



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

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

MedMutual Life Insurance Company

Organized under the Laws of _____, State of Domicile or Port of Entry _____ OH

Country of Domicile _____ United States of America

NAIC Group Code _____ 0730 _____ 0730 _____ NAIC Company Code _____ 62375 _____ Employer's ID Number _____ 21-0706531

(Current) (Prior)

Licensed as business type: _____ Life, Accident and Health [X] 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 _____ 216-687-7000

(Street and Number) (Area Code) (Telephone Number)

Mail Address _____ 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 _____ 216-687-7000

(Street and Number) (Area Code) (Telephone Number)

Internet Website Address _____ www.medmutualife.com _____

Statutory Statement Contact _____ Debra Gibson _____ 216-687-2860

(Name) (Area Code) (Telephone Number)

Debra.Gibson@medmutual.com _____ 216-360-4073

(E-mail Address) (FAX Number)

President & CEO _____ Anthony Michael Helton _____ Treasurer _____ James Edward McNutt

Secretary _____ Patricia Bunn Decensi _____

OTHER _____

DIRECTORS OR TRUSTEES _____

James Charles Cellura _____ Andrea Marie Hogben _____ Anthony Michael Helton _____

James Edward McNutt _____ Thomas Parke Dewey _____ Patricia Bunn Decensi _____

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.

James Edward McNutt
Treasurer

James Edward McNutt
Treasurer

Anthony Michael Helton
President & CEO

Anthony Michael Helton
President & CEO

Patricia Bunn Decensi
Secretary

Patricia Bunn Decensi
Secretary

Subscribed and sworn to before me this _____ day of _____, 2025

4th day of October 2025

Theresa M. Kramer
Notary Public
State of Ohio
My Comm. Expires
September 20, 2029

Theresa M. Kramer
Notary Public
State of Ohio
My Comm. Expires
September 20, 2029

Is this an original filing? Yes [X] No []

If no, 1. State the amendment number 11/15/2025

2. Date filed 11/15/2025

3. Number of pages attached