



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

QUARTERLY STATEMENT

AS OF JUNE 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

MedMutual Life Insurance Company

NAIC Group Code 0730 (Current) 0730 (Prior) NAIC Company Code 62375 Employer's ID Number 21-0706531

Organized under the Laws of _____ (Current) _____ (Former) _____, State of Domicile or Port of Entry _____ OH _____

Country of Domicile _____ United States of America

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

Incorporated/Organized 10/03/1955 Commenced Business 10/03/1955

Statutory Home Office _____, _____
100 American Road _____, Cleveland, OH, US 44144
(Street and Number) _____ (City or Town, State, Country and Zip Code)

Main Administrative Office 100 American Road
(Street and Number)
Cleveland, OH, US 44144, 216-687-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

100 American Road, Cleveland, OH, US 44144
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 American Road
(Street and Number)
Cleveland, OH, US 44144 216-687-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.medmutuallife.com

Statutory Statement Contact Kevin Spruch, 216-687-2799
(Name) (Area Code) (Telephone Number)
Kevin.Spruch@medmutual.com, 216-360-4073
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Steven Craig Glass Treasurer Anthony Michael Helton
Secretary Anthea Rena Daniels

OTHER

DIRECTORS OR TRUSTEES

State of Ohio SS: _____
County of Cuyahoga _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Craig Glass
President & CEO

Anthea Rena Daniels
Secretary

Anthony Michael Helton
Treasurer

Subscribed and sworn to before me this
____ day of _____

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	22,804,727	0	22,804,727	23,414,676
2. Stocks:				
2.1 Preferred stocks	0	0	0	
2.2 Common stocks	0	0	0	
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$ 2,886,309), cash equivalents (\$ 30,504,069) and short-term investments (\$)	33,390,378	0	33,390,378	28,817,824
6. Contract loans (including \$ 0 premium notes)	0	0	0	
7. Derivatives		0	0	
8. Other invested assets			0	
9. Receivables for securities	0	0	0	
10. Securities lending reinvested collateral assets		0	0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	56,195,105	0	56,195,105	52,232,500
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	
14. Investment income due and accrued	161,000	0	161,000	147,715
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,303,449	0	3,303,449	2,286,909
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	0	0	0	
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)	0	0	0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	142,114
16.2 Funds held by or deposited with reinsured companies	0	0	0	
16.3 Other amounts receivable under reinsurance contracts	0	0	0	
17. Amounts receivable relating to uninsured plans	83,031	0	83,031	98,150
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	
21. Furniture and equipment, including health care delivery assets (\$ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	
23. Receivables from parent, subsidiaries and affiliates	3,473,246	0	3,473,246	5,641,835
24. Health care (\$ 0) and other amounts receivable	(2,976)	0	(2,976)	(3,576)
25. Aggregate write-ins for other than invested assets	473,957	428,692	45,264	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	63,686,812	428,692	63,258,120	60,545,647
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	
28. Total (Lines 26 and 27)	63,686,812	428,692	63,258,120	60,545,647
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Assets	214,493	214,493	0	0
2502. Prepaid Ceded Premium	200,498	200,498	0	0
2503. Other Receivables	13,701	13,701	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	45,264	0	45,264	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	473,957	428,692	45,264	0

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$ 1,182,000 less \$ 0 included in Line 6.3 (including \$ 0 Modco Reserve)	1,182,000	1,233,000
2. Aggregate reserve for accident and health contracts (including \$ 0 Modco Reserve)	808,582	1,080,374
3. Liability for deposit-type contracts (including \$ 0 Modco Reserve)	0	0
4. Contract claims:		
4.1 Life	9,437,371	8,525,753
4.2 Accident and health	30,000	40,000
5. Policyholders' dividends/refunds to members \$ 0 and coupons \$ 0 due and unpaid	0	0
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ 0 Modco)	0	0
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ 0 Modco)	0	0
6.3 Coupons and similar benefits (including \$ 0 Modco)	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ 0 discount; including \$ 76,036 accident and health premiums	310,596	377,775
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts	0	0
9.2 Provision for experience rating refunds, including the liability of \$ 0 accident and health experience rating refunds of which \$ 0 is for medical loss ratio rebate per the Public Health Service Act	0	0
9.3 Other amounts payable on reinsurance, including \$ 0 assumed and \$ 1,173,544 ceded	1,173,544	1,636,513
9.4 Interest Maintenance Reserve	392	531
10. Commissions to agents due or accrued-life and annuity contracts \$ 223,258 , accident and health \$ 55,442 and deposit-type contract funds \$ 0	278,700	282,200
11. Commissions and expense allowances payable on reinsurance assumed	0	0
12. General expenses due or accrued	676,343	728,721
13. Transfers to Separate Accounts due or accrued (net) (including \$ 0 accrued for expense allowances recognized in reserves, net of reinsured allowances)	0	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes	519,188	862,536
15.1 Current federal and foreign income taxes, including \$ 0 on realized capital gains (losses)	1,379,331	615,473
15.2 Net deferred tax liability	0	0
16. Unearned investment income	0	0
17. Amounts withheld or retained by reporting entity as agent or trustee	0	0
18. Amounts held for agents' account, including \$ 0 agents' credit balances	0	0
19. Remittances and items not allocated	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0
21. Liability for benefits for employees and agents if not included above	0	0
22. Borrowed money \$ 0 and interest thereon \$ 0	0	0
23. Dividends to stockholders declared and unpaid	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve	21,139	18,378
24.02 Reinsurance in unauthorized and certified (\$ 0) companies	0	0
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ 0) reinsurers	0	0
24.04 Payable to parent, subsidiaries and affiliates	0	0
24.05 Drafts outstanding	0	0
24.06 Liability for amounts held under uninsured plans	18,900	18,900
24.07 Funds held under coinsurance	0	0
24.08 Derivatives	0	0
24.09 Payable for securities	0	0
24.10 Payable for securities lending	0	0
24.11 Capital notes \$ 0 and interest thereon \$ 0	0	0
25. Aggregate write-ins for liabilities	121,257	295,255
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)	15,957,345	15,715,409
27. From Separate Accounts Statement	0	0
28. Total liabilities (Lines 26 and 27)	15,957,345	15,715,409
29. Common capital stock	1,600,000	1,600,000
30. Preferred capital stock	0	0
31. Aggregate write-ins for other than special surplus funds	0	0
32. Surplus notes	0	0
33. Gross paid in and contributed surplus	61,633,368	61,633,368
34. Aggregate write-ins for special surplus funds	0	0
35. Unassigned funds (surplus)	(15,932,593)	(18,403,130)
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 29 \$ 0)	0	0
36.2 0 shares preferred (value included in Line 30 \$ 0)	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ 0 in Separate Accounts Statement)	45,700,775	43,230,238
38. Totals of Lines 29, 30 and 37	47,300,775	44,830,238
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	63,258,120	60,545,647
DETAILS OF WRITE-INS		
2501. Unclaimed Funds and Other Liabilities	121,257	295,255
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	121,257	295,255
3101.	0	0
3102.	0	0
3103.	0	0
3198. Summary of remaining write-ins for Line 31 from overflow page	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	0	0
3401.	0	0
3402.	0	0
3403.	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
SUMMARY OF OPERATIONS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts	24,733,045	22,133,783	44,705,941
2. Considerations for supplementary contracts with life contingencies	0	0	0
3. Net investment income	752,058	602,920	1,300,581
4. Amortization of Interest Maintenance Reserve (IMR)	139	583	1,167
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0	0
6. Commissions and expense allowances on reinsurance ceded	0	0	0
7. Reserve adjustments on reinsurance ceded	0	0	0
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	0	0
8.2 Charges and fees for deposit-type contracts	0	0	0
8.3 Aggregate write-ins for miscellaneous income	0	1,015	16,271
9. Totals (Lines 1 to 8.3)	25,485,242	22,738,301	46,023,959
10. Death benefits	14,511,718	15,581,418	27,930,261
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0	0
12. Annuity benefits	0	0	0
13. Disability benefits and benefits under accident and health contracts	2,129,024	2,588,247	5,146,492
14. Coupons, guaranteed annual pure endowments and similar benefits	0	0	0
15. Surrender benefits and withdrawals for life contracts	0	0	0
16. Group conversions	0	0	0
17. Interest and adjustments on contract or deposit-type contract funds	0	0	0
18. Payments on supplementary contracts with life contingencies	0	0	0
19. Increase in aggregate reserves for life and accident and health contracts	(322,792)	(69,536)	(6,987,302)
20. Totals (Lines 10 to 19)	16,317,950	18,100,128	26,089,451
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only)	1,779,717	1,855,197	3,680,461
22. Commissions and expense allowances on reinsurance assumed	0	0	0
23. General insurance expenses and fraternal expenses	3,221,677	2,412,893	5,494,488
24. Insurance taxes, licenses and fees, excluding federal income taxes	621,131	564,925	1,123,306
25. Increase in loading on deferred and uncollected premiums	0	0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	0	0
27. Aggregate write-ins for deductions	4,757	(366,365)	(477,559)
28. Totals (Lines 20 to 27)	21,945,232	22,566,779	35,910,146
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	3,540,010	171,522	10,113,813
30. Dividends to policyholders and refunds to members	0	0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	3,540,010	171,522	10,113,813
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	763,858	44,714	635,601
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	2,776,152	126,808	9,478,212
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ 0 (excluding taxes of \$ 0 transferred to the IMR)	0	0	0
35. Net income (Line 33 plus Line 34)	2,776,152	126,808	9,478,212
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year	44,830,238	34,986,611	34,986,611
37. Net income (Line 35)	2,776,152	126,808	9,478,212
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
39. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
40. Change in net deferred income tax	0	0	26,600
41. Change in nonadmitted assets	(302,853)	240,071	341,167
42. Change in liability for reinsurance in unauthorized and certified companies	0	0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease	0	0	0
44. Change in asset valuation reserve	(2,761)	19	(2,352)
45. Change in treasury stock	0	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period	0	0	0
47. Other changes in surplus in Separate Accounts Statement	0	0	0
48. Change in surplus notes	0	0	0
49. Cumulative effect of changes in accounting principles	0	0	0
50. Capital changes:			
50.1 Paid in	0	0	0
50.2 Transferred from surplus (Stock Dividend)	0	0	0
50.3 Transferred to surplus	0	0	0
51. Surplus adjustment:			
51.1 Paid in	0	0	0
51.2 Transferred to capital (Stock Dividend)	0	0	0
51.3 Transferred from capital	0	0	0
51.4 Change in surplus as a result of reinsurance	0	0	0
52. Dividends to stockholders	0	0	0
53. Aggregate write-ins for gains and losses in surplus	0	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	2,470,537	366,899	9,843,627
55. Capital and surplus, as of statement date (Lines 36 + 54)	47,300,775	35,353,510	44,830,238
DETAILS OF WRITE-INS			
08.301. Other Income	0	1,015	16,271
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	0	1,015	16,271
2701. Other Expense	4,757	(366,365)	(477,559)
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	4,757	(366,365)	(477,559)
5301.			
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)	0	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	23,186,356	23,277,235	45,647,069
2. Net investment income	758,958	593,831	1,309,548
3. Miscellaneous income	0	1,015	16,271
4. Total (Lines 1 to 3)	23,945,313	23,872,081	46,972,888
5. Benefit and loss related payments	15,597,611	19,738,545	37,026,059
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	6,011,387	4,957,477	9,714,647
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	21,608,997	24,696,022	46,740,706
11. Net cash from operations (Line 4 minus Line 10)	2,336,316	(823,941)	232,182
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,500,000	1,900,000	2,900,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,500,000	1,900,000	2,900,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,910,234	687,527	687,527
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,910,234	687,527	687,527
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	589,766	1,212,473	2,212,473
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	1,646,473	1,830,685	711,924
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	1,646,473	1,830,685	711,924
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	4,572,554	2,219,217	3,156,579
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	28,817,824	25,661,245	25,661,245
19.2 End of period (Line 18 plus Line 19.1)	33,390,378	27,880,462	28,817,824

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

--	--	--	--

EXHIBIT 1**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Individual life	123,232	118,806	242,008
2. Group life	23,403,374	21,197,827	42,178,970
3. Individual annuities			0
4. Group annuities			0
5. Accident & health	6,096,409	5,649,016	12,013,411
6. Fraternal			0
7. Other lines of business			0
8. Subtotal (Lines 1 through 7)	29,623,014	26,965,649	54,434,389
9. Deposit-type contracts		0	0
10. Total (Lines 8 and 9)	29,623,014	26,965,649	54,434,389

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2024</u>		<u>2023</u>
NET INCOME						
(1) State basis (Page 4, Line 35, Columns 1 & 3)	XXX	XXX	XXX	\$	2,776,152	\$ 9,478,212
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:						
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$	2,776,152	\$ 9,478,212
SURPLUS						
(5) State basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$	47,300,775	\$ 44,830,238
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:						
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$	47,300,775	\$ 44,830,238

B. Use of Estimates in the Preparation of the Financial Statements
No significant change.

C. Accounting Policy

- (1) Basis for Short-Term Investments
No significant change.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
No significant change.
- (3) Basis for Common Stocks
No significant change.
- (4) Basis for Preferred Stocks
No Significant change.
- (5) Basis for Mortgage Loans
No significant change.
- (6) Basis for Loan Backed Securities and Adjustment Methodology
No significant change.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
No significant change.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
No significant change.
- (9) Accounting Policies for Derivatives
No significant change.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
No significant change.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment
No significant change.
- (12) Change in the Capitalization Policy and Predefined Thresholds from Prior Period
No significant change.
- (13) Method Used in Estimate of Pharmaceutical Rebate Receivables
No significant change.

No significant change.

NOTE 2 Accounting Changes and Corrections

Not applicable.

NOTE 3 Business Combinations and Disposals

Not applicable.

NOTE 4 Discontinued

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
Not Applicable

B. Debt Restructuring
Not Applicable

NOTES TO FINANCIAL STATEMENTS

- C. Reverse Mortgages
Not Applicable
- D. Loan-Backed Securities

Not applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not Applicable
- J. Real Estate
Not Applicable
- K. Low Income Housing tax Credits (LIHTC)
Not Applicable
- L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						6	7	
	Current Year					Total (1 plus 3)	Total From Prior Year		
	1	2	3	4	5				
Restricted Asset Category	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)		
a. Subject to contractual obligation for which liability is not shown					\$ -		\$ -		
b. Collateral held under security lending agreements					\$ -		\$ -		
c. Subject to repurchase agreements					\$ -		\$ -		
d. Subject to reverse repurchase agreements					\$ -		\$ -		
e. Subject to dollar repurchase agreements					\$ -		\$ -		
f. Subject to dollar reverse repurchase agreements					\$ -		\$ -		
g. Placed under option contracts					\$ -		\$ -		
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					\$ -		\$ -		
i. FHLB capital stock					\$ -		\$ -		
j. On deposit with states	\$ 2,278,947				\$ 2,278,947	\$ 2,297,664	\$ (18,718)		
k. On deposit with other regulatory bodies					\$ -		\$ -		
l. Pledged collateral to FHLB (including assets backing funding agreements)					\$ -		\$ -		
m. Pledged as collateral not captured in other categories					\$ -		\$ -		
n. Other restricted assets					\$ -		\$ -		
o. Total Restricted Assets (Sum of a through n)	\$ 2,278,947	\$ -	\$ -	\$ -	\$ 2,278,947	\$ 2,297,664	\$ (18,718)		

(a) Subset of Column 1

(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
Restricted Asset Category	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ -		0.000%	0.000%
b. Collateral held under security lending agreements	\$ -		0.000%	0.000%
c. Subject to repurchase agreements	\$ -		0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -		0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -		0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -		0.000%	0.000%
g. Placed under option contracts	\$ -		0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -		0.000%	0.000%
i. FHLB capital stock	\$ -		0.000%	0.000%
j. On deposit with states	\$ 2,278,947		3.578%	3.603%
k. On deposit with other regulatory bodies	\$ -		0.000%	0.000%

NOTES TO FINANCIAL STATEMENTS

I. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ 2,278,947	3.578%
		3.578%	3.603%

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not Applicable.

M. Working Capital Finance Investments
Not Applicable

N. Offsetting and Netting of Assets and Liabilities
Not Applicable

O. 5GI Securities
Not Applicable

P. Short Sales
Not Applicable

Q. Prepayment Penalty and Acceleration Fees

	General Account	Separate Account
1. Number of CUSIPs	0	0
2. Aggregate Amount of Investment Income	\$ -	\$ -

R. Reporting Entity's Share of Cash Pool by Asset Type
Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies
Not applicable.

NOTE 7 Investment Income

A. Not Applicable.

B. -

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 161,000
2. Nonadmitted	\$ -
3. Admitted	\$ 161,000

D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
	\$ -

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	Amount
	\$ -

NOTE 8 Derivative Instruments

Not Applicable

NOTE 9 Income Taxes

No significant change.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

NOTE 11 Debt

A. No Significant Change

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

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A-1 Not applicable.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

Not applicable.

NOTE 14 Liabilities, Contingencies and Assessments

Not applicable.

NOTE 15 Leases

Not applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable

B. Transfer and Servicing of Financial Assets

Not Applicable

C. Wash Sales

Not Applicable

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

No significant change.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

NOTE 20 Fair Value Measurements

A. The Company has no assets or liabilities that are reported at fair value as of March 31, 2024

B. Not Applicable.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
BONDS	\$ 21,641,159	\$ 22,804,727		\$ 21,641,159			

D. Not Practicable to Estimate Fair Value

Not Applicable.

E. Not Applicable

NOTE 21 Other Items

No significant change.

NOTE 22 Events Subsequent

No significant change.

NOTE 23 Reinsurance

No significant change.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not applicable.

B. Not applicable.

C. Not applicable.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Not applicable.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Amount

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium

5. Ceded reinsurance premiums payable due to ACA Reinsurance

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

9. ACA Reinsurance contributions – not reported as ceded premium

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors

Liabilities

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

Operations (Revenue & Expense)

NOTES TO FINANCIAL STATEMENTS

3. Effect of ACA Risk Corridors on net premium income (paid/received)
 4. Effect of ACA Risk Corridors on change in reserves for rate credits

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

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

Explanations of Adjustments

A. Not applicable.
 B. Not applicable.
 C. Not applicable.
 D. Not applicable.
 E. Not applicable.
 F. Not applicable.
 G. Not applicable.
 H. Not applicable.
 I. Not applicable.
 J. Not applicable.

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1 Receivable	2 Payable	3 Receivable	4 Payable	5 Receivable	6 Payable	7 Receivable	8 Payable	9 Ref	10 Receivable	Payable
a. 2014					\$ -	\$ -			A	\$ -	\$ -
1. Accrued retrospective premium					\$ -	\$ -			B	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
b. 2015											

NOTES TO FINANCIAL STATEMENTS

1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C \$ -	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds							D \$ -	\$ -	\$ -
c. 2016									
1. Accrued retrospective premium							E \$ -	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds							F \$ -	\$ -	\$ -
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Explanations of Adjustments

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

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4 - 5)
a. 2014				\$ -		\$ -
b. 2015				\$ -		\$ -
c. 2016				\$ -		\$ -
d. Total (a + b + c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid claims and claims adjustment expenses, net of reinsurance and recoveries, as of December 31, 2023 were \$8.6 million. As of June 30, 2024 \$4.4 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves available for prior years are \$3.1 million based on an estimate of unpaid claims and claims adjustment expenses as of June 30, 2024. Therefore, there has been a \$1.1 million favorable development since December 31, 2023. The redundancy that emerged results from lower than expected claims utilization.

NOTE 26 Intercompany Pooling Arrangements

Not applicable.

NOTE 27 Structured Settlements

Not applicable.

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/2024					
03/31/2024					
12/31/2023					
09/30/2023					
06/30/2023					
03/31/2023					
12/31/2022					
09/30/2022					
06/30/2022					
03/31/2022					

B. Risk-Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other

NOTE 29 Participating Policies

No significant change.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTES TO FINANCIAL STATEMENTS

NOTE 31 Reserves for Life Contracts and Annuity Contracts

No significant change.

NOTE 32 Analysis of Annuity Actuarial Reserves and Deposit Type Contract Liabilities by Withdrawal Characteristics

Not applicable.

NOTE 33 Analysis of Life Actuarial Reserves by Withdrawal Characteristics

No significant change.

NOTE 34 Premium & Annuity Considerations Deferred and Uncollected

No significant change.

NOTE 35 Separate Accounts

Not applicable.

NOTE 36 Loss/Claim Adjustment Expenses

No significant change.

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes. _____

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

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/27/2020

6.4 By what department or departments? _____

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

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

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

7.2 If yes, give full information: _____

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....,3,477,308

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
11.2 If yes, give full and complete information relating thereto:

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.3 Total payable for securities lending reported on the liability page.	\$ 0

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
GENERAL INTERROGATORIES

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

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

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

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
JAMES CELLURA	I

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

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

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

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

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

18.2 If no, list exceptions:
.....

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

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

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

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

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

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

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
GENERAL INTERROGATORIES

PART 2 - LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES

Life and Accident Health Companies/Fraternal Benefit Societies:

1	Amount
1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:	
1.1 Long-Term Mortgages In Good Standing	
1.11 Farm Mortgages	\$.....
1.12 Residential Mortgages	\$.....
1.13 Commercial Mortgages	\$.....
1.14 Total Mortgages in Good Standing	\$..... 0
1.2 Long-Term Mortgages In Good Standing with Restructured Terms	
1.21 Total Mortgages in Good Standing with Restructured Terms.....	\$.....
1.3 Long-Term Mortgage Loans Upon which Interest is Overdue more than Three Months	
1.31 Farm Mortgages	\$.....
1.32 Residential Mortgages	\$.....
1.33 Commercial Mortgages	\$.....
1.34 Total Mortgages with Interest Overdue more than Three Months	\$..... 0
1.4 Long-Term Mortgage Loans in Process of Foreclosure	
1.41 Farm Mortgages	\$.....
1.42 Residential Mortgages	\$.....
1.43 Commercial Mortgages	\$.....
1.44 Total Mortgages in Process of Foreclosure	\$..... 0
1.5 Total Mortgage Loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$..... 0
1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter	
1.61 Farm Mortgages	\$.....
1.62 Residential Mortgages	\$.....
1.63 Commercial Mortgages	\$.....
1.64 Total Mortgages Foreclosed and Transferred to Real Estate	\$..... 0
2. Operating Percentages:	
2.1 A&H loss percent	43.950 %
2.2 A&H cost containment percent	0.110 %
2.3 A&H expense percent excluding cost containment expenses	36.100 %
3.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
3.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$
3.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]
3.4 If yes, please provide the balance of the funds administered as of the reporting date	\$
4. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X] No []
4.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No []

Fraternal Benefit Societies Only:

- 5.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurances for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done? Yes [] No [] N/A [X]
- 5.2 If no, explain:
.....
- 6.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No [X]
- 6.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
.....

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

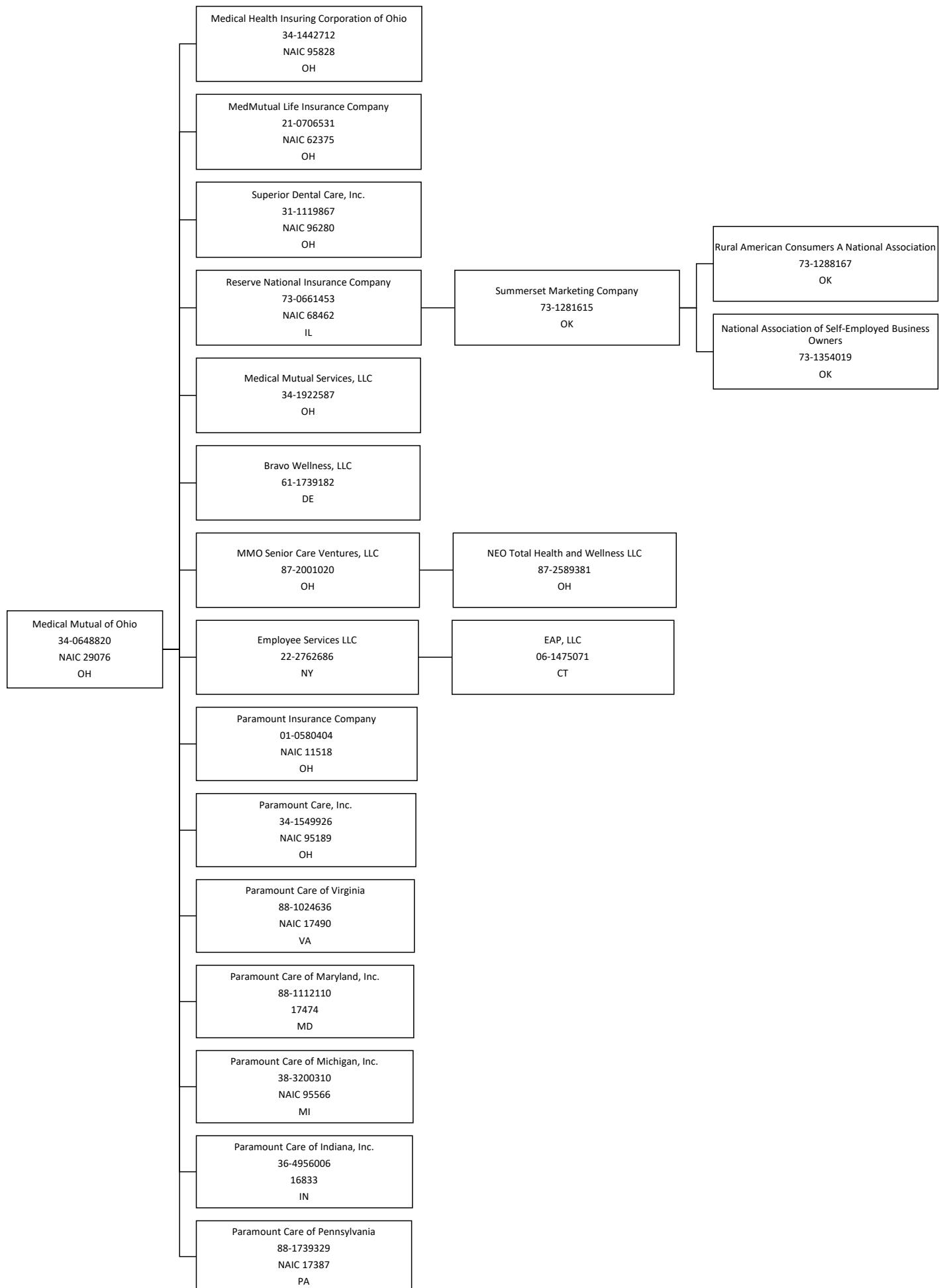
Current Year To Date - Allocated by States and Territories

States, Etc.	Active Status (a)	Life Contracts		Direct Business Only			Total Columns 2 Through 5	Deposit-Type Contracts
		2	3	4	5			
		Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations			
1. Alabama	AL	N.	0	0	0	0	0	0
2. Alaska	AK	N.	0	0	0	0	0	0
3. Arizona	AZ	L.	0	0	0	0	0	0
4. Arkansas	AR	L.	0	0	0	0	0	0
5. California	CA	N.	0	0	0	0	0	0
6. Colorado	CO	L.	0	0	0	0	0	0
7. Connecticut	CT	N.	0	0	0	0	0	0
8. Delaware	DE	L.	0	0	0	0	0	0
9. District of Columbia	DC	L.	0	0	0	0	0	0
10. Florida	FL	N.	0	0	0	0	0	0
11. Georgia	GA	L.	6,314	0	2,543	0	8,857	0
12. Hawaii	HI	N.	0	0	0	0	0	0
13. Idaho	ID	N.	0	0	0	0	0	0
14. Illinois	IL	L.	0	0	0	0	0	0
15. Indiana	IN	L.	8,720	0	5,238	0	13,958	0
16. Iowa	IA	L.	0	0	0	0	0	0
17. Kansas	KS	L.	0	0	0	0	0	0
18. Kentucky	KY	L.	0	0	0	0	0	0
19. Louisiana	LA	L.	0	0	0	0	0	0
20. Maine	ME	N.	0	0	0	0	0	0
21. Maryland	MD	L.	0	0	0	0	0	0
22. Massachusetts	MA	N.	0	0	0	0	0	0
23. Michigan	MI	L.	211,867	0	24,882	0	236,750	0
24. Minnesota	MN	L.	0	0	0	0	0	0
25. Mississippi	MS	L.	0	0	0	0	0	0
26. Missouri	MO	L.	0	0	0	0	0	0
27. Montana	MT	L.	0	0	0	0	0	0
28. Nebraska	NE	L.	0	0	0	0	0	0
29. Nevada	NV	L.	0	0	0	0	0	0
30. New Hampshire	NH	N.	0	0	0	0	0	0
31. New Jersey	NJ	L.	0	0	0	0	0	0
32. New Mexico	NM	L.	0	0	0	0	0	0
33. New York	NY	N.	0	0	0	0	0	0
34. North Carolina	NC	N.	0	0	0	0	0	0
35. North Dakota	ND	L.	0	0	0	0	0	0
36. Ohio	OH	L.	23,286,963	0	6,063,746	0	29,350,709	0
37. Oklahoma	OK	L.	0	0	0	0	0	0
38. Oregon	OR	L.	0	0	0	0	0	0
39. Pennsylvania	PA	L.	0	0	0	0	0	0
40. Rhode Island	RI	N.	0	0	0	0	0	0
41. South Carolina	SC	L.	12,248	0	0	0	12,248	0
42. South Dakota	SD	L.	0	0	0	0	0	0
43. Tennessee	TN	N.	0	0	0	0	0	0
44. Texas	TX	L.	0	0	0	0	0	0
45. Utah	UT	L.	0	0	0	0	0	0
46. Vermont	VT	N.	0	0	0	0	0	0
47. Virginia	VA	L.	0	0	0	0	0	0
48. Washington	WA	N.	0	0	0	0	0	0
49. West Virginia	WV	L.	492	0	0	0	492	0
50. Wisconsin	WI	L.	0	0	0	0	0	0
51. Wyoming	WY	L.	0	0	0	0	0	0
52. American Samoa	AS	N.	0	0	0	0	0	0
53. Guam	GU	N.	0	0	0	0	0	0
54. Puerto Rico	PR	N.	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N.	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N.	0	0	0	0	0	0
57. Canada	CAN	N.	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX.	0	0	0	0	0	0
59. Subtotal		XXX.	23,526,605	0	6,096,409	0	29,623,014	0
90. Reporting entity contributions for employee benefits plans		XXX.	0	0	0	0	0	0
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX.	0	0	0	0	0	0
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX.	0	0	0	0	0	0
93. Premium or annuity considerations waived under disability or other contract provisions		XXX.	0	0	0	0	0	0
94. Aggregate or other amounts not allocable by State		XXX.	0	0	0	0	0	0
95. Totals (Direct Business)		XXX.	23,526,605	0	6,096,409	0	29,623,014	0
96. Plus Reinsurance Assumed		XXX.	0	0	0	0	0	0
97. Totals (All Business)		XXX.	23,526,605	0	6,096,409	0	29,623,014	0
98. Less Reinsurance Ceded		XXX.	3,030,773	0	1,859,196	0	4,889,969	0
99. Totals (All Business) less Reinsurance Ceded		XXX	20,495,832	0	4,237,213	0	24,733,045	0
DETAILS OF WRITE-INS								
58001.		XXX.						
58002.		XXX.						
58003.		XXX.						
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX.	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0
9401.		XXX.						
9402.		XXX.						
9403.		XXX.						
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX.	0	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)		XXX	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	35	4. Q - Qualified - Qualified or accredited reinsurer	0
2. R - Registered - Non-domiciled RRGs	0	5. N - None of the above - Not allowed to write business in the state	22
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	0		

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



STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percent- age	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.0730	Medical Mutual of Ohio	29076	34-0648820	.....	.....	Medical Mutual of Ohio .....	.. OH....	.... UDP.....	.....	Board of Directors.....	.....	.....	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	17490	88-1024636	.....	.....	Paramount Care of Virginia .....	.. VA....	.... 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.....	.....

Asterisk	.....	.....
.....

NONE

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

AUGUST FILING

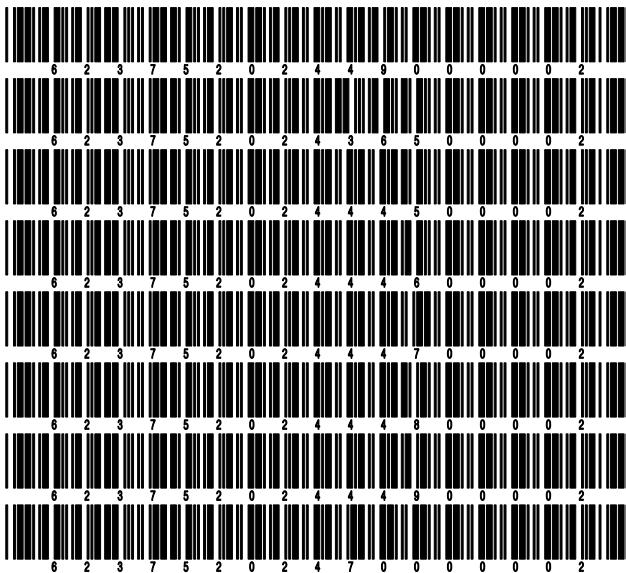
9. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

Explanation:

1. Not required to be filed
2. Not required to be filed
3. Not required to be filed
4. Not required to be filed
5. Not required to be filed
6. Not required to be filed
7. Not required to be filed
8. Not required to be filed

Bar Code:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Medicare Part D Coverage Supplement [Document Identifier 365]
3. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
4. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
5. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
6. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
7. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
8. Life PBR Statement of Exemption (2nd Quarter Only) [Document Identifier 700]



STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Other Assets	45,264	0	45,264	0
2597. Summary of remaining write-ins for Line 25 from overflow page	45,264	0	45,264	0

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	23,414,676	25,683,358
2. Cost of bonds and stocks acquired	3,910,234	687,527
3. Accrual of discount	21,460	26,246
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	4,500,000	2,900,000
7. Deduct amortization of premium	41,644	82,455
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	22,804,727	23,414,676
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	22,804,727	23,414,676

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	25,312,514	0	2,500,000	(7,788)	25,312,514	22,804,727	0	23,414,676
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	25,312,514	0	2,500,000	(7,788)	25,312,514	22,804,727	0	23,414,676
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	25,312,514	0	2,500,000	(7,788)	25,312,514	22,804,727	0	23,414,676

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

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

SI02

Schedule DA - Part 1 - Short-Term Investments
N O N E

Schedule DA - Verification - Short-Term Investments
N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	23,473,686	19,869,344
2. Cost of cash equivalents acquired	7,030,383	9,190,179
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	0
7. Deduct amortization of premium	5,585,836	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	30,504,069	23,473,686
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	30,504,069	23,473,686

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

E05

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
FIFTH THIRD BANK	CINCINNATI, OHIO	5.250	16,572		1,410,242	1,528,585	134,217	XXX.
HUNTINGTON BANK	CLEVELAND, OHIO				500,428	500,015	500,885	XXX.
PNC BANK	PITTSBURGH, PENNSYLVANIA ..	2.900	1,287				2,251,208	XXX.
0199998. Deposits in ...	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX					XXX
0199999. Totals - Open Depositories		XXX	XXX	17,859	0	1,910,669	2,028,600	2,886,309
0299998. Deposits in ...	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX					XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	17,859	0	1,910,669	2,028,600	2,886,309
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX			XXX
.....
.....
.....
.....
.....
0599999. Total - Cash		XXX	XXX	17,859	0	1,910,669	2,028,600	2,886,309

STATEMENT AS OF JUNE 30, 2024 OF THE MedMutual Life Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

E14