cost of bonds and stocks acquired.....	.....1,992,048	.....7,415,348
3. Accrual of discount.....	.....5,291	.....19,782
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration for bonds and stocks disposed of.....	.....1,000,000	.....2,500,000
7. Deduct amortization of premium.....	.....19,123	.....84,317
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	.....28,822,664	.....27,844,448
12. Deduct total nonadmitted amounts.....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12).....	.....28,822,664	.....27,844,448

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	27,844,448	1,992,048	1,000,000	(13,832)	28,822,664			27,844,448
2. NAIC 2 (a).....					0			
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	27,844,448	1,992,048	1,000,000	(13,832)	28,822,664	0	0	27,844,448
<b>PREFERRED STOCK</b>								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	27,844,448	1,992,048	1,000,000	(13,832)	28,822,664	0	0	27,844,448

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**Sch. DA - Pt. 1**  
**NONE**

**Sch. DA - Verification**  
**NONE**

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

**Sch. DB - Pt. C - Sn. 1**  
**NONE**

**Sch. DB - Pt. C - Sn. 2**  
**NONE**

**Sch. DB - Verification**  
**NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

## Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	12,866,978	220,377
2. Cost of cash equivalents acquired.....		12,646,601
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....	(269,038)	
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	12,597,940	12,866,978
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	12,597,940	12,866,978

**Sch. A Pt. 2**  
**NONE**

**Sch. A Pt. 3**  
**NONE**

**Sch. B - Pt. 2**  
**NONE**

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**SCHEDULE D - PART 3**

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/Market Indicator (a)
<b>Bonds - U.S. Government</b>									
912828 6G 0	US TREASURY NOTES.....		02/27/2019.....	NATIONAL FINANCIAL SERVICES		1,992,048	2,000,000		1.....
0599999.	Total - Bonds - U.S. Government.....					1,992,048	2,000,000		0.....XXX.....
8399997.	Total - Bonds - Part 3.....					1,992,048	2,000,000		0.....XXX.....
8399999.	Total - Bonds.....					1,992,048	2,000,000		0.....XXX.....
9999999.	Total - Bonds, Preferred and Common Stocks.....					1,992,048	XXX		0.....XXX.....

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

QE04

**SCHEDULE D - PART 4**

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1 CUSIP Identification	2 Description	3 F o r eig n Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Adminis- trative Symbol/ Market Indicator (a)	
									11 Unrealized Valuation Increase (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than-Temporary Impairment Recognized	14 Total Change in B.A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B.A.C.V.								

**Bonds - U.S. Special Revenue and Special Assessment**

3135G0 ZA 4	FEDERAL NATIONAL MORTGAGE ASSOCIATION	02/19/2019.	MATURITY.....	.....1,000,000	.....1,000,000	.....1,018,400	.....1,000,644	.....(644)	.....(644)	.....(644)	.....1,000,000	.....0	.....0	.....0	.....9,375	02/19/2019.	1.....		
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.			.....1,000,000	.....1,000,000	.....1,018,400	.....1,000,644	.....0	.....(644)	.....0	.....(644)	.....0	.....1,000,000	.....0	.....0	.....0	.....9,375	XXX	XXX
8399997.	Total - Bonds - Part 4.....			.....1,000,000	.....1,000,000	.....1,018,400	.....1,000,644	.....0	.....(644)	.....0	.....(644)	.....0	.....1,000,000	.....0	.....0	.....0	.....9,375	XXX	XXX
8399999.	Total - Bonds.....			.....1,000,000	.....1,000,000	.....1,018,400	.....1,000,644	.....0	.....(644)	.....0	.....(644)	.....0	.....1,000,000	.....0	.....0	.....0	.....9,375	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....			.....1,000,000	XXX	.....1,018,400	.....1,000,644	.....0	.....(644)	.....0	.....(644)	.....0	.....1,000,000	.....0	.....0	.....0	.....9,375	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: .....0.

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

PNC BANK..... CLEVELAND, OHIO.....					.....542,026	.....511,530	.....636,943	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....	XXX	XXX			.....1	.....1	.....1	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	542,027	511,530	636,944	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	542,027	511,530	636,944	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	542,027	511,530	636,944	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds as Identified by the SVO</b>								
261941 10 9	DREYFUS TREASURY SECURITIES CASH MANAGEMENT FUND - INSTITUTIONAL.....		03/31/2019	.2.258		12,113,000	18,118	56,440
60934N 50 1	FEDERATED TREASURY OBLIGATION INSTITUTIONAL SHARES.....		03/31/2019	.2.000		484,940	911	.236
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO.....						12,597,940	19,029	62,676
8899999. Total - Cash Equivalents						12,597,940	19,029	62,676