



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2012

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, and DIRECT CLAIMS AND BENEFITS PAID. Large 'NONE' watermark is present.

DETAILS OF WRITE-INS table with rows 1301, 1302, 1303, 1398, and 1399.

Table with 10 columns: Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25.1 Non-cancelable (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), 26. Totals (Line 24 through Line 24.4 plus Line 25.6). Large 'NONE' watermark is present.

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2012

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			240,134		240,134
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)			240,134		240,134
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			53,570		53,570
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			53,570		53,570
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										
20. In force December 31, prior year					Number of Policies					
21. Issued during year			(a)		107	47,824,740			107	47,824,740
22. Other changes to in force (Net)					7	5,867,990			7	5,867,990
23. In force December 31 of current year			(a)		(21)	(13,383,250)			(21)	(13,383,250)
					93	40,309,480			93	40,309,480

(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)	12,785,801	12,160,643			
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-cancelable (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)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	12,785,801	12,160,643			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2012

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: Ordinary (Number, Amount), Credit Life (Number of Policies, Amount), Group (Number, Amount), Industrial (Number, Amount), Total (Number, Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: Group policies (b), Medicare Title XVIII exempt from state taxes and fees, Other Individual policies. Large 'NONE' watermark is present.

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2012

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 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. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25. Non-cancelable (b), 26. Totals. Large 'NONE' watermark is present.

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2012

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 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. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25. Non-cancelable (b), 26. Totals. Large 'NONE' watermark is present.

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2012

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, and DIRECT CLAIMS AND BENEFITS PAID. Large 'NONE' watermark is present.

DETAILS OF WRITE-INS table with rows 1301 through 1399.

Table with 10 columns: Ordinary (Number, Amount), Credit Life (Number of Policies and Group Certificates, Amount), Group (Number of Certificates, Amount), Industrial (Number, Amount), Total (Number, Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25. Non-cancelable (b), 26. Totals. Large 'NONE' watermark is present.

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2012

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			154,811		154,811
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)			154,811		154,811
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					
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					
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					Number of Policies					
21. Issued during year			(a)		48	26,411,450			48	26,411,450
22. Other changes to in force (Net)					30	4,758,010			30	4,758,010
23. In force December 31 of current year			(a)		(14)	(6,538,390)			(14)	(6,538,390)
					64	24,631,070			64	24,631,070

(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)	7,403,685	7,162,430			
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-cancelable (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)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	7,403,685	7,162,430			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2012

NAIC Group Code: 0000

NAIC Company Code: 74322

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, and DIRECT CLAIMS AND BENEFITS PAID. Large 'NONE' watermark is present.

DETAILS OF WRITE-INS table with columns 1301 through 1399.

Table with 10 columns: Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25. Non-cancelable (b), 26. Totals. Large 'NONE' watermark is present.

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2012

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					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)					
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					
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					
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)					

NONE

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					(a)					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year					(a)					

NONE

(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)					
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-cancelable (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)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

NONE

(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 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2012

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			22,875		22,875
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)			22,875		22,875
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					
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					
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					Number of Policies					
21. Issued during year			(a)		15	7,311,220			15	7,311,220
22. Other changes to in force (Net)					(4)	(2,971,640)			(4)	(2,971,640)
23. In force December 31 of current year			(a)		11	4,339,580			11	4,339,580

(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)	1,689,341	1,645,887			
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-cancelable (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)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	1,689,341	1,645,887			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Medical Benefits Mutual Life Insurance Company

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2012

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			417,821		417,821
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Sum of Line 1 to Line 4)			417,821		417,821
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			53,570		53,570
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			53,570		53,570
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			(a)		170	81,547,410			170	81,547,410
21. Issued during year					37	10,626,000			37	10,626,000
22. Other changes to in force (Net)					(39)	(22,893,280)			(39)	(22,893,280)
23. In force December 31 of current year			(a)		168	69,280,130			168	69,280,130

(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)	21,878,827	20,968,959			
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-cancelable (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)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	21,878,827	20,968,959			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, Prior Year	953
2. Current Year's Realized Pre-Tax Capital Gains/ (Losses) of \$ Transferred into the Reserve Net of Taxes \$	(903)
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)	50
5. Current Year's Amortization Released to Summary of Operations (Amortization, Line 1, Column 4)	1,535
6. Reserve as of December 31, Current Year (Line 4 minus Line 5)	(1,485)

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. 2012	1,535			1,535
2. 2013	66	(234)		(168)
3. 2014	167			167
4. 2015	72			72
5. 2016	92	130		222
6. 2017	(31)			(31)
7. 2018	(38)	12		(26)
8. 2019	(45)			(45)
9. 2020	(81)	191		110
10. 2021	(88)	(1,002)		(1,090)
11. 2022	(93)			(93)
12. 2023	(88)			(88)
13. 2024	(71)			(71)
14. 2025	(53)			(53)
15. 2026	(381)			(381)
16. 2027	(10)			(10)
17. 2028				
18. 2029				
19. 2030				
20. 2031				
21. 2032				
22. 2033				
23. 2034				
24. 2035				
25. 2036				
26. 2037				
27. 2038				
28. 2039				
29. 2040				
30. 2041				
31. 2042 and Later				
32. TOTAL (Line 1 to Line 31)	953	(903)		50

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	20,798		20,798	588,019	145,706	733,725	754,523
2. Realized Capital Gains/ (Losses) Net of Taxes - General Account	(903)		(903)	3,816		3,816	2,913
3. Realized Capital Gains/ (Losses) Net of Taxes - Separate Accounts							
4. Unrealized Capital Gains/ (Losses) Net of Deferred Taxes - General Account				296,382		296,382	296,382
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	3,392		3,392				3,392
8. Accumulated Balances (Line 1 through Line 5, minus Line 6 plus Line 7)	23,287		23,287	888,217	145,706	1,033,923	1,057,210
9. Maximum Reserve	25,359		25,359	641,299	185,907	827,206	852,565
10. Reserve Objective	19,432		19,432	641,299	185,907	827,206	846,638
11. 20% of (Line 10 minus Line 8)	(771)		(771)	(49,384)	8,040	(41,343)	(42,114)
12. Balance Before Transfers (Line 8 plus Line 11)	22,516		22,516	838,833	153,746	992,580	1,015,096
13. Transfers				(197,534)	197,534		X X X
14. Voluntary Contribution	(3,084)		(3,084)				(3,084)
15. Adjustment down to Maximum/up to Zero					(165,373)	(165,373)	(165,373)
16. Reserve as of December 31, Current Year (Line 12 plus Line 13 plus Line 14 plus Line 15)	19,432		19,432	641,299	185,907	827,207	846,640

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)
LONG-TERM BONDS												
1		Exempt Obligations	1,714,778	X X X	X X X	1,714,778	0.0000		0.0000		0.0000	
2	1	Highest Quality	4,477,770	X X X	X X X	4,477,770	0.0004	1,791	0.0023	10,299	0.0030	13,433
3	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
4	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
5	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
6	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
7	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
8		Total Unrated Multi-class Securities Acquired by Conversion		X X X	X X X		X X X		X X X		X X X	
9		Total Bonds (Sum of Line 1 through Line 8)	6,192,548	X X X	X X X	6,192,548	X X X	1,791	X X X	10,299	X X X	13,433
PREFERRED STOCKS												
10	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
11	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
12	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
13	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
14	5	Lower Quality	500	X X X	X X X	500	0.0432	22	0.1100	55	0.1700	85
15	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
16		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Line 10 through Line 16)	500	X X X	X X X	500	X X X	22	X X X	55	X X X	85
SHORT-TERM BONDS												
18		Exempt Obligations	2,147,860	X X X	X X X	2,147,860	0.0000		0.0000		0.0000	
19	1	Highest Quality	3,946,943	X X X	X X X	3,946,943	0.0004	1,579	0.0023	9,078	0.0030	11,841
20	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
21	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
22	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
23	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
24	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
25		Total Short-term Bonds (Sum of Line 18 through Line 24)	6,094,803	X X X	X X X	6,094,803	X X X	1,579	X X X	9,078	X X X	11,841

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)
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		TOTAL (Line 9 plus Line 17 plus Line 25 plus Line 33)	12,287,850	XXX	XXX	12,287,850	XXX	3,392	XXX	19,432	XXX	25,359
MORTGAGE LOANS												
In Good Standing:												
35		Farm Mortgages			XXX		(a) 0.0063		(a) 0.0120		(a) 0.0190	
36		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
37		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
38		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
39		Commercial Mortgages - All Other			XXX		(a) 0.0063		(a) 0.0120		(a) 0.0190	
40		In Good Standing With Restructured Terms			XXX		(b) 0.2800		(b) 0.6200		(b) 1.0000	
Overdue, Not in Process:												
41		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
42		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
43		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
44		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
45		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
46		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
47		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
48		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
49		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
50		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
51		Total Schedule B Mortgages (Sum of Line 35 through Line 50)			XXX		XXX		XXX		XXX	
52		Schedule DA Mortgages			XXX		(c)		(c)		(c)	
53		Total Mortgage Loans on Real Estate (Line 51 plus Line 52)			XXX		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.

ASSET VALUATION RESERVE
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)
COMMON STOCK												
1		Unaffiliated Public	3,044,552	X X X	X X X	3,044,552	0.0000		(d) ... 0.1300	395,792	(d) ... 0.1300	395,792
2		Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600	
3		Federal Home Loan Bank		X X X	X X X		0.0000		0.0050		0.0080	
4		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
Affiliated Investment Subsidiary:												
5		Fixed Income Exempt Obligations					X X X		X X X		X X X	
6		Fixed Income Highest Quality					X X X		X X X		X X X	
7		Fixed Income High Quality					X X X		X X X		X X X	
8		Fixed Income Medium Quality					X X X		X X X		X X X	
9		Fixed Income Low Quality					X X X		X X X		X X X	
10		Fixed Income Lower Quality					X X X		X X X		X X X	
11		Fixed Income In/Near Default					X X X		X X X		X X X	
12		Unaffiliated Common Stock Public					0.0000		(d) ... 1.3000		(d) ... 0.1300	
13		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
14		Mortgage Loans					(c)		(c)		(c)	
15		Real Estate					(e)		(e)		(e)	
16		Affiliated-Certain Other (See SVO Purposes and Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
17		Affiliated-All Other	1,534,416	X X X	X X X	1,534,416	0.0000		0.1600		0.1600	245,507
18		Total Common Stock (Sum of Line 1 through Line 17)	4,578,968			4,578,968	X X X		X X X	641,299	X X X	641,299
REAL ESTATE												
19		Home Office Property (General Account only)	2,478,755			2,478,755	0.0000		0.0750	185,907	0.0750	185,907
20		Investment Properties					0.0000		0.0750		0.0750	
21		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
22		Total Real Estate (Sum of Line 19 through Line 21)	2,478,755			2,478,755	X X X		X X X	185,907	X X X	185,907
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23		Exempt Obligations		X X X	X X X		0.0000		0.0000		0.0000	
24	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
25	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
26	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
27	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
28	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
29	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
30		Total with Bond Characteristics (Sum of Line 23 through Line 29)		X X X	X X X		X X X		X X X		X X X	

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)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
31	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
32	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
33	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
34	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
35	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
36	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
37		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
38		Total with Preferred Stock Characteristics (Sum of Line 31 through Line 37)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing:												
39		Farm Mortgages			XXX		(a) 0.0063		(a) 0.0120		(a) 0.0190	
40		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
41		Residential Mortgages - All Other		XXX	XXX		0.0013		0.0030		0.0040	
42		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
43		Commercial Mortgages - All Other			XXX		(a) 0.0063		(a) 0.0120		(a) 0.0190	
44		In Good Standing With Restructured Terms			XXX		(b) 0.2800		(b) 0.6200		(b) 1.0000	
Overdue, Not in Process:												
45		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
46		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
47		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
48		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
49		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
50		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
51		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
52		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
53		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
54		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
55		Total with Mortgage Loan Characteristics (Sum of Line 39 through Line 54)			XXX		XXX		XXX		XXX	

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

(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.

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AVR, Replicated (Synthetic) Assets

NONE

Page 36

Sch. F, Claims for Death Losses

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1. Premiums written	19,310,149	XXX	19,310,149	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	18,998,119	XXX	18,998,119	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	15,983,749	84.133	15,983,749	84.133														
4. Cost containment expenses	883,307	4.649	883,307	4.649														
5. Incurred claims and cost containment expenses (Line 3 and Line 4)	16,867,056	88.783	16,867,056	88.783														
6. Increase in contract reserves																		
7. Commissions (a)	1,317,671	6.936	1,317,671	6.936														
8. Other general insurance expenses	3,448,382	18.151	3,448,382	18.151														
9. Taxes, licenses and fees	456,627	2.404	456,627	2.404														
10. Total other expenses incurred	5,222,680	27.491	5,222,680	27.491														
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	(3,091,617)	(16.273)	(3,091,617)	(16.273)														
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	(3,091,617)	(16.273)	(3,091,617)	(16.273)														

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 2012 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									
2. Advance premiums	909,867	909,867							
3. Reserve for rate credits									
4. Total premium reserves, current year	909,867	909,867							
5. Total premium reserves, prior year	597,837	597,837							
6. Increase in total premium reserves	312,030	312,030							
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	3,210,000	3,210,000							
2. Total prior year	3,284,804	3,284,804							
3. Increase	(74,804)	(74,804)							

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	3,284,804	3,284,804							
1.2 On claims incurred during current year	12,698,945	12,698,945							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	2,670	2,670							
2.2 On claims incurred during current year	3,207,330	3,207,330							
3. Test:									
3.1 Line 1.1 plus Line 2.1	3,287,474	3,287,474							
3.2 Claim reserves and liabilities, December 31, prior year	3,284,804	3,284,804							
3.3 Line 3.1 minus Line 3.2	2,670	2,670							

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	2,568,678	2,568,678							
2. Premiums earned									
3. Incurred claims	1,119,971	1,119,971							
4. Commissions	140,888	140,888							

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred claims	15,841,868	580,749	681,104	17,103,721
2. Beginning claim reserves and liabilities	3,054,594	131,272	98,938	3,284,804
3. Ending claim reserves and liabilities	3,069,330	75,664	65,006	3,210,000
4. Claims paid	15,827,132	636,357	715,036	17,178,525
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	1,119,971			1,119,971
10. Beginning claim reserves and liabilities	76,343			76,343
11. Ending claim reserves and liabilities	29,037			29,037
12. Claims paid	1,167,278			1,167,278
D. Net:				
13. Incurred claims	14,721,897	580,749	681,104	15,983,750
14. Beginning claim reserves and liabilities	2,978,251	131,272	98,938	3,208,461
15. Ending claim reserves and liabilities	3,040,293	75,664	65,006	3,180,963
16. Claims paid	14,659,854	636,357	715,036	16,011,247
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses	15,328,441	580,749	957,867	16,867,057
18. Beginning reserves and liabilities	3,054,594	131,272	98,938	3,284,804
19. Ending reserves and liabilities	3,069,330	75,664	65,006	3,210,000
20. Paid claims and cost containment expenses	15,313,705	636,357	991,799	16,941,861

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Schedule S, Part 1, Section 1

NONE

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
0499999	AA-1440076	01/01/2012	SIRIUS INTL INS CORP	SWE	2,500	
					2,500	
0699999 - Life and Annuity, Total Non-Affiliates					2,500	
0799999 - Total Life and Annuity					2,500	
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
10227	13-4924125	10/01/2010	MUNICH REINS AMER INC	DE	1,214,584	29,037
1199999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					1,214,584	29,037
1399999 - Accident and Health, Total Non-Affiliates					1,214,584	29,037
1499999 - Total Accident and Health					1,214,584	29,037
1599999 - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					1,217,084	29,037
1799999 - Total (Sum of 0799999 and 1499999)					1,217,084	29,037

ANNUAL STATEMENT FOR THE YEAR 2012 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													
	AA-1440076	01/01/2012	SIRIUS INTL INS CORP	SWE	YRT/G	6,962,460			39,639				
0499999			- General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates			6,962,460			39,639				
0699999			- General Account, Total Authorized Non-Affiliates			6,962,460			39,639				
0799999			- Total General Account Authorized			6,962,460			39,639				
2299999			- Total General Account Authorized, Unauthorized and Certified			6,962,460			39,639				
4599999			- Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)			6,962,460			39,639				
4799999			- TOTAL (Sum of 2299999 and 4499999)			6,962,460			39,639				

ANNUAL STATEMENT FOR THE YEAR 2012 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	2,568,678						
0499999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates						2,568,678						
0699999 - General Account, Total Authorized Non-Affiliates						2,568,678						
0799999 - Total General Account Authorized						2,568,678						
2299999 - Total General Account Authorized, Unauthorized and Certified						2,568,678						
4599999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 11999999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						2,568,678						
4799999 - TOTAL (Sum of 2299999 and 4499999)						2,568,678						

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies

NONE

Sch. S, Pt. 4, Bank Footnote

NONE

Page 46, 47

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers

NONE

Sch. S, Pt. 5, Bank Footnote

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1	2	3	4	5
	2012	2011	2010	2009	2008
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	2,608	2,816	2,367	14,084	26,534
2. Commissions and reinsurance expense allowances	161	14		1,505	4,314
3. Contract claims	1,122	2,443	2,412	15,741	23,425
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
12. Amounts recoverable on reinsurance	1	76	341	565	264
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust		X X X	X X X	X X X	X X X
23. Funds deposited by and withheld from (F)		X X X	X X X	X X X	X X X
24. Letters of credit (L)		X X X	X X X	X X X	X X X
25. Trust agreements (T)		X X X	X X X	X X X	X X X
26. Other (O)		X X X	X X X	X X X	X X X

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	20,517,881		20,517,881
2. Reinsurance (Line 16)	1,435		1,435
3. Premiums and considerations (Line 15)	10,671		10,671
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (balance)	4,054,878		4,054,878
6. Total assets excluding Separate Accounts (Line 26)	24,584,865		24,584,865
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	24,584,865		24,584,865
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)	3,300,000		3,300,000
12. Policyholder dividends/reserves (Line 5 through Line 7)			
13. Premium and annuity considerations received in advance (Line 8)	926,068		926,068
14. Other contract liabilities (Line 9)	(1,485)		(1,485)
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	5,781,003		5,781,003
20. Total liabilities excluding Separate Accounts (Line 26)	10,005,586		10,005,586
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	10,005,586		10,005,586
23. Capital and surplus (Line 38)	14,579,280	X X X	14,579,280
24. Total liabilities, capital and surplus (Line 39)	24,584,866		24,584,866
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves			
26. Claim reserves			
27. Policyholder dividends/reserves			
28. Premium and annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets			
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables			
34. Premiums and considerations			
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets			
41. 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	240,134				240,134
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	154,811				154,811
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	22,875				22,875
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	CAN					
58. Aggregate Other Alien	OT					
59. Totals		417,820				417,820

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
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NONE

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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?

YES

EXPLANATION:

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 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.

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

EXPLANATION:

BARCODE:

Document Identifier 220:

10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

EXPLANATION:

BARCODE:

Document Identifier 221:

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? YES

EXPLANATION:

BARCODE:

Document Identifier 222:

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

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

EXPLANATION:

Not Required.

BARCODE:

Document Identifier 420:



13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 360:



14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 490:



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 371:



16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? NO

EXPLANATION:

Not Required

BARCODE:

Document Identifier 370:



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: 7 4 3 2 2 2 0 1 2 4 4 2 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 3 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 4 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 5 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 6 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 7 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 8 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 4 9 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 5 0 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 5 1 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 5 2 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 5 3 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 3 6 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 3 7 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 3 8 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 3 9 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 4 5 4 0 0 0 0 0

 Document Identifier 454:

34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? NO

EXPLANATION:
Not Required

BARCODE: 7 4 3 2 2 2 0 1 2 4 9 5 0 0 0 0 0

 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. 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: 7 4 3 2 2 2 0 1 2 3 6 5 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 2 2 4 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 2 2 5 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 2 2 6 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 3 0 6 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 2 8 0 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 2 3 0 0 0 0 0 0

 Document Identifier 230:

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

EXPLANATION:

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: 7 4 3 2 2 2 0 1 2 5 1 0 0 0 0 0 0

 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: 7 4 3 2 2 2 0 1 2 5 1 5 0 0 0 0 0

 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 2012 OF THE Medical Benefits Mutual Life Insurance Company

SCHEDULE O SUPPLEMENT

Due March 1

For the Year Ended December 31, 2012

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 2008	2 2009	3 2010	4 2011	5 2012(a)
1. Prior					
2. 2008	3,899	5,393		(14)	
3. 2009	XXX	23,179	3,451	13	(13)
4. 2010	XXX	XXX	18,134	3,468	5
5. 2011	XXX	XXX	XXX	15,426	2,269
6. 2012	XXX	XXX	XXX	XXX	15,131

Section B - Other Accident and Health

1. Prior					
2. 2008	NONE				
3. 2009					
4. 2010					
5. 2011					
6. 2012					

Section C - Credit Accident and Health

1. Prior					
2. 2008	NONE				
3. 2009					
4. 2010					
5. 2011					
6. 2012					

(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 2008	2 2009	3 2010	4 2011	5 2012(a)
1. Prior					
2. 2008	179	15			
3. 2009	XXX	163	30		
4. 2010	XXX	XXX	253	49	
5. 2011	XXX	XXX	XXX	130	
6. 2012	XXX	XXX	XXX	XXX	54

Section E - _____

1. Prior	NONE						
2. 2008							
3. 2009							
4. 2010							
5. 2011							
6. 2012						XXX	XXX

Section F - _____

1. Prior	NONE						
2. 2008							
3. 2009							
4. 2010							
5. 2011							
6. 2012						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 2008	2 2009	3 2010	4 2011	5 2012(a)
1. Prior	NONE				
2. 2008					
3. 2009					
4. 2010					
5. 2011					
6. 2012	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 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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008	795				
3. 2009	XXX	803			
4. 2010	XXX	XXX	853		
5. 2011	XXX	XXX	XXX	814	
6. 2012	XXX	XXX	XXX	XXX	883

Section B - Other Accident and Health

1. Prior	NONE					
2. 2008						
3. 2009						
4. 2010						
5. 2011						
6. 2012	XXX	XXX	XXX	XXX		

Section C - Credit Accident and Health

1. Prior	NONE					
2. 2008						
3. 2009						
4. 2010						
5. 2011						
6. 2012	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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	NONE				
2. 2008					
3. 2009					
4. 2010					
5. 2011					
6. 2012					

Section E - _____

1. Prior	NONE				
2. 2008					
3. 2009					
4. 2010					
5. 2011					
6. 2012					

Section F - _____

1. Prior	NONE				
2. 2008					
3. 2009					
4. 2010					
5. 2011					
6. 2012					

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 2008	2 2009	3 2010	4 2011	5 2012
1. Prior	NONE				
2. 2008					
3. 2009					
4. 2010					
5. 2011					
6. 2012	XXX	XXX	XXX	XXX	

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 2008	2 2009	3 2010	4 2011	5 2012
1. 2008	29,530	5,393		X X X	X X X
2. 2009	X X X	26,920	3,451	13	X X X
3. 2010	X X X	X X X	21,254	3,468	5
4. 2011	X X X	X X X	X X X	19,525	2,343
5. 2012	X X X	X X X	X X X	X X X	18,267

Section B - Other Accident and Health

1. 2008	NONE			X X X	X X X
2. 2009				X X X	X X X
3. 2010					
4. 2011				X	
5. 2012				X X X	
	^^^	^^^	^^X		

Section C - Credit Accident and Health

1. 2008	NONE			X X X	X X X
2. 2009				X X X	X X X
3. 2010					
4. 2011				X	
5. 2012				X X X	
	^^^	^^^	^^X		

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 2008	2 2009	3 2010	4 2011	5 2012
1. 2008	310	15		XXX	XXX
2. 2009	XXX	292	30		XXX
3. 2010	XXX	XXX	331	49	
4. 2011	XXX	XXX	XXX	205	
5. 2012	XXX	XXX	XXX	XXX	144

Section E - _____

1. 2008	NONE			XXX	XXX
2. 2009				XXX	XXX
3. 2010					
4. 2011				X	
5. 2012				XXX	XXX

Section F - _____

1. 2008	NONE			XXX	XXX
2. 2009					XXX
3. 2010					
4. 2011				X	
5. 2012				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
			0	2011	2012
1. 2008	NONE				
2. 2009					
3. 2010					
4. 2011			X		
5. 2012	XXX	XXX	XXX	XXX	

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 2008	2 2009	3 2010	4 2011	5 2012
1. 2008	30,326				
2. 2009	XXX	27,723			
3. 2010	XXX	XXX	22,107		
4. 2011	XXX	XXX	XXX	22,992	
5. 2012	XXX	XXX	XXX	XXX	19,150

Section B - Other Accident and Health

1. 2008	NONE						
2. 2009							
3. 2010							
4. 2011							X
5. 2012						^^^	^^^

Section C - Credit Accident and Health

1. 2008	NONE						
2. 2009							
3. 2010							
4. 2011							X
5. 2012						^^^	^^^

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	Incurred But Not Reported	90
7. Group Annuities		
8. Group Accident and Health	Incurred But Not Reported	3,210
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		3,300

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

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 2008	2 2009	3 2010	4 2011	5 2012
1. 2008	310				
2. 2009	XXX	292			
3. 2010	XXX	XXX	331		
4. 2011	XXX	XXX	XXX	254	
5. 2012	XXX	XXX	XXX	XXX	144

Section E - _____

1. 2008	NONE							
2. 2009								
3. 2010								
4. 2011								X
5. 2012						XXX	XXX	XXX

Section F - _____

1. 2008	NONE							
2. 2009								
3. 2010								
4. 2011								X
5. 2012						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
			0	2011	2012
1. 2008	NONE				
2. 2009					
3. 2010					
4. 2011					
5. 2012					
	XXX	XXX	XXX	XXX	

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