



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

MedMutual Life Insurance Company

NAIC Group Code07300730NAIC Company Code62375Employer's ID Number21-0706531
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized10/03/1955Commenced Business10/03/1955

Statutory Home Office100 American RoadCleveland, OH, US 44144
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office100 American RoadCleveland, OH, US 44144216-687-7000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address100 American RoadCleveland, OH, US 44144
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records100 American RoadCleveland, OH, US 44144216-687-7000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.medmutuallife.com

Statutory Statement ContactDebra Gibson216-687-2860
(Name)(Area Code) (Telephone Number)
Debra.Gibson@medmutual.com216-360-4073
(E-mail Address)(FAX Number)

OFFICERS

President & CEOAnthony Michael Helton #TreasurerJames Edward McNutt #

Interim SecretaryAndrea Marie Hogben #

OTHER

DIRECTORS OR TRUSTEES

James Charles CelluraAndrea Marie HogbenAnthony Michael Helton

State ofOhioSS

County ofCuyahoga

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.

Anthony Michael Helton
President & CEO

Andrea Marie Hogben
Interim Secretary

James Edward McNutt
Treasurer

Subscribed and sworn to before me this
day of

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.....



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	11,865						0	XXX	XXX	XXX	393	393
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	11,865	0	0	0	0	0	0	XXX	XXX	XXX	393	393
47. Total	11,865 (c)	0	0	0	0	0	0	0	0	0	393	393

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Total Settled During Current Year					Issued During Year		Other Changes to In Force (Net)			
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0				(a)		
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Accident and Health																	
34. Comprehensive individual .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		45	142,375	45		
37. Vision only .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				142,375		
38. Dental only .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	45	142,375		
47. Total		0	0	0	0	0	0	0	0	0	0	0	0	45	142,375		

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	175						0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	175	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	175 (c)	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Total Settled During Current Year					Issued During Year		Other Changes to In Force (Net)			
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial								0	0	0							
2. Whole								0	0	0							
3. Term								0	0	0							
4. Indexed								0	0	0							
5. Universal								0	0	0							
6. Universal with secondary guarantees								0	0	0							
7. Variable								0	0	0							
8. Variable universal								0	0	0							
9. Credit								0	0	0							
10. Other								0	0	0							
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Life																	
12. Whole								0	0	0							
13. Term								0	0	0							
14. Universal								0	0	0							
15. Variable								0	0	0							
16. Variable universal								0	0	0							
17. Credit								0	0	0							
18. Other								0	0	0					(a)		
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Individual Annuities																	
20. Fixed								0	0	0							
21. Indexed								0	0	0							
22. Variable with guarantees								0	0	0							
23. Variable without guarantees								0	0	0							
24. Life contingent payout								0	0	0							
25. Other								0	0	0							
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Annuities																	
27. Fixed								0	0	0							
28. Indexed								0	0	0							
29. Variable with guarantees								0	0	0							
30. Variable without guarantees								0	0	0							
31. Life contingent payout								0	0	0							
32. Other								0	0	0							
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	2,098	1		
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2,098		
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	2,098	1		
47. Total		0	0	0	0	0	0	0	0	0	0	0	1	2,098	1		

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	5,184						0	XXX	XXX	XXX	16	16
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	5,184	0	0	0	0	0	0	XXX	XXX	XXX	16	16
47. Total	5,184 (c)	0	0	0	0	0	0	0	0	0	16	16

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Colorado		DURING THE YEAR							2024		NAIC Company Code		62375	
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)				
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount			
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount										
Individual Life																				
1. Industrial									0	0	0									
2. Whole									0	0	0									
3. Term									0	0	0									
4. Indexed									0	0	0									
5. Universal									0	0	0									
6. Universal with secondary guarantees									0	0	0									
7. Variable									0	0	0									
8. Variable universal									0	0	0									
9. Credit									0	0	0									
10. Other									0	0	0									
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																				
12. Whole									0	0	0									
13. Term									0	0	0									
14. Universal									0	0	0									
15. Variable									0	0	0									
16. Variable universal									0	0	0									
17. Credit									0	0	0									
18. Other									0	0	0						(a)			
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																				
20. Fixed									0	0	0									
21. Indexed									0	0	0									
22. Variable with guarantees									0	0	0									
23. Variable without guarantees									0	0	0									
24. Life contingent payout									0	0	0									
25. Other									0	0	0									
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																				
27. Fixed									0	0	0									
28. Indexed									0	0	0									
29. Variable with guarantees									0	0	0									
30. Variable without guarantees									0	0	0									
31. Life contingent payout									0	0	0									
32. Other									0	0	0									
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																				
34. Comprehensive individual .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare Supplement .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			15	62,211	15	62,211			
37. Vision only .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal Employees Health Benefits Plan .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	15	62,211	15	62,211			
47. Total		0	0	0	0	0	0	0	0	0	0	0	0	15	62,211	15	62,211			

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Delaware		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR							2024		NAIC Company Code		62375		
Line of Business				13		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22		Policy Exhibit		In Force December 31, Current Year (b)			
						Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)									
						Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year				23	24	25	26	27	28
						14	15	16	17	18	19	20	21			Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
				Incurred During Current Year		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount										
Individual Life																					
1. Industrial																					
2. Whole																					
3. Term																					
4. Indexed																					
5. Universal																					
6. Universal with secondary guarantees																					
7. Variable																					
8. Variable universal																					
9. Credit																					
10. Other																					
11. Total Individual Life																					
Group Life																					
12. Whole																					
13. Term																					
14. Universal																					
15. Variable																					
16. Variable universal																					
17. Credit																					
18. Other																					
19. Total Group Life																					
Individual Annuities																					
20. Fixed																					
21. Indexed																					
22. Variable with guarantees																					
23. Variable without guarantees																					
24. Life contingent payout																					
25. Other																					
26. Total Individual Annuities																					
Group Annuities																					
27. Fixed																					
28. Indexed																					
29. Variable with guarantees																					
30. Variable without guarantees																					
31. Life contingent payout																					
32. Other																					
33. Total Group Annuities																					
Accident and Health																					
34. Comprehensive individual (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare Supplement (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
37. Vision only (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal Employees Health Benefits Plan (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total Accident and Health				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
47. Total																					

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term	1,892						0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,892	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	9,884						0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	9,884	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,844						0	XXX	XXX	XXX	365	365
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)	5,086						0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	8,930	0	0	0	0	0	0	XXX	XXX	XXX	365	365
47. Total	20,706 (c)	0	0	0	0	0	0	0	0	0	365	365

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Georgia		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0	0		(1)	(20,000)	4	
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	(1)	(20,000)	4	160,000	
Group Life																	
12. Whole									0	0	0						
13. Term		1,267							0	0	1,458	0	(5)	(308,493)	9	879,300	
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		1,267	0	0	0	0	0	0	0	1,458	0	0	(5)	(308,493)	9	879,300	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		23	46,132	23	46,132	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0	4	5,086	
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	23	46,132	27	51,218
47. Total		1,267	0	0	0	0	0	0	0	0	1,458	0	0	17	(282,361)	40	1,090,518

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	2,333						0	XXX	XXX	XXX	163	163
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	2,333	0	0	0	0	0	0	XXX	XXX	XXX	163	163
47. Total	2,333 (c)	0	0	0	0	0	0	0	0	0	163	163

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Illinois		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		12	28,000	12	28,000	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	12	28,000	12	28,000
47. Total		0	0	0	0	0	0	0	0	0	0	0	0	12	28,000	12	28,000

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2024

NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term 1,365							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,365	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term 28,717							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	28,717	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d) 18,848							0	XXX	XXX	XXX	1,272	1,272
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (e)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d) 9,844							0	XXX	XXX	XXX	22,968	22,968
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	28,692	0	0	0	0	0	0	XXX	XXX	XXX	24,240	24,240
47. Total	58,774 (c)	0	0	0	0	0	0	0	0	0	24,240	24,240

24.IN

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Total Settled During Current Year					Issued During Year		Other Changes to In Force (Net)			
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0	0	0	0	5	110,000	
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	5	110,000	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	625	0	0	0	11	10,427,750	
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	625	0	0	0	6,552,500	11	10,427,750	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			63	226,174	63	226,174
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(8)	(1,936)	31	8,950
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	55	224,238	94	235,124
47. Total			0	0	0	0	0	0	0	0	625	0	0	55	6,776,738	110	10,772,874

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Iowa		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			94	343,512	94	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					343,512	
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	94	343,512	94	
47. Total			0	0	0	0	0	0	0	0	0	0	0	94	343,512	94	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	16,650						0	XXX	XXX	XXX	4,825	4,825
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	16,650	0	0	0	0	0	0	XXX	XXX	XXX	4,825	4,825
47. Total	16,650 (c)	0	0	0	0	0	0	0	0	0	4,825	4,825

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			67	199,796	67	
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	67	199,796	67	
47. Total		0	0	0	0	0	0	0	0	0	0	0	0	67	199,796	67	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2024							NAIC Company Code 62375						
Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	411						0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	411	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	411 (c)	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2024							NAIC Company Code 62375						
Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial								0	0	0							
2. Whole								0	0	0							
3. Term								0	0	0							
4. Indexed								0	0	0							
5. Universal								0	0	0							
6. Universal with secondary guarantees								0	0	0							
7. Variable								0	0	0							
8. Variable universal								0	0	0							
9. Credit								0	0	0							
10. Other								0	0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole								0	0	0							
13. Term								0	0	0							
14. Universal								0	0	0							
15. Variable								0	0	0							
16. Variable universal								0	0	0							
17. Credit								0	0	0							
18. Other								0	0	0						(a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed								0	0	0							
21. Indexed								0	0	0							
22. Variable with guarantees								0	0	0							
23. Variable without guarantees								0	0	0							
24. Life contingent payout								0	0	0							
25. Other								0	0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed								0	0	0							
28. Indexed								0	0	0							
29. Variable with guarantees								0	0	0							
30. Variable without guarantees								0	0	0							
31. Life contingent payout								0	0	0							
32. Other								0	0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	4,934	1	4,934	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	4,934	1	4,934	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1	4,934	1	4,934	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: _____ 2) covering number of lives: _____ 3) face amount \$ _____.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ _____ Group: \$ _____ Total: \$ _____0.

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____.



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2024							NAIC Company Code 62375						
Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	424,330						0	321,500				321,500
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	424,330	0	0	0	0	0	0	321,500	0	0	0	321,500
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)							0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)	49,471						0	XXX	XXX	XXX	8,071	8,071
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	49,471	0	0	0	0	0	0	XXX	XXX	XXX	8,071	8,071
47. Total	473,801 (c)	0	0	0	0	0	0	321,500	0	0	8,071	329,571

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2024							NAIC Company Code 62375												
Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit											
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)							
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28						
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount						
Individual Life																							
1. Industrial									0	0	0												
2. Whole									0	0	0												
3. Term									0	0	0												
4. Indexed									0	0	0												
5. Universal									0	0	0												
6. Universal with secondary guarantees									0	0	0												
7. Variable									0	0	0												
8. Variable universal									0	0	0												
9. Credit									0	0	0												
10. Other									0	0	0												
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Group Life																							
12. Whole									0	0	0												
13. Term		388,001		321,500					0	321,500	82,665	0	0	(4)	(420,017)	102	99,876,335						
14. Universal									0	0	0												
15. Variable									0	0	0												
16. Variable universal									0	0	0												
17. Credit									0	0	0						(a)						
18. Other									0	0	0												
19. Total Group Life		388,001	0	321,500	0	0	0	0	0	321,500	82,665	0	0	(4)	(420,017)	102	99,876,335						
Individual Annuities																							
20. Fixed									0	0	0												
21. Indexed									0	0	0												
22. Variable with guarantees									0	0	0												
23. Variable without guarantees									0	0	0												
24. Life contingent payout									0	0	0												
25. Other									0	0	0												
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Group Annuities																							
27. Fixed									0	0	0												
28. Indexed									0	0	0												
29. Variable with guarantees									0	0	0												
30. Variable without guarantees									0	0	0												
31. Life contingent payout									0	0	0												
32. Other									0	0	0												
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Accident and Health																							
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(5)	(4,460)	146	45,471						
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(5)	(4,460)	146	45,471						
47. Total		388,001	0	321,500	0	0	0	0	0	321,500	82,665	0	0	(9)	(424,477)	248	99,921,806						

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Minnesota		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)								
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit															(a)		
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24.1.MS

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Mississippi		DURING THE YEAR				2024		NAIC Company Code		62375	
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Missouri		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)								
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2024							NAIC Company Code 62375						
Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	167						0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	167	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	167 (c)	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2024							NAIC Company Code 62375						
Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial								0	0	0							
2. Whole								0	0	0							
3. Term								0	0	0							
4. Indexed								0	0	0							
5. Universal								0	0	0							
6. Universal with secondary guarantees								0	0	0							
7. Variable								0	0	0							
8. Variable universal								0	0	0							
9. Credit								0	0	0							
10. Other								0	0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole								0	0	0							
13. Term								0	0	0							
14. Universal								0	0	0							
15. Variable								0	0	0							
16. Variable universal								0	0	0							
17. Credit								0	0	0							
18. Other								0	0	0						(a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed								0	0	0							
21. Indexed								0	0	0							
22. Variable with guarantees								0	0	0							
23. Variable without guarantees								0	0	0							
24. Life contingent payout								0	0	0							
25. Other								0	0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed								0	0	0							
28. Indexed								0	0	0							
29. Variable with guarantees								0	0	0							
30. Variable without guarantees								0	0	0							
31. Life contingent payout								0	0	0							
32. Other								0	0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1	2,004	1	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						2,004	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	2,004	1	2,004	
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	1	2,004	1	2,004	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2024							NAIC Company Code 62375						
Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	156						0	XXX	XXX	XXX		0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	156	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	156 (c)	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code 0730		BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2024							NAIC Company Code 62375												
Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits																					
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)							
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28						
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount						
Individual Life																							
1. Industrial									0	0	0												
2. Whole									0	0	0												
3. Term									0	0	0												
4. Indexed									0	0	0												
5. Universal									0	0	0												
6. Universal with secondary guarantees									0	0	0												
7. Variable									0	0	0												
8. Variable universal									0	0	0												
9. Credit									0	0	0												
10. Other									0	0	0												
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Group Life																							
12. Whole									0	0	0												
13. Term									0	0	0												
14. Universal									0	0	0												
15. Variable									0	0	0												
16. Variable universal									0	0	0												
17. Credit									0	0	0												
18. Other									0	0	0						(a)						
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Individual Annuities																							
20. Fixed									0	0	0												
21. Indexed									0	0	0												
22. Variable with guarantees									0	0	0												
23. Variable without guarantees									0	0	0												
24. Life contingent payout									0	0	0												
25. Other									0	0	0												
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Group Annuities																							
27. Fixed									0	0	0												
28. Indexed									0	0	0												
29. Variable with guarantees									0	0	0												
30. Variable without guarantees									0	0	0												
31. Life contingent payout									0	0	0												
32. Other									0	0	0												
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Accident and Health																							
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	1,874	1	1,874						
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX												
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1,874	1	1,874						
47. Total		0	0	0	0	0	0	0	0	0	0	0	0	1	1,874	1	1,874						

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	351						0	XXX	XXX	XXX	18	18
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	351	0	0	0	0	0	0	XXX	XXX	XXX	18	18
47. Total	351 (c)	0	0	0	0	0	0	0	0	0	18	18

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		North Carolina		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Total Settled During Current Year					Issued During Year		Other Changes to In Force (Net)			
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	4,211	1	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					4,211	
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	4,211	1	
47. Total			0	0	0	0	0	0	0	0	0	0	0	1	4,211	1	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		North Dakota		DURING THE YEAR							2024		NAIC Company Code		62375		
Line of Business				13 Incurred During Current Year		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
						Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year				23	24	25	26	27	28
						14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount			Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																					
1. Industrial																					
2. Whole																					
3. Term																					
4. Indexed																					
5. Universal																					
6. Universal with secondary guarantees																					
7. Variable																					
8. Variable universal																					
9. Credit																					
10. Other																					
11. Total Individual Life																					
Group Life																					
12. Whole																					
13. Term																					
14. Universal																					
15. Variable																					
16. Variable universal																					
17. Credit																					
18. Other																					
19. Total Group Life																					
Individual Annuities																					
20. Fixed																					
21. Indexed																					
22. Variable with guarantees																					
23. Variable without guarantees																					
24. Life contingent payout																					
25. Other																					
26. Total Individual Annuities																					
Group Annuities																					
27. Fixed																					
28. Indexed																					
29. Variable with guarantees																					
30. Variable without guarantees																					
31. Life contingent payout																					
32. Other																					
33. Total Group Annuities																					
Accident and Health																					
34. Comprehensive individual				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare Supplement				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43. Disability income				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
44. Long-term care				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
45. Other health				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
46. Total Accident and Health					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47. Total																					

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term 244,687							0	191,000				191,000
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	244,687	0	0	0	0	0	0	191,000	0	0	0	191,000
Group Life												
12. Whole							0					0
13. Term 46,360,965							0	28,917,333				28,917,333
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	46,360,965	0	0	0	0	0	0	28,917,333	0	0	0	28,917,333
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	516,478						0	XXX	XXX	XXX	372,346	372,346
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	11,149,583						0	XXX	XXX	XXX	6,257,680	6,257,680
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	579,950						0	XXX	XXX	XXX	72,915	72,915
46. Total Accident and Health	12,246,011	0	0	0	0	0	0	XXX	XXX	XXX	6,702,941	6,702,941
47. Total	58,851,663 (c)	0	0	0	0	0	0	29,108,333	0	0	6,702,941	35,811,273

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Ohio		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term		191,000		191,000					0	191,000	0	28	848,000	(37)	(1,421,000)	265	7,204,520
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		191,000	0	191,000	0	0	0	0	0	191,000	0	28	848,000	(37)	(1,421,000)	265	7,204,520
Group Life																	
12. Whole									0	0	0						
13. Term		31,767,910		28,917,333					0	28,917,333	7,071,802	157	195,950,076	(390)	1,375,853,855	3,458	27,764,247,217
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		31,767,910	0	28,917,333	0	0	0	0	0	28,917,333	7,071,802	157	195,950,076	(390)	1,375,853,855	3,458	27,764,247,217
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(6)	25,340	125	541,669
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			549	3,455,127	37,754	10,833,801
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			39	9,620	2,004	568,128
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	582	3,490,086	39,883	11,943,599
47. Total			31,958,910	0	29,108,333	0	0	0	0	29,108,333	7,071,802	185	196,798,076	155	1,377,922,942	43,606	27,783,395,336

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	6,550						0	XXX	XXX	XXX	2,007	2,007
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	6,550	0	0	0	0	0	0	XXX	XXX	XXX	2,007	2,007
47. Total	6,550 (c)	0	0	0	0	0	0	0	0	0	2,007	2,007

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Oklahoma		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			24	78,603	24	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					78,603	
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	24	78,603	24	
47. Total			0	0	0	0	0	0	0	0	0	0	0	24	78,603	24	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24. OR

24.1 OR

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Oregon		DURING THE YEAR							2024		NAIC Company Code		62375		
Line of Business				13		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22		Policy Exhibit		In Force December 31,			
						Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)				Current Year (b)					
						Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year				23	24	25	26	27	28
						14	15	16	17	18	19	20	21			Unpaid	Number	Number	Number	Number	Number
		Incurred During Current Year		Number of Pols/ Certs		Amount		Number of Pols/ Certs		Amount		December 31, Current Year		of Pols/ Certs		Amount		of Pols/ Certs		Amount	
Individual Life																					
1. Industrial																					
2. Whole																					
3. Term																					
4. Indexed																					
5. Universal																					
6. Universal with secondary guarantees																					
7. Variable																					
8. Variable universal																					
9. Credit																					
10. Other																					
11. Total Individual Life																					
Group Life																					
12. Whole																					
13. Term																					
14. Universal																					
15. Variable																					
16. Variable universal																					
17. Credit																					
18. Other																					
19. Total Group Life																					
Individual Annuities																					
20. Fixed																					
21. Indexed																					
22. Variable with guarantees																					
23. Variable without guarantees																					
24. Life contingent payout																					
25. Other																					
26. Total Individual Annuities																					
Group Annuities																					
27. Fixed																					
28. Indexed																					
29. Variable with guarantees																					
30. Variable without guarantees																					
31. Life contingent payout																					
32. Other																					
33. Total Group Annuities																					
Accident and Health																					
34. Comprehensive individual				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health				(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																					

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24.1.PA

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Pennsylvania		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)								
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term	2,000						0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	2,000	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term	22,835						0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	22,835	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,782						0	XXX	XXX	XXX	148	148
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	1,782	0	0	0	0	0	0	XXX	XXX	XXX	148	148
47. Total	26,617 (c)	0	0	0	0	0	0	0	0	0	148	148

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Total Settled During Current Year					Issued During Year		Other Changes to In Force (Net)			
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial								0	0	0							
2. Whole								0	0	0							
3. Term								0	0	0	0	0	0	5	60,000		
4. Indexed								0	0	0							
5. Universal								0	0	0							
6. Universal with secondary guarantees								0	0	0							
7. Variable								0	0	0							
8. Variable universal								0	0	0							
9. Credit								0	0	0							
10. Other								0	0	0							
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	5	60,000		
Group Life																	
12. Whole								0	0	0							
13. Term		(398)						0	0	0	0	0	(2)	(109,823)	36	2,359,775	
14. Universal								0	0	0							
15. Variable								0	0	0							
16. Variable universal								0	0	0							
17. Credit								0	0	0					(a)		
18. Other								0	0	0							
19. Total Group Life		(398)	0	0	0	0	0	0	0	0	0	0	(2)	(109,823)	36	2,359,775	
Individual Annuities																	
20. Fixed								0	0	0							
21. Indexed								0	0	0							
22. Variable with guarantees								0	0	0							
23. Variable without guarantees								0	0	0							
24. Life contingent payout								0	0	0							
25. Other								0	0	0							
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Annuities																	
27. Fixed								0	0	0							
28. Indexed								0	0	0							
29. Variable with guarantees								0	0	0							
30. Variable without guarantees								0	0	0							
31. Life contingent payout								0	0	0							
32. Other								0	0	0							
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			8	21,389	8	21,389	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	8	21,389	8	21,389	
47. Total		(398)	0	0	0	0	0	0	0	0	0	0	6	(88,434)	49	2,441,165	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d) 230							0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	230	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	230 (c)	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		South Dakota		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	2,759	1	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2,759	
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	2,759	1	
47. Total			0	0	0	0	0	0	0	0	0	0	0	1	2,759	1	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	22,554						0	XXX	XXX	XXX	406	406
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	22,554	0	0	0	0	0	0	XXX	XXX	XXX	406	406
47. Total	22,554 (c)	0	0	0	0	0	0	0	0	0	406	406

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Texas		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		93	270,647	93	270,647	
37. Vision only .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health .....(d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	93	270,647	93	270,647
47. Total		0	0	0	0	0	0	0	0	0	0	0	0	93	270,647	93	270,647

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

24.1.UT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Utah		DURING THE YEAR							2024		NAIC Company Code		62375		
Line of Business				13		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22		Policy Exhibit		In Force December 31, Current Year (b)			
						Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)									
						Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year				23	24	25	26	27	28
						14	15	16	17	18	19	20	21			Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
				Incurred During Current Year		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount										
Individual Life																					
1. Industrial																					
2. Whole																					
3. Term																					
4. Indexed																					
5. Universal																					
6. Universal with secondary guarantees																					
7. Variable																					
8. Variable universal																					
9. Credit																					
10. Other																					
11. Total Individual Life																					
Group Life																					
12. Whole																					
13. Term																					
14. Universal																					
15. Variable																					
16. Variable universal																					
17. Credit																		(a)			
18. Other																					
19. Total Group Life																					
Individual Annuities																					
20. Fixed																					
21. Indexed																					
22. Variable with guarantees																					
23. Variable without guarantees																					
24. Life contingent payout																					
25. Other																					
26. Total Individual Annuities																					
Group Annuities																					
27. Fixed																					
28. Indexed																					
29. Variable with guarantees																					
30. Variable without guarantees																					
31. Life contingent payout																					
32. Other																					
33. Total Group Annuities																					
Accident and Health																					
34. Comprehensive individual (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare Supplement (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
37. Vision only (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal Employees Health Benefits Plan (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total Accident and Health				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
47. Total																					

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR				2024		NAIC Company Code		62375	
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit		In Force December 31, Current Year (b)			
			Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)								
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		West Virginia		DURING THE YEAR		2024		NAIC Company Code		62375				
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit						
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	
Individual Life																		
1. Industrial									0	0	0							
2. Whole									0	0	0							
3. Term									0	0	0							
4. Indexed									0	0	0							
5. Universal									0	0	0							
6. Universal with secondary guarantees									0	0	0							
7. Variable									0	0	0							
8. Variable universal									0	0	0							
9. Credit									0	0	0							
10. Other									0	0	0							
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Life																		
12. Whole									0	0	0							
13. Term									0	0	0	4	0	0	(3,900)	2	22,350	
14. Universal									0	0	0							
15. Variable									0	0	0							
16. Variable universal									0	0	0							
17. Credit									0	0	0							
18. Other									0	0	0					(a)		
19. Total Group Life		0	0	0	0	0	0	0	0	0	4	0	0	0	(3,900)	2	22,350	
Individual Annuities																		
20. Fixed									0	0	0							
21. Indexed									0	0	0							
22. Variable with guarantees									0	0	0							
23. Variable without guarantees									0	0	0							
24. Life contingent payout									0	0	0							
25. Other									0	0	0							
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed									0	0	0							
28. Indexed									0	0	0							
29. Variable with guarantees									0	0	0							
30. Variable without guarantees									0	0	0							
31. Life contingent payout									0	0	0							
32. Other									0	0	0							
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
47. Total			0	0	0	0	0	0	0	0	4	0	0	0	0	(3,900)	2	22,350

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d) (e)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Wisconsin		DURING THE YEAR							2024		NAIC Company Code		62375		
Line of Business				13		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22		Policy Exhibit		In Force December 31, Current Year (b)			
						Claims Settled During Current Year				Issued During Year		Other Changes to In Force (Net)									
						Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year				23	24	25	26	27	28
						14	15	16	17	18	19	20	21			Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
		Incurred During Current Year		Number of Pols/ Certs		Amount		Number of Pols/ Certs		Amount		Unpaid December 31, Current Year		Number of Pols/ Certs		Amount		Number of Pols/ Certs		Amount	
Individual Life																					
1. Industrial																					
2. Whole																					
3. Term																					
4. Indexed																					
5. Universal																					
6. Universal with secondary guarantees																					
7. Variable																					
8. Variable universal																					
9. Credit																					
10. Other																					
11. Total Individual Life																					
Group Life																					
12. Whole																					
13. Term																					
14. Universal																					
15. Variable																					
16. Variable universal																					
17. Credit																					
18. Other																					
19. Total Group Life																					
Individual Annuities																					
20. Fixed																					
21. Indexed																					
22. Variable with guarantees																					
23. Variable without guarantees																					
24. Life contingent payout																					
25. Other																					
26. Total Individual Annuities																					
Group Annuities																					
27. Fixed																					
28. Indexed																					
29. Variable with guarantees																					
30. Variable without guarantees																					
31. Life contingent payout																					
32. Other																					
33. Total Group Annuities																					
Accident and Health																					
34. Comprehensive individual (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare Supplement (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
37. Vision only (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal Employees Health Benefits Plan (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health (d)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total Accident and Health				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
47. Total																					

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole							0					0
3. Term							0					0
4. Indexed							0					0
5. Universal							0					0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed							0					0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0					0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,827						0	XXX	XXX	XXX	129	129
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)							0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H (d)							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	3,827	0	0	0	0	0	0	XXX	XXX	XXX	129	129
47. Total	3,827 (c)	0	0	0	0	0	0	0	0	0	129	129

24.WY

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)^(b)

NAIC Group Code		0730		BUSINESS IN THE STATE OF		Wyoming		DURING THE YEAR		2024		NAIC Company Code		62375			
Line of Business		13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
			Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																	
1. Industrial									0	0	0						
2. Whole									0	0	0						
3. Term									0	0	0						
4. Indexed									0	0	0						
5. Universal									0	0	0						
6. Universal with secondary guarantees									0	0	0						
7. Variable									0	0	0						
8. Variable universal									0	0	0						
9. Credit									0	0	0						
10. Other									0	0	0						
11. Total Individual Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole									0	0	0						
13. Term									0	0	0						
14. Universal									0	0	0						
15. Variable									0	0	0						
16. Variable universal									0	0	0						
17. Credit									0	0	0						
18. Other									0	0	0					(a)	
19. Total Group Life		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed									0	0	0						
21. Indexed									0	0	0						
22. Variable with guarantees									0	0	0						
23. Variable without guarantees									0	0	0						
24. Life contingent payout									0	0	0						
25. Other									0	0	0						
26. Total Individual Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed									0	0	0						
28. Indexed									0	0	0						
29. Variable with guarantees									0	0	0						
30. Variable without guarantees									0	0	0						
31. Life contingent payout									0	0	0						
32. Other									0	0	0						
33. Total Group Annuities		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			6	45,926	6	
37. Vision only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health		(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	6	45,926	6	
47. Total			0	0	0	0	0	0	0	0	0	0	0	6	45,926	6	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company
LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code 0730 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 62375

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	Claims and Benefits Paid			
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other			9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	249,944	0	0	0	0	0	0	191,000	0	0	0	191,000
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	249,944	0	0	0	0	0	0	191,000	0	0	0	191,000
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	46,847,722	0	0	0	0	0	0	29,238,833	0	0	0	29,238,833
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	46,847,722	0	0	0	0	0	0	29,238,833	0	0	0	29,238,833
Individual Annuities												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement	(d) 640,032	0	0	0	0	0	0	XXX	XXX	XXX	385,887	385,887
37. Vision only	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare	(d) 0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income	(d) 11,213,985	0	0	0	0	0	0	XXX	XXX	XXX	6,288,719	6,288,719
44. Long-term care	(d) 0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health	(d) 579,950	0	0	0	0	0	0	XXX	XXX	XXX	72,915	72,915
46. Total Accident and Health	12,433,966	0	0	0	0	0	0	XXX	XXX	XXX	6,747,522	6,747,522
47. Total	59,531,632 (c)	0	0	0	0	0	0	29,429,833	0	0	6,747,522	36,177,354

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		531
2. Current year's realized pre-tax capital gains/(losses) of \$ 0 transferred into the reserve net of taxes of \$0		0
3. Adjustment for current year's liability gains/(losses) released from the reserve		0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)		531
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		278
6. Reserve as of December 31, current year (Line 4 minus Line 5)		253

AMORTIZATION				
Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2024	278	0	0	278
2. 2025	253	0	0	253
3. 2026		0	0	0
4. 2027		0	0	0
5. 2028		0	0	0
6. 2029		0	0	0
7. 2030		0	0	0
8. 2031		0	0	0
9. 2032		0	0	0
10. 2033		0	0	0
11. 2034		0	0	0
12. 2035		0	0	0
13. 2036		0	0	0
14. 2037		0	0	0
15. 2038		0	0	0
16. 2039		0	0	0
17. 2040		0	0	0
18. 2041		0	0	0
19. 2042		0	0	0
20. 2043		0	0	0
21. 2044		0	0	0
22. 2045		0	0	0
23. 2046		0	0	0
24. 2047		0	0	0
25. 2048		0	0	0
26. 2049		0	0	0
27. 2050		0	0	0
28. 2051		0	0	0
29. 2052		0	0	0
30. 2053	0	0	0	0
31. 2054 and Later	0	0	0	0
32. Total (Lines 1 to 31)	531	0	0	531

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	18,378	0	18,378	0	0	0	18,378
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	3,916	0	3,916	0	0	0	3,916
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	22,293	0	22,293	0	0	0	22,293
9. Maximum reserve	22,514	0	22,514	0	0	0	22,514
10. Reserve objective	10,768	0	10,768	0	0	0	10,768
11. 20% of (Line 10 - Line 8)	(2,305)	0	(2,305)	0	0	0	(2,305)
12. Balance before transfers (Lines 8 + 11)	19,988	0	19,988	0	0	0	19,988
13. Transfers	0	0	0	0	0	0	0
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	0	0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	19,988	0	19,988	0	0	0	19,988

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	12,454,288	XXX	XXX	12,454,288	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	0	XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
2.2	1	NAIC Designation Category 1.B	9,788,762	XXX	XXX	9,788,762	0.0004	3,916	0.0011	10,768	0.0023	22,514
2.3	1	NAIC Designation Category 1.C	0	XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
2.4	1	NAIC Designation Category 1.D	0	XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
2.5	1	NAIC Designation Category 1.E	0	XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
2.6	1	NAIC Designation Category 1.F	0	XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
2.7	1	NAIC Designation Category 1.G	0	XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	9,788,762	XXX	XXX	9,788,762	XXX	3,916	XXX	10,768	XXX	22,514
3.1	2	NAIC Designation Category 2.A	0	XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
3.2	2	NAIC Designation Category 2.B	0	XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
3.3	2	NAIC Designation Category 2.C	0	XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
4.1	3	NAIC Designation Category 3.A	0	XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C	0	XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C	0	XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	22,243,050	XXX	XXX	22,243,050	XXX	3,916	XXX	10,768	XXX	22,514
PREFERRED STOCKS												
10.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A	0	XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B	0	XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C	0	XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D	0	XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E	0	XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F	0	XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G	0	XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A	0	XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B	0	XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C	0	XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A	0	XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C	0	XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C	0	XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	22,243,050	XXX	XXX	22,243,050	XXX	3,916	XXX	10,768	XXX	22,514

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other	0	0	XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other	0	0	XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other	0	0	XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages	0	0	XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	0	XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank	0	XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations	0	0	0	0	XXX	0	XXX	0	XXX	0
6.		Fixed Income - Highest Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
7.		Fixed Income - High Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
8.		Fixed Income - Medium Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
9.		Fixed Income - Low Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
10.		Fixed Income - Lower Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
11.		Fixed Income - In/Near Default	0	0	0	0	XXX	0	XXX	0	XXX	0
12.		Unaffiliated Common Stock - Public	0	0	0	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private	0	0	0	0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate	0	0	0	0	0.0000 (b)	0	0.0000 (b)	0	0.0000 (b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only)	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt	0	0	0	0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other	0	XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other	0	0	XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other	0	0	XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants	0	0	XXX	0	0.0000 (c)	0	0.0000 (c)	0	0.0000 (c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - Overdue, Not in Process	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public	0	XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account only)	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties	0	0	0	0	0.0000	0	0.0912	0	0.0912	0
73.		Properties Acquired in Satisfaction of Debt	0	0	0	0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit	0	0	0	0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0	0	0	0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0	0	0	0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0	0	0	0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0	0	0	0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Fixed Income Instruments - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common Stock - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Common Stock - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred Stock - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Preferred Stock - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
87.		Real Estate - Unaffiliated	0	0	0	0	0.0000	0	0.1580	0	0.1580	0
88.		Real Estate - Affiliated	0	0	0	0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage Loans - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Mortgage Loans - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Other - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments	0	XXX	0	0	0.0000	0	0.0042	0	0.0042	0
95.		NAIC 2 Working Capital Finance Investments	0	XXX	0	0	0.0000	0	0.0137	0	0.0137	0
96.		Other Invested Assets - Schedule BA	0	XXX	0	0	0.0000	0	0.1580	0	0.1580	0
97.		Other Short-Term Invested Assets - Schedule DA	0	XXX	0	0	0.0000	0	0.1580	0	0.1580	0
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

[illegible]

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	8,321,172	XXX		XXX		XXX	516,478	XXX		XXX		XXX		XXX
2. Premiums earned	8,321,172	XXX		XXX		XXX	516,478	XXX		XXX		XXX		XXX
3. Incurred claims	4,220,870	50.7	0	0.0	0	0.0	382,346	74.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	5,943	0.1		0.0		0.0	5,943	1.2		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	4,226,813	50.8	0	0.0	0	0.0	388,289	75.2	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	648,209	7.8		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses	1,342,121	16.1		0.0		0.0	40,620	7.9		0.0		0.0		0.0
9. Taxes, licenses and fees	369,731	4.4		0.0		0.0	139,560	27.0		0.0		0.0		0.0
10. Total other expenses incurred	2,360,061	28.4	0	0.0	0	0.0	180,180	34.9	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	(3,000)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .	1,737,298	20.9	0	0.0	0	0.0	(51,991)	(10.1)	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	1,737,298	20.9	0	0.0	0	0.0	(51,991)	(10.1)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101. Other Expense	(3,000)	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	(3,000)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX	7,224,744	XXX		XXX	579,950	XXX
2. Premiums earned		XXX		XXX		XXX	7,224,744	XXX		XXX	579,950	XXX
3. Incurred claims	0	0.0	0	0.0	0	0.0	3,759,609	52.0	0	0.0	78,915	13.6
4. Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	3,759,609	52.0	0	0.0	78,915	13.6
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)		0.0		0.0		0.0	479,672	6.6		0.0	168,537	29.1
8. Other general insurance expenses		0.0		0.0		0.0	1,225,057	17.0		0.0	76,444	13.2
9. Taxes, licenses and fees		0.0		0.0		0.0	218,835	3.0		0.0	11,336	2.0
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	1,923,564	26.6	0	0.0	256,317	44.2
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	(3,000)	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .	0	0.0	0	0.0	0	0.0	1,544,570	21.4	0	0.0	244,718	42.2
13. Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	1,544,570	21.4	0	0.0	244,718	42.2
DETAILS OF WRITE-INS												
1101. Other Expense		0.0		0.0		0.0	(3,000)	0.0		0.0		0.0
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	(3,000)	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	0												
2. Advance premiums	127,978			58,974							60,510		8,495
3. Reserve for rate credits	0												
4. Total premium reserves, current year	127,978	0	0	58,974	0	0	0	0	0	0	60,510	0	8,495
5. Total premium reserves, prior year	98,495	0	0	13,457	0	0	0	0	0	0	74,280	0	10,758
6. Increase in total premium reserves	29,483	0	0	45,517	0	0	0	0	0	0	(13,770)	0	(2,263)
B. Contract Reserves:													
1. Additional reserves (a)	0												
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:													
1. Total current year	860,000	0	0	50,000	0	0	0	0	0	0	770,000	0	40,000
2. Total prior year	1,120,374	0	0	40,000	0	0	0	0	0	0	1,046,374	0	34,000
3. Increase	(260,374)	0	0	10,000	0	0	0	0	0	0	(276,374)	0	6,000

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	32,000			32,000									
1.2 On claims incurred during current year	4,449,243			340,346							4,035,983		72,915
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	0												
2.2 On claims incurred during current year	860,000			50,000							770,000		40,000
3. Test:													
3.1 Lines 1.1 and 2.1	32,000	0	0	32,000	0	0	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	1,120,374	0	0	40,000	0	0	0	0	0	0	1,046,374	0	34,000
3.3 Line 3.1 minus Line 3.2	(1,088,374)	0	0	(8,000)	0	0	0	0	0	0	(1,046,374)	0	(34,000)

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	0												
2. Premiums earned	0												
3. Incurred claims	0												
4. Commissions	0												
B. Reinsurance Ceded:													
1. Premiums written	4,112,795			123,554							3,989,241		
2. Premiums earned	4,112,795			123,554							3,989,241		
3. Incurred claims	3,252,422			156,634							3,095,787		
4. Commissions	0												

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			538,980							6,855,396		78,915	7,473,292
2. Beginning claim reserves and liabilities			40,000							10,568,980		34,000	10,642,980
3. Ending claim reserves and liabilities			193,093							11,135,657		40,000	11,368,750
4. Claims paid	0	0	385,887	0	0	0	0	0	0	6,288,719	0	72,915	6,747,522
B. Assumed Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims			156,634							3,095,787			3,252,422
2. Beginning claim reserves and liabilities										9,522,606			9,522,606
3. Ending claim reserves and liabilities			143,093							10,365,657			10,508,750
4. Claims paid	0	0	13,541	0	0	0	0	0	0	2,252,736	0	0	2,266,278
D. Net:													
1. Incurred claims	0	0	382,346	0	0	0	0	0	0	3,759,609	0	78,915	4,220,870
2. Beginning claim reserves and liabilities	0	0	40,000	0	0	0	0	0	0	1,046,374	0	34,000	1,120,374
3. Ending claim reserves and liabilities	0	0	50,000	0	0	0	0	0	0	770,000	0	40,000	860,000
4. Claims paid	0	0	372,346	0	0	0	0	0	0	4,035,983	0	72,915	4,481,244
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	388,289	0	0	0	0	0	0	3,759,609	0	78,915	4,226,813
2. Beginning reserves and liabilities			40,446							1,046,374		34,000	1,120,820
3. Ending reserves and liabilities			50,370							770,000		40,000	860,370
4. Paid claims and cost containment expenses	0	0	378,366	0	0	0	0	0	0	4,035,983	0	72,915	4,487,263

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
...97071	...13-3126819 ..	01/01/2011 ..	SCOR Global Life USA Reinsurance	KS.....	OTH/G.....	OL.....	4,131,813,844	82,000	84,000	4,576,354				
...97071	...13-3126819 ..	01/01/2014 ..	SCOR Global Life USA Reinsurance	KS.....	OTH/G.....	OL.....		55,029	93,324	1,012,212				
...93572	...43-1235868 ..	04/01/2022 ..	RGA Reinsurance	MO.....	CAT/G.....	XXXL.....				98,021				
...21113	...13-5459190 ..	04/01/2022 ..	United States Fire	DE.....	CAT/G.....	XXXL.....				124,811				
...27855	...36-2781080 ..	04/01/2022 ..	Zurich American	IL.....	CAT/G.....	XXXL.....				100,249				
0899999.	General Account - Authorized U.S. Non-Affiliates						4,131,813,844	137,029	177,324	5,911,647	0	0	0	0
...00000	...AA-1124129 ..	04/01/2022 ..	Endurance Worldwide Insurance Limited	GBR.....	CAT/G.....	XXXL.....				122,469				
0999999.	General Account - Authorized Non-U.S. Non-Affiliates						0	0	0	122,469	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						4,131,813,844	137,029	177,324	6,034,116	0	0	0	0
1199999.	Total General Account Authorized						4,131,813,844	137,029	177,324	6,034,116	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						4,131,813,844	137,029	177,324	6,034,116	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0	0
9199999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						4,131,813,844	137,029	177,324	5,911,647	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
NAIC Company Code	ID Number	Effective Date	Name of Company	Domi- ciliary Juris- diction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	9	10	Premiums	12	13	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
								Current Year	Prior Year		Current Year	Prior Year		
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	122,469	0	0	0	0
9999999 - Totals							4,131,813,844	137,029	177,324	6,034,116	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
.... 68462	..73-0661453 ..	06/10/2024	Reserve National Insurance Company	IL.....	OTH/I.....	MS.....	 123,554	 0	 0	 0	 0	 0	 0
0299999. General Account - Authorized U.S. Affiliates - Other							 123,554	 0	 0	 0	 0	 0	 0
0399999. Total General Account - Authorized U.S. Affiliates							 123,554	 0	 0	 0	 0	 0	 0
0699999. Total General Account - Authorized Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
0799999. Total General Account - Authorized Affiliates							 123,554	 0	 0	 0	 0	 0	 0
.... 68381	..36-0883760 ..	01/01/2008	Reliance Standard Life Insurance Company	PA.....	OTH/G.....	LTDI.....	 3,989,241	 0	 10,365,657	 0	 0	 0	 0
.... 70815	..06-0838648 ..	01/01/2019	Hartford Life and Accident Insurance Company	CT.....	OTH/G.....	LTDI.....	 3,989,241	 0	 10,365,657	 0	 0	 0	 0
0899999. General Account - Authorized U.S. Non-Affiliates							 3,989,241	 0	 10,365,657	 0	 0	 0	 0
1099999. Total General Account - Authorized Non-Affiliates							 3,989,241	 0	 10,365,657	 0	 0	 0	 0
1199999. Total General Account Authorized							 4,112,795	 0	 10,365,657	 0	 0	 0	 0
1499999. Total General Account - Unauthorized U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
1899999. Total General Account - Unauthorized Affiliates							 0	 0	 0	 0	 0	 0	 0
2199999. Total General Account - Unauthorized Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
2299999. Total General Account Unauthorized							 0	 0	 0	 0	 0	 0	 0
2599999. Total General Account - Certified U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
2899999. Total General Account - Certified Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
2999999. Total General Account - Certified Affiliates							 0	 0	 0	 0	 0	 0	 0
3299999. Total General Account - Certified Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
3399999. Total General Account Certified							 0	 0	 0	 0	 0	 0	 0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							 0	 0	 0	 0	 0	 0	 0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
4499999. Total General Account Reciprocal Jurisdiction							 0	 0	 0	 0	 0	 0	 0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							 4,112,795	 0	 10,365,657	 0	 0	 0	 0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
5299999. Total Separate Accounts - Authorized Affiliates							 0	 0	 0	 0	 0	 0	 0
5599999. Total Separate Accounts - Authorized Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
5699999. Total Separate Accounts Authorized							 0	 0	 0	 0	 0	 0	 0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
6399999. Total Separate Accounts - Unauthorized Affiliates							 0	 0	 0	 0	 0	 0	 0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
6799999. Total Separate Accounts Unauthorized							 0	 0	 0	 0	 0	 0	 0
7099999. Total Separate Accounts - Certified U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
7499999. Total Separate Accounts - Certified Affiliates							 0	 0	 0	 0	 0	 0	 0
7799999. Total Separate Accounts - Certified Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
7899999. Total Separate Accounts Certified							 0	 0	 0	 0	 0	 0	 0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							 0	 0	 0	 0	 0	 0	 0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							 0	 0	 0	 0	 0	 0	 0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							 0	 0	 0	 0	 0	 0	 0
8999999. Total Separate Accounts Reciprocal Jurisdiction							 0	 0	 0	 0	 0	 0	 0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							 0	 0	 0	 0	 0	 0	 0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							 4,112,795	 0	 10,365,657	 0	 0	 0	 0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							 0	 0	 0	 0	 0	 0	 0
9999999 - Totals							 4,112,795	 0	 10,365,657	 0	 0	 0	 0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	10,147	9,728	9,469	8,928	6,527
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	6,251	3,558	7,149	6,134	3,412
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	2,008	1,637	1,071	1,505	559
9. Aggregate reserves for life and accident and health contracts	10,503	9,700	10,914	10,050	0
10. Liability for deposit-type contracts					
11. Contract claims unpaid	1,085	566	2,563	1,682	474
12. Amounts recoverable on reinsurance	0	142	64	710	292
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers					0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					0
23. Funds deposited by and withheld from (F)					0
24. Letters of credit (L)					0
25. Trust agreements (T)					0
26. Other (O)					0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	58,880,190		58,880,190
2. Reinsurance (Line 16)	397	(397)	0
3. Premiums and considerations (Line 15)	3,361,991	2,008,196	5,370,188
4. Net credit for ceded reinsurance	XXX	9,524,381	9,524,381
5. All other admitted assets (balance)	5,158,251		5,158,251
6. Total assets excluding Separate Accounts (Line 26)	67,400,830	11,532,180	78,933,010
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	67,400,830	11,532,180	78,933,010
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	2,137,000	10,447,657	12,584,657
10. Liability for deposit-type contracts (Line 3)			0
11. Claim reserves (Line 4)	11,887,617	1,084,522	12,972,140
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	349,686		349,686
14. Other contract liabilities (Line 9)	2,008,449		2,008,449
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	4,325,347		4,325,347
20. Total liabilities excluding Separate Accounts (Line 26)	20,708,100	11,532,180	32,240,279
21. Separate Account liabilities (Line 27)	0		0
22. Total liabilities (Line 28)	20,708,100	11,532,180	32,240,279
23. Capital & surplus (Line 38)	46,692,730	XXX	46,692,730
24. Total liabilities, capital & surplus (Line 39)	67,400,830	11,532,180	78,933,010
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	10,447,657		
26. Claim reserves	1,084,522		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	397		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	11,532,577		
34. Premiums and considerations	2,008,196		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	2,008,196		
41. Total net credit for ceded reinsurance	9,524,381		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1	2	3	4	5
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	6
						Deposit-Type Contracts	Totals
1.	Alabama	AL	0	0	0	0	0
2.	Alaska	AK	0	0	0	0	0
3.	Arizona	AZ	0	0	0	0	0
4.	Arkansas	AR	0	0	0	0	0
5.	California	CA	0	0	0	0	0
6.	Colorado	CO	0	0	0	0	0
7.	Connecticut	CT	0	0	0	0	0
8.	Delaware	DE	0	0	0	0	0
9.	District of Columbia	DC	0	0	0	0	0
10.	Florida	FL	0	0	0	0	0
11.	Georgia	GA	11,776	0	5,086	0	16,862
12.	Hawaii	HI	0	0	0	0	0
13.	Idaho	ID	0	0	0	0	0
14.	Illinois	IL	0	0	0	0	0
15.	Indiana	IN	30,082	0	9,844	0	39,926
16.	Iowa	IA	0	0	0	0	0
17.	Kansas	KS	0	0	0	0	0
18.	Kentucky	KY	0	0	0	0	0
19.	Louisiana	LA	0	0	0	0	0
20.	Maine	ME	0	0	0	0	0
21.	Maryland	MD	0	0	0	0	0
22.	Massachusetts	MA	0	0	0	0	0
23.	Michigan	MI	424,330	0	49,471	0	473,801
24.	Minnesota	MN	0	0	0	0	0
25.	Mississippi	MS	0	0	0	0	0
26.	Missouri	MO	0	0	0	0	0
27.	Montana	MT	0	0	0	0	0
28.	Nebraska	NE	0	0	0	0	0
29.	Nevada	NV	0	0	0	0	0
30.	New Hampshire	NH	0	0	0	0	0
31.	New Jersey	NJ	0	0	0	0	0
32.	New Mexico	NM	0	0	0	0	0
33.	New York	NY	0	0	0	0	0
34.	North Carolina	NC	0	0	0	0	0
35.	North Dakota	ND	0	0	0	0	0
36.	Ohio	OH	46,605,652	0	11,149,583	0	57,755,235
37.	Oklahoma	OK	0	0	0	0	0
38.	Oregon	OR	0	0	0	0	0
39.	Pennsylvania	PA	0	0	0	0	0
40.	Rhode Island	RI	0	0	0	0	0
41.	South Carolina	SC	24,835	0	0	0	24,835
42.	South Dakota	SD	0	0	0	0	0
43.	Tennessee	TN	0	0	0	0	0
44.	Texas	TX	0	0	0	0	0
45.	Utah	UT	0	0	0	0	0
46.	Vermont	VT	0	0	0	0	0
47.	Virginia	VA	0	0	0	0	0
48.	Washington	WA	0	0	0	0	0
49.	West Virginia	WV	991	0	0	0	991
50.	Wisconsin	WI	0	0	0	0	0
51.	Wyoming	WY	0	0	0	0	0
52.	American Samoa	AS	0	0	0	0	0
53.	Guam	GU	0	0	0	0	0
54.	Puerto Rico	PR	0	0	0	0	0
55.	U.S. Virgin Islands	VI	0	0	0	0	0
56.	Northern Mariana Islands	MP	0	0	0	0	0
57.	Canada	CAN	0	0	0	0	0
58.	Aggregate Other Alien	OT	0	0	0	0	0
59.	Total		47,097,666	0	11,213,985	0	58,311,650

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0730 ...	Medical Mutual of Ohio	 29076	34-0648820 ..	.....	.....	.....	Medical Mutal of Ohio	.. OH.....	UDP.....	.....	Board of Directors.....	.. 0.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 95828	34-1442712 ..	.....	.....	.....	Medical Health Insuring Corporation of Ohio	.. OH.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 62375	21-0706531 ..	.....	.....	.....	MedMutual Life Insurance Company	.. OH.....	 RE.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 96280	31-1119867 ..	.....	.....	.....	Superior Dental Care, Inc	.. OH.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 68462	73-0661453 ..	.....	.....	.....	Reserve National Insurance Company	.. IL.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 95189	34-1549926 ..	.....	.....	.....	Paramount Care, Inc.	.. OH.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 95566	38-3200310 ..	.....	.....	.....	Paramount Care of Michigan, Inc.	.. MI.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 11518	01-0580404 ..	.....	.....	.....	Paramount Insurance Company	.. OH.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 16833	36-4956006 ..	.....	.....	.....	Paramount Care of Indiana, Inc	.. IN.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 17474	88-1112110 ..	.....	.....	.....	Paramount Care of Maryland, Inc.	.. MD.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
. 0730 ...	Medical Mutual of Ohio	 17387	88-1739329 ..	.....	.....	.....	Paramount Care of Pennsylvania	.. PA.....	 IA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	34-1922587 ..	.....	.....	.....	Medical Mutual Services, LLC	.. OH.....	 NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	61-1739182 ..	.....	.....	.....	Bravo Wellness, LLC	.. DE.....	 NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	22-2762686 ..	.....	.....	.....	Employee Services LLC	.. NY.....	 NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	06-1475071 ..	.....	.....	.....	EAP, LLC	.. CT.....	 NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	87-2001020 ..	.....	.....	.....	MMO Senior Care Ventures, LLC	.. OH.....	 NIA.....	Medical Mutual of Ohio	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	87-2589381 ..	.....	.....	.....	NEO Total Health and Wellness LLC	.. OH.....	 NIA.....	MMO Senior Care Ventures, LLC	Ownership.....	.. 50.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1281615 ..	.....	.....	.....	Summerset Marketing Company	.. OK.....	 NIA.....	Reserve National Insurance Company	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1288167 ..	.....	.....	.....	Rural American Consumers A National Association	.. OK.....	 NIA.....	Summerset Marketing Company	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	Medical Mutual of Ohio .....	.....	73-1354019 ..	.....	.....	.....	National Association of Self-Employed Business Owners	.. OK.....	 NIA.....	Summerset Marketing Company	Ownership.....	.. 100.000	Medical Mutual of Ohio	 NO.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.. 0.000 ....	.....	.....	.....

Asterisk	Explanation

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....29076	34-0648820	Medical Mutual of Ohio	7,118,000	(295,263,031) .....	.....	.....	.....403,224,610	(119,498,735) .....	.....	.....	.....(4,419,156)	8,380,433
.....95828	34-1442712	Medical Health Insuring Corporation of Ohio .....	.....	.....44,284,789 .....	.....	.....	.....(90,830,839)	119,498,735 .....	.....	.....	.....72,952,685	(8,380,433)
.....62375	21-0706531	MedMutual Life Insurance Company .....	.....	.....	.....	.....	.....(902,569) .....	.....	.....	.....	.....(902,569) .....	.....
.....96280	31-1119867	Superior Dental Care, Inc .....	.....	.....	.....	.....	.....(2,194,898) .....	.....	.....	.....	.....(2,194,898) .....	.....
.....68462	73-0661453	Reserve National Insurance Company .....	.....	.....	.....	.....	.....(7,932,112) .....	.....	.....	.....	.....(7,932,112) .....	.....
.....95189	34-1549926	Paramount Care, Inc. ....	.....	.....28,758,058 .....	.....	.....	.....(37,382,563) .....	.....	.....	.....	.....(8,624,505) .....	.....
.....95566	38-3200310	Paramount Care of Michigan, Inc. ....	.....	.....7,574,096 .....	.....	.....	.....3,904,508 .....	.....	.....	.....	.....11,478,604 .....	.....
.....11518	01-0580404	Paramount Insurance Company .....	.....	.....22,546,088 .....	.....	.....	.....27,549,633 .....	.....	.....	.....	.....50,095,721 .....	.....
.....16833	36-4956006	Paramount Care of Indiana, Inc .....	.....	.....	.....	.....	.....18,369 .....	.....	.....	.....	.....18,369 .....	.....
.....17474	88-1112110	Paramount Care of Maryland, Inc. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....17387	88-1739329	Paramount Care of Pennsylvania .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	34-1922587	Medical Mutual Services, LLC .....	.....	.....188,000,000 .....	.....	.....	.....(294,275,471) .....	.....	.....	.....	.....(106,275,471) .....	.....
.....	61-1739182	Bravo Wellness, LLC .....	.....	.....4,100,000 .....	.....	.....	.....(8,420) .....	.....	.....	.....	.....4,091,580 .....	.....
.....	22-2762686	Employee Services LLC	(7,118,000) .....	.....	.....	.....	.....(1,170,248) .....	.....	.....	.....	.....(8,288,248) .....	.....
.....	06-1475071	EAP, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	87-2001020	IMMO Senior Care Ventures, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	87-2589381	NEO Total Health and Wellness LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	73-1281615	Summerset Marketing Company .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	73-1288167	Rural American Consumers A National Association .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	73-1354019	National Association of Self-Employed Business Owners .....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0 .....	.....
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management’s Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..	NO
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. 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 by March 1?	NO
20. 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 by March 1?	NO
21. 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 by March 1?	NO
22. 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 by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.

Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?

NO
27.

Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?

NO
28.

Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)

NO
29.

Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?

YES
30.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

NO
31.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

NO
32.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

NO
33.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO
34.

Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

NO
35.

Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?

YES
36.

Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?

YES

APRIL FILING

37.

Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?

YES
38.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

NO
39.

Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ..

NO
40.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
41.

Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

NO
42.

Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?

YES
43.

Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?

NO
44.

Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

NO
45.

Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?

NO
46.

Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?

NO
47.

Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?

NO

AUGUST FILING

48.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES
- Explanations:

10.

The data for this supplement is not required to be filed.

12.

The data for this supplement is not required to be filed.

13.

The data for this supplement is not required to be filed.

14.

The data for this supplement is not required to be filed.

15.

The data for this supplement is not required to be filed.

16.

The data for this supplement is not required to be filed.

17.

The data for this supplement is not required to be filed.

18.

The data for this supplement is not required to be filed.

19.

The data for this supplement is not required to be filed.

20.

The data for this supplement is not required to be filed.

21.

The data for this supplement is not required to be filed.

22.

The data for this supplement is not required to be filed.

23.

The data for this supplement is not required to be filed.

24.

The data for this supplement is not required to be filed.

25.

The data for this supplement is not required to be filed.

26.

The data for this supplement is not required to be filed.

27.

The data for this supplement is not required to be filed.

28.

The data for this supplement is not required to be filed.

30.

The data for this supplement is not required to be filed.

31.

The data for this supplement is not required to be filed.

32.

The data for this supplement is not required to be filed.

33.

The data for this supplement is not required to be filed.

34.

The data for this supplement is not required to be filed.

38.

The data for this supplement is not required to be filed.

39.

The data for this supplement is not required to be filed.

41.

The data for this supplement is not required to be filed.

43.

The data for this supplement is not required to be filed.

44.

The data for this supplement is not required to be filed.

45.

The data for this supplement is not required to be filed.

46.

The data for this supplement is not required to be filed.

47.

The data for this supplement is not required to be filed.

10.

SIS Stockholder Information Supplement [Document Identifier 420]



12.

Trusted Surplus Statement [Document Identifier 490]



13.

Participating Opinion for Exhibit 5 [Document Identifier 371]



14.

Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



15.

Actuarial Opinion on X-Factors [Document Identifier 442]



16.

Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



17.

Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]



18.

Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



19.

Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 6 2 3 7 5 2 0 2 4 4 4 7 0 0 0 0 0
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 6 2 3 7 5 2 0 2 4 4 4 8 0 0 0 0 0
22.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 6 2 3 7 5 2 0 2 4 4 4 9 0 0 0 0 0
23.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 6 2 3 7 5 2 0 2 4 4 5 0 0 0 0 0 0
24.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 6 2 3 7 5 2 0 2 4 4 5 1 0 0 0 0 0
25.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 6 2 3 7 5 2 0 2 4 4 5 2 0 0 0 0 0
26.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 6 2 3 7 5 2 0 2 4 4 5 3 0 0 0 0 0
27.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 6 2 3 7 5 2 0 2 4 4 5 4 0 0 0 0 0
28.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 6 2 3 7 5 2 0 2 4 4 9 5 0 0 0 0 0
30.	Medicare Part D Coverage Supplement [Document Identifier 365]	 6 2 3 7 5 2 0 2 4 3 6 5 0 0 0 0 0
31.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 6 2 3 7 5 2 0 2 4 2 2 4 0 0 0 0 0
32.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 6 2 3 7 5 2 0 2 4 2 2 5 0 0 0 0 0
33.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 6 2 3 7 5 2 0 2 4 2 2 6 0 0 0 0 0
34.	VM-20 Reserves Supplement [Document Identifier 456]	 6 2 3 7 5 2 0 2 4 4 5 6 0 0 0 0 0
38.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 6 2 3 7 5 2 0 2 4 3 0 6 0 0 0 0 0
39.	Credit Insurance Experience Exhibit [Document Identifier 230]	 6 2 3 7 5 2 0 2 4 2 3 0 0 0 0 0 0
41.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 6 2 3 7 5 2 0 2 4 2 1 6 0 0 0 0 0
43.	Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 6 2 3 7 5 2 0 2 4 3 4 5 0 0 0 0 0
44.	Variable Annuities Supplement [Document Identifier 286]	 6 2 3 7 5 2 0 2 4 2 8 6 0 0 0 0 0
45.	Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 6 2 3 7 5 2 0 2 4 4 5 7 0 0 0 0 0
46.	Life Summary of the PBR Actuarial Report [Document Identifier 458]	 6 2 3 7 5 2 0 2 4 4 5 8 0 0 0 0 0
47.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 6 2 3 7 5 2 0 2 4 4 5 9 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Other Receivables	13,742	13,742	0	0
2505.	Other Assets	19,348	0	19,348	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	33,091	13,742	19,348	0



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Arizona.....
NAIC Group Code 0730..... NAIC Company Code 62375.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44144.....
Person Completing This Exhibit Stephen Spears.....
Title Director of Actuarial Services..... Telephone Number 216-687-6849.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13 Percent of Premiums Earned			16	17 Percent of Premiums Earned	
YES.....	MCS-24-F	F.....	NO.....	0034000	10/01/2024				Medicare Supplement		Amount	0.0		6,462	1,975	30.6	13
YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		8,350	3,055	36.6	13
YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		491		0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	15,302	5,030	32.9	27

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13 Percent of Premiums Earned			16	17 Percent of Premiums Earned	
YES.....	MCS-24-F	F.....	NO.....	0034060	10/01/2024				Medicare Supplement		Amount	0.0		1,441	421	29.2	2
YES.....	MCS-24-G	G.....	NO.....	0034060	10/01/2024				Medicare Supplement			0.0		2,645	151	5.7	5
YES.....	MCS-24-N	N.....	NO.....	0034060	10/01/2024				Medicare Supplement			0.0		303		0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	4,388	572	13.0	8

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Georgia.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	MCS-24-F	F.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....482 .....	.....	.....0.0	2
.....YES.....	MCS-24-G	G.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....327 .....	.....	.....0.0	1
.....YES.....	MCS-24-N	N.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....1,160	4,020	346.6	2
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,969	4,020	204.2	5

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".

360 JL



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	MCS-24-G	G.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	0.0	.....	.....772	0	0.0	1
.....YES.....	MCS-24-N	N.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	0.0	.....	.....468	0	0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,241	0	0.0	2

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	MCS-24-F	F.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....3,356	659	19.6	5
.....YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....13,178	12,199	92.6	25
.....YES.....	MCS-24-GHD	G.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....250 .....	.....	.....0.0	1
.....YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....1,263	1,604	127.0	3
0199999. Total Experience on Individual Policies										0	0	0.0	0	18,047	14,462	80.1	34

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 100 American Road Cleveland , OH 44144
2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 100 American Road Cleveland , OH 44144
3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Iowa.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	MCS-24-F	F.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....9,279	7,879	84.9	18
.....YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0	0	11,993	36,203	301.9	27
.....YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....2,324	1,428	61.4	6
0199999. Total Experience on Individual Policies										0	0	0.0	0	23,595	45,510	192.9	51

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".

360.KS



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Kansas.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	MCS-24-F	F.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....3,101	115	3.7	4
.....YES.....	MCS-24-G	G.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....19,098	4,664	24.4	28
.....YES.....	MCS-24-N	N.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....5,771	49,834	863.5	14
0199999. Total Experience on Individual Policies										0	0	0.0	0	27,970	54,613	195.3	46

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".

360.LA



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
NAIC Group Code 0730..... NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	MCS-24-G	G.....	NO.....	0034060	10/01/2024 ..				Medicare Supplement			0.0		511		0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	511	0	0.0	1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Nevada.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024 ..							0.0		428		0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	428	0	0.0	1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.OH



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	STM-NG2006-A	A.....	NO.....	0034000	...12/05/2005 ..	.....	.....	...12/31/2007 ..	Individual Policy-Plan A ..	0	0	0.0	0	0	0	0.0	.....
.....YES.....	STM-NG2006-C	C.....	NO.....	0034000	...12/05/2005 ..	.....	.....	...12/31/2007 ..	Individual Policy-Plan C ..	150,461	150,917	100.3	37	0	0	0.0	.....
.....YES.....	STM-NG2006-F	F.....	NO.....	0034000	...12/05/2005 ..	.....	.....	...12/31/2007 ..	Individual Policy-Plan F ..	366,017	221,429	60.5	88	0	0	0.0	.....
0199999. Total Experience on Individual Policies										516,478	372,346	72.1	125	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 100 American Road Cleveland , OH 44144
2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 100 American Road Cleveland , OH 44144
3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".
.....



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
NAIC Group Code 0730..... NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	MCS-24-A	A.....	NO.....	0034060	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....623	470	75.5	1
.....YES.....	MCS-24-F	F.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....1,964	423	21.5	4
.....YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....3,476	23,464	675.0	7
.....YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....537 .....	.....	.....0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	6,601	24,358	369.0	13

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
										Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		1,878	1,219	64.9	2
YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		1,138	802	70.5	3
0199999. Total Experience on Individual Policies										0	0	0.0	0	3,017	2,021	67.0	5

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0730 NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11 Premiums Earned	13 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	Percent of Premiums Earned			16 Amount	Percent of Premiums Earned	
YES.....	MCS-24-F	F.....	NO.....	0034000	10/01/2024				Medicare Supplement		Amount.....	0.0		1,853	497	26.8	3
YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		11,675	3,478	29.8	22
YES.....	MCS-24-GHD	G.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		157		0.0	1
YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024				Medicare Supplement			0.0		3,785		0.0	9
0199999. Total Experience on Individual Policies										0	0	0.0	0	17,471	3,975	22.8	35

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
NAIC Group Code 0730..... NAIC Company Code 62375
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
Person Completing This Exhibit Stephen Spears
Title Director of Actuarial Services Telephone Number 216-687-6849

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022; 2023; 2024				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	MCS-24-F	F.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....2,391	2,074	86.8	2
.....YES.....	MCS-24-G	G.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....323 .....	.....	.....0.0	1
.....YES.....	MCS-24-N	N.....	NO.....	0034000	10/01/2024 .....	.....	.....	.....	Medicare Supplement .....	.....	.....	.....0.0 .....	.....	.....301 .....	.....	.....0.0	1
0199999. Total Experience on Individual Policies										0	0	0.0	0	3,015	2,074	68.8	4

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 100 American Road Cleveland , OH 44144

2.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 100 American Road Cleveland , OH 44144

3.2 Contact Person and Phone Number: Andrea Hogben 216-687-7186
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

Of The MedMutual Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
NAIC Group Code 0730 NAIC Company Code 62375 Employer's Identification Number (FEIN) 21-0706531

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2020	2 2021	3 2022	4 2023	5 2024(a)
1.	Prior	0	0	0	0	0
2.	2020	2,629	2,629	2,629	2,629	2,629
3.	2021	XXX	5,209	5,209	5,209	5,209
4.	2022	XXX	XXX	5,679	5,683	5,683
5.	2023	XXX	XXX	XXX	4,769	4,772
6.	2024	XXX	XXX	XXX	XXX	4,041

Section B - Other Accident and Health

1.	Prior	58	4	4	4	4
2.	2020	316	393	393	393	393
3.	2021	XXX	364	423	427	427
4.	2022	XXX	XXX	354	407	410
5.	2023	XXX	XXX	XXX	316	367
6.	2024	XXX	XXX	XXX	XXX	394

Section C - Credit Accident and Health

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	X			
5.	2023	XXX	XX	XXX		
6.	2024	XXX	XX	XXX	XXX	

Section D -

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	X			
5.	2023	XXX	XX	XXX		
6.	2024	XXX	XX	XXX	XXX	

Section E -

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	X			
5.	2023	XXX	XX	XXX		
6.	2024	XXX	XX	XXX	XXX	

Section F -

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	X			
5.	2023	XXX	XX	XXX		
6.	2024	XXX	XX	XXX	XXX	

Section G -

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	X			
5.	2023	XXX	XX	XXX		
6.	2024	XXX	XX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Net Amounts Paid for Cost Containment Expenses				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	0	0	0	0	
2.	2020			0	0	
3.	2021	XXX		0	0	
4.	2022	XXX	XXX	0	0	
5.	2023	XXX	XXX	XXX	0	
6.	2024	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	Prior	676	676	676	676	676
2.	2020	8	9	9	9	9
3.	2021	XXX	6	7	7	7
4.	2022	XXX	XXX	6	7	7
5.	2023	XXX	XXX	XXX	4	5
6.	2024	XXX	XXX	XXX	XXX	5

Section C - Credit Accident and Health

1.	Prior					
2.	2020					
3.	2021					
4.	2022					
5.	2023					
6.	2024	XXX	XXX	XXX	XXX	

Section D -

1.	Prior					
2.	2020					
3.	2021					
4.	2022					
5.	2023					
6.	2024	XXX	XXX	XXX	XXX	

Section E -

1.	Prior					
2.	2020					
3.	2021					
4.	2022					
5.	2023					
6.	2024	XXX	XXX	XXX	XXX	

Section F -

1.	Prior					
2.	2020					
3.	2021					
4.	2022					
5.	2023					
6.	2024	XXX	XXX	XXX	XXX	

Section G -

1.	Prior					
2.	2020					
3.	2021					
4.	2022					
5.	2023					
6.	2024	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	2020	3,450	2,629	2,629	.XXX	.XXX
2.	2021	.XXX	7,185	5,210	5,210	.XXX
3.	2022	.XXX	.XXX	7,411	5,684	5,684
4.	2023	.XXX	.XXX	.XXX	5,822	4,772
5.	2024	.XXX	.XXX	.XXX	.XXX	4,815

Section B - Other Accident and Health

1.	2020	368	396	396	.XXX	.XXX
2.	2021	.XXX	409	423	427	.XXX
3.	2022	.XXX	.XXX	403	406	409
4.	2023	.XXX	.XXX	.XXX	384	368
5.	2024	.XXX	.XXX	.XXX	.XXX	480

Section C - Credit Accident and Health

1.	2020				.XXX	.XXX
2.	2021	.XXX				.XXX
3.	2022	.XXX				
4.	2023	.XXX	.XX	.XXX		
5.	2024	.XXX	.XX	.XXX	.XXX	

Section D -

1.	2020				.XXX	.XXX
2.	2021	.XXX				.XXX
3.	2022	.XXX				
4.	2023	.XX	.XX	.XXX		
5.	2024	.XXX	.XX	.XXX	.XXX	

Section E -

1.	2020				.XXX	.XXX
2.	2021	.XXX				.XXX
3.	2022	.XXX				
4.	2023	.XX	.XX	.XXX		
5.	2024	.XXX	.XX	.XXX	.XXX	

Section F -

1.	2020				.XXX	.XXX
2.	2021	.XXX				.XXX
3.	2022	.XXX				
4.	2023	.XX	.XX	.XXX		
5.	2024	.XXX	.XX	.XXX	.XXX	

Section G -

1.	2020				.XXX	.XXX
2.	2021	.XXX				.XXX
3.	2022	.XXX				
4.	2023	.XX	.XX	.XXX		
5.	2024	.XXX	.XX	.XXX	.XXX	

SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. 2020	3,450	2,629	2,629	2,629	2,629
2. 2021	XXX	7,185	5,210	5,210	5,210
3. 2022	XXX	XXX	7,411	5,684	5,684
4. 2023	XXX	XXX	XXX	5,822	4,772
5. 2024	XXX	XXX	XXX	XXX	4,815

Section B - Other Accident and Health

1. 2020	379	408	408	408	408
2. 2021	XXX	418	432	436	436
3. 2022	XXX	XXX	412	416	419
4. 2023	XXX	XXX	XXX	390	374
5. 2024	XXX	XXX	XXX	XXX	488

Section C - Credit Accident and Health

1. 2020					
2. 2021	XXX				
3. 2022	XXX				
4. 2023	XXX				
5. 2024	XXX	XX	XXX	XXX	

Section D -

1. 2020					
2. 2021	XXX				
3. 2022	XXX				
4. 2023	XXX				
5. 2024	XXX	XX	XXX	XXX	

Section E -

1. 2020					
2. 2021	XXX				
3. 2022	XXX				
4. 2023	XXX				
5. 2024	XXX	XX	XXX	XXX	

Section F -

1. 2020					
2. 2021	XXX				
3. 2022	XXX				
4. 2023	XXX				
5. 2024	XXX	XX	XXX	XXX	

Section G -

1. 2020					
2. 2021	XXX				
3. 2022	XXX				
4. 2023	XXX				
5. 2024	XXX	XX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life			
2. Ordinary Life	Other		2
3. Individual Annuity			
4. Supplementary Contracts			
5. Credit Life			
6. Group Life	Other		11,836
7. Group Annuities			
8. Group Accident and Health	Other		770
9. Credit Accident and Health			
10. Other Accident and Health	Other		90
11. Total			12,698



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

HEALTH SUPPLEMENTS

For The Year Ended December 31, 2024
(To Be Filed by March 1)

Of The MedMutual Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44144
NAIC Group Code 0730 NAIC Company Code 62375 Employer's ID Number 21-0706531

SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	8,321,172	.0	.0	.516,478	.0	.0	.0	.0	.0	.0	.7,224,744	.0	.579,950	.0
2.	Change in unearned premium reserves and reserve for rate credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.	Fee-for-service (net of \$ 0 medical expenses)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
4.	Risk revenue	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
5.	Aggregate write-ins for other health care related revenues	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6.	Aggregate write-ins for other non-health care related revenues	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7.	Total revenues (Lines 1 to 6)	8,321,172	.0	.0	.516,478	.0	.0	.0	.0	.0	.0	.7,224,744	.0	.579,950	.0
8.	Hospital/medical benefits	224,854	.0	.0	.224,854	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
9.	Other professional services	4,218,170	.0	.0	.109,272	.0	.0	.0	.0	.0	.0	.4,035,983	.0	.72,915	XXX
10.	Outside referrals	36,671	.0	.0	.36,671	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
11.	Emergency room and out-of-area	17,259	.0	.0	.17,259	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
12.	Prescription drugs	(5,710)	.0	.0	(5,710)	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
13.	Aggregate write-ins for other hospital and medical	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
15.	Subtotal (Lines 8 to 14)	4,491,244	.0	.0	.382,346	.0	.0	.0	.0	.0	.0	.4,035,983	.0	.72,915	XXX
16.	Net reinsurance recoveries	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
17.	Total medical and hospital (Lines 15 minus 16).....	4,491,244	.0	.0	.382,346	.0	.0	.0	.0	.0	.0	.4,035,983	.0	.72,915	XXX
18.	Non-health claims (net)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19.	Claims adjustment expenses including \$5,944 cost containment expenses ...	1,476,887	.0	.0	.20,474	.0	.0	.0	.0	.0	.0	.1,456,413	.0	.0	.0
20.	General administrative expenses	889,117	.0	.0	.165,649	.0	.0	.0	.0	.0	.0	.467,151	.0	.256,317	.0
21.	Increase in reserves for accident and health contracts	(270,374)	.0	.0	.0	.0	.0	.0	.0	.0	.0	(276,374)	.0	.6,000	XXX
22.	Increase in reserves for life contracts	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23.	Total underwriting deductions (Lines 17 to 22)	6,586,874	.0	.0	.568,469	.0	.0	.0	.0	.0	.0	.5,683,173	.0	.335,232	.0
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	1,734,298	.0	.0	(51,991)	.0	.0	.0	.0	.0	.0	1,541,571	.0	.244,718	.0
DETAILS OF WRITE-INS															
0501.	.....														XXX
0502.	.....														XXX
0503.	.....														XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0601.	.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
1301.	.....														XXX
1302.	.....														XXX
1303.	.....														XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX

SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables				5,710	0	(3,576)
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	0	0	0	5,710	0	(3,576)

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Arizona

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Arkansas

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Colorado

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Georgia

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Illinois

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Iowa

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Kansas

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Louisiana

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Michigan

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Nevada

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: New Mexico

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: North Carolina

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	YES
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Oklahoma

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: South Carolina

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: South Dakota

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Texas

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE MedMutual Life Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Wyoming

NAIC Group Code 0730

NAIC Company Code 62375

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO