



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

Medical Benefits Mutual Life Insurance Company

NAIC Group Code 0000, NAIC Company Code 74322 Employer's ID Number 31-4210910
 (Current Period) (Prior Period)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized May 6, 1938 Commenced Business April 4, 1938

Statutory Home Office 1975 Tamarack Road, Newark, Ohio 43055
 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1975 Tamarack Road, Newark, Ohio 43055 740-522-8425
 (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1975 Tamarack Road, Newark, Ohio 43055
 (Street and Number or P. O. Box, City or Town, State and Zip Code)

Primary Location of Books and Records 1975 Tamarack Road, Newark, Ohio 43055
 (Street and Number, City or Town, State and Zip Code)
740-522-8425 740-522-7407
 (Area Code) (Telephone Number) (Area Code) (Telephone Number) (Extension)

Internet Website Address www.medben.com
 Statutory Statement Contact Cristin Saguishi 740-522-7526
csaguisi@medben.com (Fax Number)
 (Name) (E-Mail Address)

OFFICERS

Douglas James Freeman (President)
 Clark Arthur Morrow (Secretary)
 Kurt Jeffrey Harden (Treasurer)

OTHER OFFICERS

Caroline Fischer Rouse Fraker (Vice President & Chief Privacy Officer)
 Lori Kane (Vice President)
 Rose McEntire (Vice President & Chief Security Officer)
 Cara Delcher (Vice President)

DIRECTORS OR TRUSTEES

J. Scott Cantley
 Charles Daniel Delawder
 Nancy Shrider Dix
 Douglas James Freeman
 Kurt Jeffrey Harden
 Richard Merrill Main
 Clark Arthur Morrow

State of Ohio }
 County of Licking } SS

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.

Douglas James Freeman
 President

Clark Arthur Morrow
 Secretary

Kurt Jeffrey Harden
 Treasurer

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 _____

Subscribed and sworn to before me this
 27 day of February, 2012



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2011

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				257,060		257,060
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Line 1 to Line 4)				257,060		257,060
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1. Paid in cash or left on deposit						
6.2. Applied to pay renewal premiums						
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4. Other						
6.5. Totals (Sum of Line 6.1 to Line 6.4)						
Annuities:						
7.1. Paid in cash or left on deposit						
7.2. Applied to provide paid-up annuities						
7.3. Other						
7.4. Totals (Sum of Line 7.1 to Line 7.3)						
8. Grand Totals (Line 6.5 plus Line 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits				143,570		143,570
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals				143,570		143,570
DETAILS OF WRITE-INS						
1301						
1302						
1303						
1398. Summary of remaining write-ins for Line 13 from overflow page						
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year										
21. Issued during year			(a)		100	48,384,520			100	48,384,520
22. Other changes to in force (Net)					6	2,258,240			6	2,258,240
23. In force December 31 of current year					1	(2,818,020)			1	(2,818,020)
			(a)		107	47,824,740			107	47,824,740

(a) Includes Individual Credit Life Insurance prior year \$, current year \$.
 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 \$.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	12,607,245	12,607,245			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	12,607,245	12,607,245			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	12,607,245	12,607,245			

(b) 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



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2011

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				164,674		164,674
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations					XXX	
5. Totals (Sum of Line 1 to Line 4)				164,674		164,674
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1. Paid in cash or left on deposit						
6.2. Applied to pay renewal premiums						
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4. Other						
6.5. Totals (Sum of Line 6.1 to Line 6.4)						
Annuities:						
7.1. Paid in cash or left on deposit						
7.2. Applied to provide paid-up annuities						
7.3. Other						
7.4. Totals (Sum of Line 7.1 to Line 7.3)						
8. Grand Totals (Line 6.5 plus Line 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits				20,008		20,008
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals				20,008		20,008
DETAILS OF WRITE-INS						
1301						
1302						
1303						
1398. Summary of remaining write-ins for Line 13 from overflow page						
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year										
21. Issued during year			(a)		38	25,727,800				
22. Other changes to in force (Net)					12	2,796,070				
23. In force December 31 of current year					(2)	(2,112,420)				
			(a)		48	26,411,450				

(a) Includes Individual Credit Life Insurance prior year \$, current year \$.
 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 \$.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,860,403	5,860,403			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	5,860,403	5,860,403			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	5,860,403	5,860,403			

(b) 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



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2011

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				48,515		48,515
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Line 1 to Line 4)				48,515		48,515
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1. Paid in cash or left on deposit						
6.2. Applied to pay renewal premiums						
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4. Other						
6.5. Totals (Sum of Line 6.1 to Line 6.4)						
Annuities:						
7.1. Paid in cash or left on deposit						
7.2. Applied to provide paid-up annuities						
7.3. Other						
7.4. Totals (Sum of Line 7.1 to Line 7.3)						
8. Grand Totals (Line 6.5 plus Line 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits				15,009		15,009
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals				15,009		15,009
DETAILS OF WRITE-INS						
1301						
1302						
1303						
1398. Summary of remaining write-ins for Line 13 from overflow page						
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$, current year \$,
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 \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,478,384	3,478,384			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	3,478,384	3,478,384			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

(b) 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



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2011

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				470,249		470,249
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations					XXX	
5. Totals (Sum of Line 1 to Line 4)				470,249		470,249
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life Insurance:						
6.1. Paid in cash or left on deposit						
6.2. Applied to pay renewal premiums						
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4. Other						
6.5. Totals (Sum of Line 6.1 to Line 6.4)						
Annuities:						
7.1. Paid in cash or left on deposit						
7.2. Applied to provide paid-up annuities						
7.3. Other						
7.4. Totals (Sum of Line 7.1 to Line 7.3)						
8. Grand Totals (Line 6.5 plus Line 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits				178,587		178,587
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals				178,587		178,587
DETAILS OF WRITE-INS						
1301						
1302						
1303						
1398. Summary of remaining write-ins for Line 13 from overflow page						
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$, current year \$.
 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 \$.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	21,946,032	21,946,032			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	21,946,032	21,946,032			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

(b) 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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

		1 Amount
1. Reserve as of December 31, Prior Year		(403)
2. Current Year's Realized Pre-Tax Capital Gains/ (Losses) of \$	Transferred into the Reserve Net of Taxes \$	1,513
3. Adjustment for Current Year's Liability Gains/ (Losses) released from the reserve		
4. Balance Before Reduction for Amount Transferred to Summary of Operations (Line 1 plus Line 2 plus Line 3)		1,110
5. Current Year's Amortization Released to Summary of Operations (Amortization, Line 1, Column 4)		157
6. Reserve as of December 31, Current Year (Line 4 minus Line 5)		953

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 (Columns 1 plus 2 plus 3)
1. 2011	157			157
2. 2012	(5)	1,540		1,535
3. 2013	(19)	85		66
4. 2014	144	23		167
5. 2015	(22)	94		72
6. 2016	(27)	119		92
7. 2017	(31)			(31)
8. 2018	(38)			(38)
9. 2019	(45)			(45)
10. 2020	(81)			(81)
11. 2021	(88)			(88)
12. 2022	(93)			(93)
13. 2023	(88)			(88)
14. 2024	(71)			(71)
15. 2025	(53)			(53)
16. 2026	(33)	(348)		(381)
17. 2027	(10)			(10)
18. 2028				
19. 2029				
20. 2030				
21. 2031				
22. 2032				
23. 2033				
24. 2034				
25. 2035				
26. 2036				
27. 2037				
28. 2038				
29. 2039				
30. 2040				
31. 2041 and Later				
32. TOTAL (Line 1 to Line 31)	(403)	1,513		1,110

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Column 3 plus Column 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Column 1 plus Column 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Column 4 plus Column 5)	
1. Reserve as of December 31, prior year	20,738		20,738	571,169	152,370	723,539	744,277
2. Realized Capital Gains/ (Losses) Net of Taxes - General Account	1,513		1,513	(8,617)		(8,617)	(7,104)
3. Realized Capital Gains/ (Losses) Net of Taxes - Separate Accounts							
4. Unrealized Capital Gains/ (Losses) Net of Deferred Taxes - General Account				67,905		67,905	67,905
5. Unrealized Capital Gains/ (Losses) Net of Deferred Taxes - Separate Accounts							
6. Capital gains credited/ (losses charged) to contract benefits, payments or reserves							
7. Basic Contribution	3,630		3,630				3,630
8. Accumulated Balances (Line 1 through Line 5, minus Line 6 plus Line 7)	25,881		25,881	630,456	152,370	782,826	808,707
9. Maximum Reserve	27,141		27,141	588,019	145,706	733,725	760,866
10. Reserve Objective	20,798		20,798	588,019	145,706	733,725	754,523
11. 20% of (Line 10 minus Line 8)	(1,017)		(1,017)	(8,487)	(1,333)	(9,820)	(10,837)
12. Balance Before Transfers (Line 8 plus Line 11)	24,864		24,864	621,969	151,037	773,006	797,870
13. Transfers							XXX
14. Voluntary Contribution	(4,066)		(4,066)				(4,066)
15. Adjustment down to Maximum/up to Zero					(39,281)	(39,281)	(39,281)
16. Reserve as of December 31, Current Year (Line 12 plus Line 13 plus Line 14 plus Line 15)	20,798		20,798	621,969	111,756	733,725	754,523

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT 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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 6	LONG-TERM BONDS Exempt Obligations..... Highest Quality..... High Quality..... Medium Quality..... Low Quality..... Lower Quality..... In or Near Default..... Total Unrated Multi-class Securities Acquired by Conversion..... Total Bonds (Sum of Line 1 through Line 8).....	720,393 3,956,252 XXX XXX XXX XXX XXX XXX 4,676,645	XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX	720,393 3,956,252 0.0000 0.0004 0.0119 0.0093 0.0213 0.0432 0.0000 4,676,645	0.0000 0.0023 0.0058 0.0230 0.0530 0.1100 0.2000 XXX 1,583	0.0000 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 XXX 9,099	0.0000 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 XXX 11,869			
10 11 12 13 14 15 16 17 18	1 2 3 4 5 6 6	PREFERRED STOCKS Highest Quality..... High Quality..... Medium Quality..... Low Quality..... Lower Quality..... In or Near Default..... Affiliated Life with AVR..... Total Preferred Stocks (Sum of Line 10 through Line 16).....	500 XXX XXX XXX XXX XXX XXX 500	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX	0.0004 0.0119 0.0093 0.0213 0.0432 0.0000 0.0000 500 0.0000	0.0023 0.0058 0.0230 0.0530 0.1100 0.2000 0.0000 22 0.0000	0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 0.0000 55 0.0000				
19 20 21 22 23 24 25	1 2 3 4 5 6 6	SHORT-TERM BONDS Exempt Obligations..... Highest Quality..... High Quality..... Medium Quality..... Low Quality..... Lower Quality..... In or Near Default..... Total Short-term Bonds (Sum of Line 18 through Line 24).....	2,616,984 5,062,427 XXX XXX XXX XXX XXX 7,679,411	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX	2,616,984 5,062,427 0.0000 0.0004 0.0119 0.0093 0.0213 0.0432 0.0000	0.0000 0.0023 0.0058 0.0230 0.0530 0.1100 0.2000 2,025 0.0000	0.0000 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 11,644 0.0000				

ASSET VALUATION RESERVE (continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT 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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
26 27 28 29 30 31 32	1 2 3 4 5 6	Exchange Traded Highest Quality High Quality Medium Quality Low Quality Lower Quality In or Near Default		XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX		0.0004 0.0004 0.019 0.0093 0.0213 0.0432 0.0000	0.0023 0.0023 0.0058 0.0230 0.0530 0.1100 0.2000			0.0030 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000	
33		Total Derivative Instruments	12,356,556	XXX	XXX		XXX	XXX		XXX		
34		TOTAL (Line 9 plus Line 17 plus Line 25 plus Line 33)										
31		MORTGAGE LOANS					(a) 0.0063 0.0003 0.0013 0.0003 (a) 0.0063 (b) 0.2800	(a) 0.0120 0.0006 0.0030 0.0006 (a) 0.0120 (b) 0.6200	(a) 0.0190 0.0010 0.0040 0.0010 (a) 0.0190 (b) 1.0000			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Columns 4x5)	Factor	Amount (Columns 4x7)	Factor	Amount (Columns 4x9)
1	Affiliated Life with AVR	COMMON STOCK	2,731,217	XXX	XXX	2,731,217	0.0000		(d)	0.1300	355,058	(d) 0.1300
2		Unaffiliated Public		XXX	XXX		0.0000		0.1600		0.1600	
3		Unaffiliated Private		XXX	XXX		0.0000		0.0050		0.0080	
4		Federal Home Loan Bank		XXX	XXX		0.0000		0.0000		0.0000	
5		Affiliated Life with AVR		XXX	XXX		0.0000					
6		Affiliated Investment Subsidiary:										
7		Fixed Income Exempt Obligations										
8		Fixed Income Highest Quality										
9		Fixed Income High Quality										
10		Fixed Income Medium Quality										
11		Fixed Income Low Quality										
12		Fixed Income Lower Quality										
13		Fixed Income In/Near Default										
14		Unaffiliated Common Stock Public					0.0000		(d) 1.3000		(d) 0.1300	
15		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
16		Mortgage Loans					(c)					
17		Real Estate					(e)					
18		Affiliated-Certain Other (See SVO Purposes and Procedures Manual)	1,456,006	XXX	XXX	1,456,006	0.0000		0.1300		0.1300	
		Affiliated-All Other		XXX	XXX		0.0000		0.1600		0.1600	
19	Real Estate	Total Common Stock (Sum of Line 1 through Line 17)	4,187,223			4,187,223	XXX		XXX	588,019	XXX	588,019
20		REAL ESTATE										
21		Home Office Property (General Account only)	1,942,750			1,942,750	0.0000		0.0750		145,706	0.0750
		Investment Properties					0.0000		0.0750		0.0750	
		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
22		Total Real Estate (Sum of Line 19 through Line 21)	1,942,750			1,942,750	XXX		XXX	145,706	XXX	145,706
23	Other Invested Assets	OTHER INVESTED ASSETS										
24		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
25		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
26		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
27		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
28		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
29		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
30		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
		Total with Bond Characteristics (Sum of Line 23 through Line 29)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
31 32 33 34 35 36 37	1 2 3 4 5 6 6	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS Highest Quality..... High Quality..... Medium Quality..... Low Quality..... Lower Quality..... In or Near Default..... Affiliated Life with AVR.....		XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX		0.0004 0.0019 0.0093 0.0213 0.0432 0.0000 0.0000		0.0023 0.0058 0.0230 0.0530 0.1100 0.2000 0.0000		0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 0.0000	
38		Total with Preferred Stock Characteristics (Sum of Line 31 through Line 37)		XXX	XXX		XXX		XXX		XXX	
39 40 41 42 43		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS In Good Standing: Farm Mortgages..... Residential Mortgages - Insured or Guaranteed..... Residential Mortgages - All Other..... Commercial Mortgages - Insured or Guaranteed..... Commercial Mortgages - All Other.....		XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX		(a) 0.0063 0.0003 0.0013 0.0003 (a) 0.0063		(a) 0.0120 0.0006 0.0030 0.0006 (a) 0.0120		(a) 0.0190 0.0010 0.0040 0.0010 (a) 0.0190	
44		In Good Standing With Restructured Terms..... Overdue, Not in Process: Farm Mortgages..... Residential Mortgages - Insured or Guaranteed..... Residential Mortgages - All Other..... Commercial Mortgages - Insured or Guaranteed..... Commercial Mortgages - All Other.....		XXX	XXX		(b) 0.2800		(b) 0.6200		(b) 1.0000	
50 51 52 53 54		In Process of Foreclosure: Farm Mortgages..... Residential Mortgages - Insured or Guaranteed..... Residential Mortgages - All Other..... Commercial Mortgages - Insured or Guaranteed..... Commercial Mortgages - All Other.....		XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX		0.0000 0.0000 0.0000 0.0000 0.0000		0.1700 0.0040 0.0130 0.0040 0.1700		0.1700 0.0040 0.0130 0.0040 0.1700	
55		Total with Mortgage Loan Characteristics (Sum of Line 39 through Line 54)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
56 57 58 59 60		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
		Unaffiliated Public		XXX	XXX		0.0000		(d) 0.1300		(d) 0.1300	
		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
		Affiliated Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
		Affiliated Other - All Other		XXX	XXX		0.0000		0.1600		0.1600	
61		Total with Common Stock Characteristics (Sum of Line 56 through Line 60)		XXX	XXX		XXX		XXX		XXX	
62 63 64		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
		Home Office Property (General Account Only)					0.0000		0.0750		0.0750	
		Investment Properties					0.0000		0.0750		0.0750	
		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Sum of Line 62 through Line 64)					XXX		XXX		XXX	
66 67 68 69		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
		State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC					XXX		XXX		XXX	
71 72 73 74		ALL OTHER INVESTMENTS										
		Other Invested Assets - Schedule BA		XXX			0.0000		0.1300		0.1300	
		Other Short-term Invested Assets - Schedule DA		XXX			0.0000		0.1300		0.1300	
		Total All Other (Sum of Line 71 plus Line 72)		XXX			XXX		XXX		XXX	
		Total Other Invested Assets - Schedules BA and DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)					XXX		XXX		XXX	

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

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

Page 35
AVR, Replicated (Synthetic) Assets
NONE

Page 36
Sch. F, Claims for Death Losses
NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts								
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1. Premiums written	19,168,154	XXX	19,168,154	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX
2. Premiums earned	19,341,306	XXX	19,341,306	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX
3. Incurred claims	16,293,300	84.241	16,293,300	84.241	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Cost containment expenses	813,759	4.207	813,759	4.207	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Incurred claims and cost containment expenses (Line 3 and Line 4)	17,107,059	88.448	17,107,059	88.448	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Increase in contract reserves .....					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. Commissions (a)	1,503,788	7.775	1,503,788	7.775	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. Other general insurance expenses	3,088,963	15.971	3,088,963	15.971	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. Taxes, licenses and fees	512,553	2.650	512,553	2.650	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Total other expenses incurred	5,105,304	26.396	5,105,304	26.396	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Aggregate write-ins for deductions .....					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Gain from underwriting before dividends or refunds	(2,871,057)	(14.844)	(2,871,057)	(14.844)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Dividends or refunds .....					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Gain from underwriting after dividends or refunds	(2,871,057)	(14.844)	(2,871,057)	(14.844)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other

PART 2 - RESERVES AND LIABILITIES

A. Premium Reserves:									
1. Unearned premiums		597,837	597,837						
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year		597,837	597,837						
5. Total premium reserves, prior year		770,989	770,989						
6. Increase in total premium reserves		(173,152)	(173,152)						
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year		3,284,804	3,284,804						
2. Total prior year		3,120,433	3,120,433						
3. Increase		164,371	164,371						

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

1. Claims paid during the year:									
1.1 On claims incurred prior to current year		3,120,433	3,120,433						
1.2 On claims incurred during current year		13,008,496	13,008,496						
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year		2,674	2,674						
2.2 On claims incurred during current year		3,282,130	3,282,130						
3. Test:									
3.1 Line 1.1 plus Line 2.1		3,123,107	3,123,107						
3.2 Claim reserves and liabilities, December 31, prior year		3,120,433	3,120,433						
3.3 Line 3.1 minus Line 3.2		2,674	2,674						

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written		2,621,027	2,621,027						
2. Premiums earned									
3. Incurred claims		2,443,357	2,443,357						
4. Commissions		14,000	14,000						

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims	16,923,434	946,456	866,767	18,736,657
2. Beginning claim reserves and liabilities	2,963,785	159,797	96,851	3,220,433
3. Ending claim reserves and liabilities	3,054,594	131,272	98,938	3,284,804
4. Claims paid	16,832,625	974,981	864,680	18,672,286
B. Assumed Reinsurance:				
5. Incurred claims				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred claims	2,443,357			2,443,357
10. Beginning claim reserves and liabilities	440,542			440,542
11. Ending claim reserves and liabilities	76,343			76,343
12. Claims paid	2,807,556			2,807,556
D. Net:				
13. Incurred claims	14,480,077	946,456	866,767	16,293,300
14. Beginning claim reserves and liabilities	2,523,243	159,797	96,851	2,779,891
15. Ending claim reserves and liabilities	2,978,251	131,272	98,938	3,208,461
16. Claims paid	14,025,070	974,981	864,680	15,864,730
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses	14,917,152	946,456	1,243,451	17,107,059
18. Beginning reserves and liabilities	2,863,785	159,797	96,851	3,120,433
19. Ending reserves and liabilities	3,054,594	131,272	98,938	3,284,804
20. Paid claims and cost containment expenses	14,726,343	974,981	1,241,364	16,942,688

Page 40

Schedule S, Part 1, Section 1

NONE

Page 41

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
------------------------------	------------------------------	------------------------	----------------------	-------------------------------	------------------	--------------------

Life and Annuity, Non-Affiliates, U.S. Non-Affiliates	DE					
0499999 - Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
10227 13-4924125 10/01/2010 MUNICH REINS AMER INC	DE				76,343	
1199999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					76,343	
1399999 - Accident and Health, Total Non-Affiliates					76,343	
1499999 - Total Accident and Health					76,343	
1599999 - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					76,343	
1799999 - Total (Sum of 0799999 and 1499999)					76,343	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual 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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
10227.....13-4924125	01/01/2011		MUNICH REINS AMER INC.	DE	YRT/G	65,237,928			38,219				
0499999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates						65,237,928			38,219				
0699999 - General Account, Total Authorized Non-Affiliates						65,237,928			38,219				
0799999 - Total General Account Authorized						65,237,928			38,219				
1599999 - Total General Account Authorized and Unauthorized						65,237,928			38,219				
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						65,237,928			38,219				
3399999 - TOTAL (Sum of 1599999 and 3099999)						65,237,928			38,219				

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual 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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates												
10227	13-4924125	10/01/2010	MUNICH REINS AMER INC	DE		CO/G	2,777,877					
0499999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							2,777,877					
0699999 - General Account, Total Authorized Non-Affiliates							2,777,877					
0799999 - Total General Account Authorized							2,777,877					
1599999 - Total General Account Authorized and Unauthorized							2,777,877					
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)							2,777,877					
3399999 - TOTAL (Sum of 1599999 and 3099999)							2,777,877					

Page 45

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

Sch. S, Pt. 4, Bank Footnote

NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2011	2	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	2,816	2,367	14,084	26,534	27,732
2. Commissions and reinsurance expense allowances	14		1,505	4,314	4,465
3. Contract claims	2,443	2,412	15,741	23,425	21,267
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves 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					
9. Aggregate reserves for life and accident and health contracts					
10. Liability for deposit-type contracts					
11. Contract claims unpaid		100	1,019	4,889	3,861
12. Amounts recoverable on reinsurance	76	341	565	264	380
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances unpaid					
16. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)					
18. Letters of credit (L)					
19. Trust agreements (T)					
20. Other (O)					

SCHEDULE S - PART 6

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, Column 3)			
1. Cash and invested assets (Line 12)	19,941,140		19,941,140
2. Reinsurance (Line 16)	76,343		76,343
3. Premiums and considerations (Line 15)	41,756		41,756
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (balance)	3,631,908		3,631,908
6. Total assets excluding Separate Accounts (Line 26)	23,691,147		23,691,147
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	23,691,147		23,691,147
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Line 1 and Line 2)			
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	3,359,804		3,359,804
12. Policyholder dividends/reserves (Line 5 through Line 7)			
13. Premium and annuity considerations received in advance (Line 8)	611,133		611,133
14. Other contract liabilities (Line 9)	953		953
15. Reinsurance in unauthorized companies (Line 24.02)			
16. Funds held under reinsurance with unauthorized reinsurers (Line 24.03)			
17. All other liabilities (balance)	5,745,039		5,745,039
18. Total liabilities excluding Separate Accounts (Line 26)	9,716,929		9,716,929
19. Separate Account liabilities (Line 27)			
20. Total liabilities (Line 28)	9,716,929		9,716,929
21. Capital and surplus (Line 38)	13,974,216	XXX	13,974,216
22. Total liabilities, capital and surplus (Line 39)	23,691,145		23,691,145
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves			
24. Claim reserves			
25. Policyholder dividends/reserves			
26. Premium and annuity considerations received in advance			
27. Liability for deposit-type contracts			
28. Other contract liabilities			
29. Reinsurance ceded assets			
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables			
32. Premiums and considerations			
33. Reinsurance in unauthorized companies			
34. Funds held under reinsurance treaties with unauthorized reinsurers			
35. Other ceded reinsurance payables/offsets			
36. Total ceded reinsurance payable/offsets			
37. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN	257,060				257,060
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH	164,674				164,674
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV	48,515				48,515
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U. S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT	470,249				470,249
59. Totals						

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) /Person(s)	*
	31-1249371					Medical Benefits Administrators, Inc.	OH	Sub	Medical Benefits Mutual Life Insurance Co.	Ownership	100.000			
	31-1287887					VisionPlus of America, Inc.	OH	Sub	Medical Benefits Mutual Life Insurance Co.	Ownership	100.000			
	31-1336124					Medben Marketing Services, Inc.	OH	Sub	Medical Benefits Mutual Life Insurance Co.	Ownership	100.000			

Asterisk

Explanation

NONE

Page 52

Sch. Y, Pt. 2, Insurer's Transactions with any Affiliates
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

MARCH FILING	Responses
--------------	-----------

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? WAIVED

EXPLANATION:

BARCODE:

Document Identifier 460:



2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? YES

EXPLANATION:

BARCODE:

Document Identifier 390:

3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? YES

EXPLANATION:

BARCODE:

Document Identifier 390:

4. Will an actuarial opinion be filed by March 1? SEE EXPLANATION

EXPLANATION:

The actuarial opinion will not be received prior to the March 1st filing. It will be filed at a later date.

BARCODE:

Document Identifier 440:

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1? YES

EXPLANATION:

BARCODE:

Document Identifier 350:

6. Will the Life, Health and Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? YES

EXPLANATION:

BARCODE:

Document Identifier 290:

7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? YES

EXPLANATION:

BARCODE:

Document Identifier 300:

8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES

EXPLANATION:

BARCODE:

Document Identifier 285:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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.

MARCH FILING (cont.)

17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 442:



18. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 443:



19. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 444:



20. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 445:



21. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 446:



22. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 447:



23. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 448:



24. 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

EXPLANATION:

Not Required

BARCODE:

Document Identifier 449:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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.

MARCH FILING (cont.)

25. 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

EXPLANATION:
Not Required

BARCODE:

Document Identifier 450:



26. 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

EXPLANATION:
Not Required

BARCODE:

Document Identifier 451:



27. 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

EXPLANATION:
Not Required

BARCODE:

Document Identifier 452:



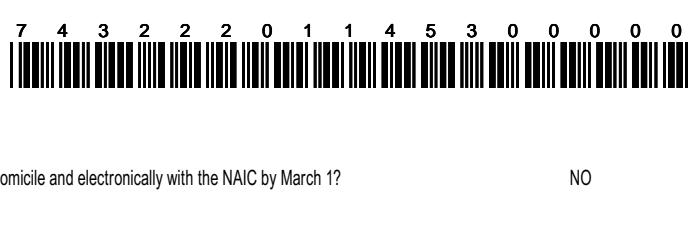
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 453:



29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 436:



30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 437:



31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 438:



32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 439:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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.

MARCH FILING (cont.)

33. 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

EXPLANATION:
Not Required

BARCODE:

Document Identifier 454:



34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 495:



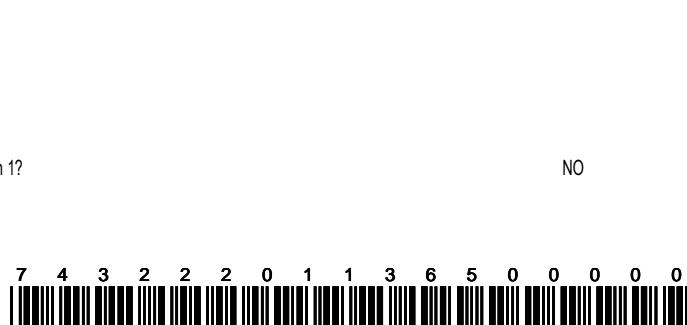
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?

YES

EXPLANATION:

BARCODE:

Document Identifier 465:



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

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 365:



37. 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

EXPLANATION:
Not Required. We are not a public company, this rule does not apply.

BARCODE:

Document Identifier 224:



38. 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

EXPLANATION:
Not Required

BARCODE:

Document Identifier 225:



39. 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

EXPLANATION:
Not Required

BARCODE:

Document Identifier 226:

**APRIL FILING**

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

NO

EXPLANATION:
Not Required

BARCODE:

Document Identifier 306:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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.

APRIL FILING (cont.)

41. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 280:



42. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 230:



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

NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 210:



44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 510:



45. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 515:



46. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

YES

EXPLANATION:

BARCODE:

Document Identifier 216:



47. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

YES

EXPLANATION:

BARCODE:

Document Identifier 217:

**AUGUST FILING**

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

YES

EXPLANATION:

BARCODE:

Document Identifier 223:





SUPPLEMENT FOR THE YEAR 2011 OF THE Medical Benefits Mutual Life Insurance Company

SCHEDULE O SUPPLEMENT

Due March 1

For the Year Ended December 31, 2011

Of The Medical Benefits Mutual Life Insurance Company

Address (City, State and Zip Code): Newark, Ohio 43055

NAIC Group Code: 0000

NAIC Company Code: 74322

Employer's I.D. Number: 31-4210910

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011(a)
1. Prior	301				
2. 2007	3,712	594			
3. 2008	XXX	3,899	5,393		(14)
4. 2009	XXX	XXX	23,179	3,451	13
5. 2010	XXX	XXX	XXX	18,134	3,468
6. 2011	XXX	XXX	XXX	XXX	15,426

Section B - Other Accident and Health

1. Prior					
2. 2007					
3. 2008					
4. 2009					
5. 2010					
6. 2011	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008					
4. 2009					
5. 2010					
6. 2011	XXX	XXX	XXX	XXX	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 1**Development of Incurred Losses
(\$000 OMITTED)****Section D - Group Life**

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011(a)
1. Prior .....	.....	.....	.....	.....	.....
2. 2007	221	10	.....	.....	.....
3. 2008	XXX	179	15	.....	.....
4. 2009	XXX	XXX	163	30	.....
5. 2010	XXX	XXX	XXX	253	49
6. 2011	XXX	XXX	XXX	XXX	130

Section E - _____

1. Prior .....	.....	.....	.....	.....
2. 2007 .....	.....	.....	.....	.....
3. 2008 .....	.....	.....	.....	.....
4. 2009 .....	.....	.....	.....	.....
5. 2010 .....	.....	.....	.....	.....
6. 2011	XXX	XXX	XXX	XXX

Section F - _____

1. Prior .....	.....	.....	.....	.....
2. 2007 .....	.....	.....	.....	.....
3. 2008 .....	.....	.....	.....	.....
4. 2009 .....	.....	.....	.....	.....
5. 2010 .....	.....	.....	.....	.....
6. 2011	XXX	XXX	XXX	XXX

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 1

**Development of Incurred Losses
(\$000 OMITTED)**

Section G - _____

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011(a)
1. Prior
2. 2007
3. 2008
4. 2009
5. 2010
6. 2011	XXX	XXX	XXX	XXX	XXX

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

NONE

SUPPLEMENTAL SCHEDULE O - PART 2**Development of Incurred Losses
(\$000 OMITTED)****Section A - Group Accident and Health**

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior.....					
2. 2007	845				
3. 2008	XXX	795			
4. 2009	XXX	XXX	803		
5. 2010	XXX	XXX	XXX	853	
6. 2011	XXX	XXX	XXX	XXX	814

Section B - Other Accident and Health

1. Prior.....				
2. 2007				
3. 2008				
4. 2009				
5. 2010				
6. 2011	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior.....				
2. 2007				
3. 2008				
4. 2009				
5. 2010				
6. 2011	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 2**Development of Incurred Losses
(\$000 OMITTED)****Section D - _____**

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior
2. 2007
3. 2008
4. 2009
5. 2010
6. 2011	XXX	XXX	XXX	XXX	XXX

Section E - _____

1. Prior .....	.....	.....	.....	.....
2. 2007 .....	.....	.....	.....	.....
3. 2008 .....	.....	.....	.....	.....
4. 2009 .....	.....	.....	.....	.....
5. 2010 .....	.....	.....	.....	.....
6. 2011	XXX	XXX	XXX	XXX

Section F - _____

1. Prior .....	.....	.....	.....	.....
2. 2007 .....	.....	.....	.....	.....
3. 2008 .....	.....	.....	.....	.....
4. 2009 .....	.....	.....	.....	.....
5. 2010 .....	.....	.....	.....	.....
6. 2011	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 2

**Development of Incurred Losses
(\$000 OMITTED)**

Section G - _____

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior
2. 2007
3. 2008
4. 2009
5. 2010
6. 2011	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE O SUPPLEMENT (continued)**SUPPLEMENTAL SCHEDULE O - PART 3****Development of Incurred Losses
(\$000 OMITTED)****Section A - Group Accident and Health**

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	4,362	5,554	.....	XXX	XXX
2. 2008	XXX	29,530	5,393	.....	XXX
3. 2009	XXX	XXX	26,920	3,451	13
4. 2010	XXX	XXX	XXX	21,254	3,468
5. 2011	XXX	XXX	XXX	XXX	19,525

Section B - Other Accident and Health

1. 2007 .....	.....	XXX	XXX
2. 2008 .....	.....	.....	XXX
3. 2009 .....	.....	.....	.....
4. 2010	X	.....	.....
5. 2011	^AA	^AA	^AX

Section C - Credit Accident and Health

1. 2007 .....	.....	XXX	XXX
2. 2008 .....	.....	.....	XXX
3. 2009 .....	.....	.....	.....
4. 2010	X	.....	.....
5. 2011	^AA	^AA	^AX

SCHEDULE O SUPPLEMENT (continued)**SUPPLEMENTAL SCHEDULE O - PART 3****Development of Incurred Losses
(\$000 OMITTED)****Section D - Group Life**

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	424	10		XXX	XXX
2. 2008	XXX	310	15		XXX
3. 2009	XXX	XXX	292	30	
4. 2010	XXX	XXX	XXX	331	49
5. 2011	XXX	XXX	XXX	XXX	205

Section E - _____

1. 2007				XXX	XXX
2. 2008					
3. 2009					
4. 2010			X		
5. 2011	XXX	XXX	XXX	XXX	

Section F - _____

1. 2007				XXX	XXX
2. 2008					
3. 2009					
4. 2010			X		
5. 2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (continued)**SUPPLEMENTAL SCHEDULE O - PART 3****Development of Incurred Losses
(\$000 OMITTED)****Section G - _____**

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
		3	2010	2011	
1. 2007				XXX	XXX
2. 2008 .....				.....	XXX
3. 2009 .....				.....	.....
4. 2010			X	.....	.....
5. 2011	XXX	XXX	XXX	XXX	.....

NONE

SCHEDULE O SUPPLEMENT (continued)**SUPPLEMENTAL SCHEDULE O - PART 4****Development of Incurred Losses
(\$000 OMITTED)****Section A - Group Accident and Health**

Year 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 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	5,208				
2. 2008	XXX	30,326			
3. 2009	XXX	XXX	27,723		
4. 2010	XXX	XXX	XXX	22,107	
5. 2011	XXX	XXX	XXX	XXX	22,992

Section B - Other Accident and Health

1. 2007				
2. 2008				
3. 2009				
4. 2010		X		
5. 2011	^^^	^^^	^^X	XXX

Section C - Credit Accident and Health

1. 2007				
2. 2008				
3. 2009				
4. 2010		X		
5. 2011	^^^	^^^	^^X	XXX

SUPPLEMENTAL SCHEDULE O - PART 5**Reserve and Liability Methodology - Exhibits 6 and 8
(\$000 OMITTED)**

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		75
7. Group Annuities		
8. Group Accident and Health		3,285
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		3,360

SCHEDULE O SUPPLEMENT (continued)**SUPPLEMENTAL SCHEDULE O - PART 4****Development of Incurred Losses
(\$000 OMITTED)****Section D - _____**

Year 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 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	424				
2. 2008	XXX	310			
3. 2009	XXX	XXX	292		
4. 2010	XXX	XXX	XXX	331	
5. 2011	XXX	XXX	XXX	XXX	

Section E - _____

1. 2007				
2. 2008				
3. 2009				
4. 2010			X	
5. 2011	XXX	XXX	XXX	XXX

Section F - _____

1. 2007				
2. 2008				
3. 2009				
4. 2010			X	
5. 2011	XXX	XXX	XXX	XXX

SCHEDULE O SUPPLEMENT (continued)**SUPPLEMENTAL SCHEDULE O - PART 4****Development of Incurred Losses
(\$000 OMITTED)****Section G - _____**

Year 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	2	3	4	5
		3	2010	2011	
1. 2007					
2. 2008					
3. 2009					
4. 2010			X		
5. 2011	XXX	XXX	XXX	XXX	

NONE

Life and Accident and Health Annual Statement Blank Alphabetical Index

Analysis of Increase in Reserves During the Year	7	Schedule DB - Part B - Verification Between Years	SI11
Analysis of Operations By Lines of Business	6	Schedule DB - Part C - Section 1	SI12
Asset Valuation Reserve Default Component	30	Schedule DB - Part C - Section 2	SI13
Asset Valuation Reserve Equity	32	Schedule DB - Part D	E22
Asset Valuation Reserve Replicated (Synthetic) Assets	35	Schedule DB - Verification	SI14
Asset Valuation Reserve	29	Schedule DL - Part 1	E23
Assets	2	Schedule DL - Part 2	E24
Cash Flow	5	Schedule E - Part 1 - Cash	E25
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident & Health Contracts	9	Schedule E - Part 2 - Cash Equivalents	E26
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule E - Part 3 - Special Deposits	E27
Exhibit 2 - General Expenses	11	Schedule E - Verification Between Years	SI15
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal income Taxes)	11	Schedule F	36
Exhibit 4 - Dividends or Refunds	11	Schedule H - Accident and Health Exhibit - Part 1	37
Exhibit 5 - Aggregate Reserve for Life Contracts	12	Schedule H - Parts 2, 3, and 4	38
Exhibit 5 - Interrogatories	13	Schedule H - Part 5 - Health Claims	39
Exhibit 5A - Changes in Bases of Valuation During The Year	13	Schedule S - Part 1 - Section 1	40
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14	Schedule S - Part 1 - Section 2	41
Exhibit 7 - Deposit-Type Contracts	15	Schedule S - Part 2	42
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16	Schedule S - Part 3 - Section 1	43
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17	Schedule S - Part 3 - Section 2	44
Exhibit of Capital Gains (Losses)	8	Schedule S - Part 4	45
Exhibit of Life Insurance	25	Schedule S - Part 5	46
Exhibit of Net Investment Income	8	Schedule S - Part 6	47
Exhibit of Nonadmitted Assets	18	Schedule T - Part 2 - Interstate Compact	49
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule T - Premiums and Annuity Considerations	48
Five-Year Historical Data	22	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	50
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule Y - Past 1A - Detail of Insurance Holding Company System	51
General Interrogatories	20	Schedule Y - Part 2 - Summary of Insurer's Transactions with Any Affiliates	52
Jurat Page	1	Summary Investment Schedule	
Liabilities, Surplus and Other Funds	3	Summary of Operations	4
Life Insurance (State Page)	24	Supplemental Exhibits and Schedules Interrogatories	53
Notes To Financial Statements	19		
Overflow Page For Write-ins	54		
Schedule A - Part 1	E01		
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		