
AMENDED FILING EXPLANATION

EF26 #9 NINCTAXES #9-Income Taxes: The 2019 ratio on Line 9A. 3a. was changed to 1054% to reconcile to the RBC. The original note was incorrectly entered as 1.054%

26 NOTES Notes to Financial Statements: The 2019 ratio on Line 9A. 3a. was changed to 1054% to reconcile to the RBC. The original note was incorrectly entered as 1.054%

210.4 AHPEEXPT2 A&H Policy Experience Ex. Pt. 2 Group Summary: Line 1 was updated. It originally included the Stop Loss business, and now excludes the Stop Loss business which ties back to line 20 in the 210.3 group detail.



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

Medical Mutual of Ohio

NAIC Group Code.....	730, 730	NAIC Company Code.....	29076	Employer's ID Number.....	34-0648820
(Current Period) (Prior Period)					
Organized under the Laws of OH	State of Domicile or Port of Entry OH	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)				
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)				
Internet Web Site Address	www.MedMutual.com				
Statutory Statement Contact	Kevin Spruch (Name) Kevin.Spruch@medmutual.com (E-Mail Address)				
	216-687-7000 (Area Code) (Telephone Number)				
	216-687-7000 (Area Code) (Telephone Number)				
	216-687-2759 (Area Code) (Telephone Number) (Extension)				
	216-360-4073 (Fax Number)				

OFFICERS

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

OTHER

Kathleen Rose Golovan	EVP	Andrea Marie Hogben	EVP
John Steven Kish	EVP	Teresa Jo Koenig	EVP
Steffany Matticola Larkins	EVP	Raymond Karl Mueller	EVP
David Gerard Quiring	EVP		

DIRECTORS OR TRUSTEES

Charles Arthur Bryan	Richard Alan Chiricosta	Frederick David DiSanto	Terrance Callahan Egger
Michael Kipp Keating	Robert John King Jr.	Dennis John Roche	Greta Jane Russell

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	Patricia Bunn Decensi	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	a. Is this an original filing?	Yes [] No [X]
This _____ day of _____ 2020	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached
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