

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 NAIC Company Code 7422 Employer's ID Number 31-4210910
(Current) (Prior)

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, Newark, OH, US 43055
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

Primary Location of Books and Records 1975 Tamarack Road, Newark, OH, US 43055
(Street and Number) (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., 740-522-7317
(Name) (Area Code) (Telephone Number)
nydegger@medben.com, 740-522-7526
(E-mail Address) (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

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

State of Ohio SS: _____
County of Licking

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Medical Benefits Mutual Life Insurance Co.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts						
	1 Amount	2 %											11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount
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		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