

Corrected a miscoded incurred claim and miscoded earned premium.



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

Medical Benefits Mutual Life Insurance Co.

NAIC Group Code	0000 (Current)	0000 (Prior)	NAIC Company Code	74322	Employer's ID Number	31-4210910
Organized under the Laws of	OHIO			State of Domicile or Port of Entry		OH
Country of Domicile	United States of America					
Incorporated/Organized	05/06/1938			Commenced Business		04/04/1938
Statutory Home Office	1975 Tamarack Road (Street and Number)			Newark , OH, US 43055 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1975 Tamarack Road (Street and Number)			Newark , OH, US 43055 (City or Town, State, Country and Zip Code)		
	Newark , OH, US 43055 (City or Town, State, Country and Zip Code)			740-522-8425 (Area Code) (Telephone Number)		
Mail Address	1975 Tamarack Road (Street and Number or P.O. Box)			Newark , OH, US 43055 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1975 Tamarack Road (Street and Number)			Newark , OH, US 43055 (City or Town, State, Country and Zip Code)		
	Newark , OH, US 43055 (City or Town, State, Country and Zip Code)			740-522-8425 (Area Code) (Telephone Number)		
Internet Website Address	www.medben.com					
Statutory Statement Contact	John Edward Nydegger, Jr. (Name)			740-522-7317 (Area Code) (Telephone Number)		
	enydegger@medben.com (E-mail Address)			740-522-7526 (FAX Number)		

OFFICERS

CEO	Douglas James Freeman	Vice President of Finance & Controller	John Edward Nydegger Jr.
President/Treasurer	Kurt Jeffrey Harden		

OTHER

Caroline Fischer Rouse Fraker, VP, Compliance & Chief Privacy Officer	Lori Kane, Vice President	Rose McEntire, Vice President & Chief Security Officer

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.

Clark Arthur Morrow Secretary	Kurt Jeffrey Harden President/Treasurer	John Edward Nydegger, Jr. Vice President of Finance & Controller
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Subscribed and sworn to before me this 31 day of March 2016

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

b. If no,

1. State the amendment number.....1

2. Date filed .....04/01/2016

3. Number of pages attached..... 4

Beth Painter  
Notary Public  
8/10/2020

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

					Credit				Other Individual Contracts									
	Total		Group Accident and Health		Accident and Health (Group and Individual)		Collectively Renewable		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 .....	5,258,305	XXX	5,258,305	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned .....	5,430,759	XXX	5,430,759	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims .....	3,293,950	60.7	3,293,950	60.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses .....	461,790	8.5	461,790	8.5		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	3,755,741	69.2	3,755,741	69.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a) .....	284,954	5.2	284,954	5.2		0.0		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses .....	3,664,078	67.5	3,664,078	67.5		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees .....	202,963	3.7	202,963	3.7		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred .....	4,151,995	76.5	4,151,995	76.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .....	(2,476,977)	(45.6)	(2,476,977)	(45.6)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds .....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds .....	(2,476,977)	(45.6)	(2,476,977)	(45.6)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101. ....																		
1102. ....																		
1103. ....																		
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims .....	2,679,440	318,833	439,758	3,438,031
2. Beginning Claim Reserves and Liabilities .....	1,206,685	73,351	59,964	1,340,000
3. Ending Claim Reserves and Liabilities .....	753,049	44,813	47,917	845,779
4. Claims Paid	3,133,076	347,371	451,805	3,932,252
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities .....				0
7. Ending Claim Reserves and Liabilities .....				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	144,080			144,080
10. Beginning Claim Reserves and Liabilities .....	0			0
11. Ending Claim Reserves and Liabilities .....				0
12. Claims Paid	144,080	0	0	144,080
D. Net:				
13. Incurred Claims.....	2,535,360	318,833	439,758	3,293,951
14. Beginning Claim Reserves and Liabilities .....	1,206,685	73,351	59,964	1,340,000
15. Ending Claim Reserves and Liabilities .....	753,049	44,813	47,917	845,779
16. Claims Paid	2,988,996	347,371	451,805	3,788,172
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses .....	2,308,243	318,833	1,128,665	3,755,741
18. Beginning Reserves and Liabilities .....	1,206,685	73,351	59,964	1,340,000
19. Ending Reserves and Liabilities .....	753,049	44,813	47,917	845,779
20. Paid Claims and Cost Containment Expenses	2,761,879	347,371	1,140,712	4,249,962