



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

Main Administrative Office 1975 Tamarack Road  
(Street and Number)  
Newark, OH, US 43055 740-522-8425

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1975 Tamarack Road, Newark, OH, US 45055  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Website Address [www.medben.com](http://www.medben.com)

Statutory Statement Contact John Edward Nydegger, Jr., 740-522-7317  
(Name) (Area Code) (Telephone Number)  
enydegger@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**

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.

Douglas James Freeman  
CEO

Kurt Jeffrey Harden  
President/Treasurer

John Edward Nydegger, Jr.  
Vice President of Finance & Controller

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? ..... Yes [  ] No [  ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....



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

DIRECT BUSINESS IN THE STATE OF Arkansas  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cCancelable (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 Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0000

DURING THE YEAR 2015

NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cCancelable (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 Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF Indiana  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....				163,185		163,185
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....	0	0		163,185	0	163,185
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						0
6.2 Applied to pay renewal premiums .....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						0
6.4 Other .....						0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0		0	0	0
Annuities:						
7.1 Paid in cash or left on deposit .....						0
7.2 Applied to provide paid-up annuities .....						0
7.3 Other .....						0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0		0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....					0	0
10. Matured endowments .....					0	0
11. Annuity benefits .....					0	0
12. Surrender values and withdrawals for life contracts .....					0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....					0	0
15. Totals .....	0	0		0	0	0
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0		0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0
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 .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a)		28,831,800	0	0	44	28,831,800
21. Issued during year .....					1	15,000			1	15,000
22. Other changes to in force (Net) .....					(21)	(19,633,910)			(21)	(19,633,910)
23. In force December 31 of current year .....	0	0	0	(a)	24	9,212,890	0	0	24	9,212,890

(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) .....	2,240,478	2,240,478			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,240,478	2,240,478	0	0	0

(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 2015 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Kansas  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0000

DURING THE YEAR 2015

NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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 Lines 1 to 4) .....						
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 Lines 6.1 to 6.4) .....						
Annuites:						
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 Lines 7.1 to 7.3) .....						
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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 .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

**NONE**

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0
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 .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a)	0	0	6,139	0	0	6,139
21. Issued during year .....										
22. Other changes to in force (Net) .....							(6,139)			(6,139)
23. In force December 31 of current year .....	0	0	0	(a)	0	0	0	0	0	0

(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 Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(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 2015 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Michigan  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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 Lines 1 to 4) .....						
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 Lines 6.1 to 6.4) .....						
Annuites:						
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 Lines 7.1 to 7.3) .....						
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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 .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

**NONE**

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	0	0	0	.0	0	0	0	.0	0	0
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 .....	0	0	0	.0	0	0	0	.0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	.0	0	0	0	.0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a)	0	0	.5,383	0	0	.5,383
21. Issued during year .....										
22. Other changes to in force (Net) .....							(5,383)			(5,383)
23. In force December 31 of current year .....	0	0	0	(a)	0	0	0	0	0	0

(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 Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(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 2015 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Missouri  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
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)							

(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 Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF North Carolina  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ....., current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cCancelable (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 Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF Ohio  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....				95,393		95,393
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....	0	0	95,393	0	95,393	95,393
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						0
6.2 Applied to pay renewal premiums .....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						0
6.4 Other .....						0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit .....						0
7.2 Applied to provide paid-up annuities .....						0
7.3 Other .....						0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....				40,000		40,000
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....	0	0	40,000	0	0	40,000
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
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 .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....	0	0	0	(a)	0	67	18,434,670	0	67	18,434,670
21. Issued during year .....					4	579,750			4	579,750
22. Other changes to in force (Net) .....					(20)	(8,711,090)			(20)	(8,711,090)
23. In force December 31 of current year .....	0	0	0	(a)	0	51	10,303,330	0	51	10,303,330

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	3,140,130	3,140,130			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,140,130	3,140,130	0	0	0

(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 2015 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF South Carolina  
NAIC Group Code 0000

DURING THE YEAR 2015  
NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
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)							

(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 Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cCancelable (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 Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0000

DURING THE YEAR 2015

NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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 Lines 1 to 4) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 Lines 6.1 to 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 Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	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 Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..... , current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... , current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cCancelable (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 Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0000

DURING THE YEAR 2015

NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....				8,361		8,361
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....	0	0	8,361	0	0	8,361
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						0
6.2 Applied to pay renewal premiums .....						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						0
6.4 Other .....						0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit .....						0
7.2 Applied to provide paid-up annuities .....						0
7.3 Other .....						0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....				15,000		15,000
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....	0	0	15,000	0	0	15,000
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0
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 .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a)	0	7	2,038,460	0	7	2,038,460
21. Issued during year .....					1	882,650			1	882,650
22. Other changes to in force (Net) .....					(2)	(661,090)			(2)	(661,090)
23. In force December 31 of current year .....	0	0	0	(a)	0	6	2,260,020	0	6	2,260,020

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

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ....., current year \$ .....

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ....., current year \$ .....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	5,796	5,796			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,796	5,796	0	0	0

(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 2015 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0000

DURING THE YEAR 2015

NAIC Company Code 74322

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		0	0	266,939	0	266,939
2. Annuity considerations .....		0	0	0	0	0
3. Deposit-type contract funds .....		0	XXX	0	XXX	0
4. Other considerations .....		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....		0	0	266,939	0	266,939
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....		0	0	0	0	0
6.2 Applied to pay renewal premiums .....		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....		0	0	0	0	0
6.4 Other .....		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit .....		0	0	0	0	0
7.2 Applied to provide paid-up annuities .....		0	0	0	0	0
7.3 Other .....		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		0	0	55,000	0	55,000
10. Matured endowments .....		0	0	0	0	0
11. Annuity benefits .....		0	0	0	0	0
12. Surrender values and withdrawals for life contracts .....		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....		0	0	0	0	0
15. Totals .....		0	0	55,000	0	55,000
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full .....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims .....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a)	0	118	49,316,451	0	118	49,316,451
21. Issued during year .....	0	0	0	0	6	1,477,400	0	0	6	1,477,400
22. Other changes to in force (Net) .....	0	0	0	0	(43)	(29,017,612)	0	0	(43)	(29,017,612)
23. In force December 31 of current year .....	0	0	0	(a)	0	81	21,776,239	0	81	21,776,239

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	5,386,404	5,386,404	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancellable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,386,404	5,386,404	0	0	0

(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 .....	(1,484)
2. Current year's realized pre-tax capital gains/(losses) of \$ ..... transferred into the reserve net of taxes of \$ .....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	(1,484)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	72
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(1,556)

**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 (Cols. 1 + 2 + 3)
1. 2015 .....	.72	0	0	.72
2. 2016 .....	223	0	0	223
3. 2017 .....	(31)	0	0	(31)
4. 2018 .....	(26)	0	0	(26)
5. 2019 .....	(45)	0	0	(45)
6. 2020 .....	110	0	0	110
7. 2021 .....	(1,090)	0	0	(1,090)
8. 2022 .....	(93)	0	0	(93)
9. 2023 .....	(88)	0	0	(88)
10. 2024 .....	(71)	0	0	(71)
11. 2025 .....	(53)	0	0	(53)
12. 2026 .....	(381)	0	0	(381)
13. 2027 .....	(10)	0	0	(10)
14. 2028 .....	0	0	0	0
15. 2029 .....	0	0	0	0
16. 2030 .....	0	0	0	0
17. 2031 .....	0	0	0	0
18. 2032 .....	0	0	0	0
19. 2033 .....	0	0	0	0
20. 2034 .....	0	0	0	0
21. 2035 .....	0	0	0	0
22. 2036 .....	0	0	0	0
23. 2037 .....	0	0	0	0
24. 2038 .....	0	0	0	0
25. 2039 .....	0	0	0	0
26. 2040 .....	0	0	0	0
27. 2041 .....	0	0	0	0
28. 2042 .....	0	0	0	0
29. 2043 .....	0	0	0	0
30. 2044 .....	0	0	0	0
31. 2045 and Later			0	0
32. Total (Lines 1 to 31)		(1,484)	0	(1,484)

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

## ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	14,073	0	14,073	927,828	(47,614)	880,214	894,287
2. Realized capital gains/(losses) net of taxes - General Account .....			0	29,684		29,684	29,684
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....			0	108,443		108,443	108,443
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....			0			0	0
7. Basic contribution .....	1,815	0	1,815	0	0	0	1,815
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	15,888	0	15,888	1,065,955	(47,614)	1,018,341	1,034,229
9. Maximum reserve .....	13,534	0	13,534	835,143	164,277	999,421	1,012,955
10. Reserve objective .....	10,366	0	10,366	835,143	164,277	999,421	1,009,787
11. 20% of (Line 10 - Line 8) .....	(1,104)	0	(1,104)	(46,162)	42,378	(3,784)	(4,888)
12. Balance before transfers (Lines 8 + 11) .....	14,783	0	14,783	1,019,793	(5,236)	1,014,557	1,029,340
13. Transfers .....			0			0	0
14. Voluntary contribution .....	(3,168)		(3,168)			0	(3,168)
15. Adjustment down to maximum/up to zero .....	(1,249)		(1,249)		(15,136)	(15,136)	(16,385)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) .....	10,366	0	10,366	1,019,793	(20,372)	999,421	1,009,787

**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 (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		LONG-TERM BONDS										
1.	1	Exempt Obligations	2,301,733	XXX	XXX	2,301,733	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	3,346,794	XXX	XXX	3,346,794	0.0004	1,339	0.0023	7,698	0.0030	10,040
3.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	5,648,527	XXX	XXX	5,648,527	XXX	1,339	XXX	7,698	XXX	10,040
		PREFERRED STOCK										
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.	5	Lower Quality	500	XXX	XXX	500	0.0432	22	0.1100	55	0.1700	85
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	500	XXX	XXX	500	XXX	22	XXX	55	XXX	85
		SHORT - TERM BONDS										
18.		Exempt Obligations	194,393	XXX	XXX	194,393	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	1,136,249	XXX	XXX	1,136,249	0.0004	454	0.0023	2,613	0.0030	3,409
20.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	1,330,642	XXX	XXX	1,330,642	XXX	454	XXX	2,613	XXX	3,409
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	6,979,670	XXX	XXX	6,979,670	XXX	1,815	XXX	10,366	XXX	13,534

**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 (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality		XXX		0	0.0010	0	0.0050	0	0.0065	0
36.		Farm Mortgages - CM2 - High Quality		XXX		0	0.0035	0	0.0100	0	0.0130	0
37.		Farm Mortgages - CM3 - Medium Quality		XXX		0	0.0060	0	0.0175	0	0.0225	0
38.		Farm Mortgages - CM4 - Low Medium Quality		XXX		0	0.0105	0	0.0300	0	0.0375	0
39.		Farm Mortgages - CM5 - Low Quality		XXX		0	0.0160	0	0.0425	0	0.0550	0
40.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0003	0	0.0006	0	0.0010	0
41.		Residential Mortgages - All Other		XXX		0	0.0013	0	0.0030	0	0.0040	0
42.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0003	0	0.0006	0	0.0010	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality		XXX		0	0.0010	0	0.0050	0	0.0065	0
44.		Commercial Mortgages - All Other - CM2 - High Quality		XXX		0	0.0035	0	0.0100	0	0.0130	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality		XXX		0	0.0060	0	0.0175	0	0.0225	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality		XXX		0	0.0105	0	0.0300	0	0.0375	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality		XXX		0	0.0160	0	0.0425	0	0.0550	0
Overdue, Not in Process:												
48.		Farm Mortgages		XXX		0	0.0420	0	0.0760	0	0.1200	0
49.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0005	0	0.0012	0	0.0020	0
50.		Residential Mortgages - All Other		XXX		0	0.0025	0	0.0058	0	0.0090	0
51.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0005	0	0.0012	0	0.0020	0
52.		Commercial Mortgages - All Other		XXX		0	0.0420	0	0.0760	0	0.1200	0
In Process of Foreclosure:												
53.		Farm Mortgages		XXX		0	0.0000	0	0.1700	0	0.1700	0
54.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0000	0	0.0040	0	0.0040	0
55.		Residential Mortgages - All Other		XXX		0	0.0000	0	0.0130	0	0.0130	0
56.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0000	0	0.0040	0	0.0040	0
57.		Commercial Mortgages - All Other		XXX		0	0.0000	0	0.1700	0	0.1700	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

**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 (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		COMMON STOCK										
1.		Unaffiliated - Public .....	3,572,487	XXX	XXX	3,572,487	0.0000	0	0.1300 (a)	464,423	0.1300 (a)	464,423
2.		Unaffiliated - Private .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank .....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations .....				0	XXX		XXX		XXX	
7.		Fixed Income - Highest Quality .....				0	XXX		XXX		XXX	
8.		Fixed Income - High Quality .....				0	XXX		XXX		XXX	
9.		Fixed Income - Medium Quality .....				0	XXX		XXX		XXX	
10.		Fixed Income - Low Quality .....				0	XXX		XXX		XXX	
11.		Fixed Income - Lower Quality .....				0	XXX		XXX		XXX	
12.		Fixed Income - In/Near Default .....				0	XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public .....				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
14.		Unaffiliated Common Stock - Private .....				0	0.0000	0	0.1600	0	0.1600	0
15.		Real Estate .....				0	(b)	0	(b)	0	(b)	0
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17.		Affiliated - All Other .....	2,316,999	XXX	XXX	2,316,999	0.0000	0	0.1600	370,720	0.1600	370,720
18.		Total Common Stock (Sum of Lines 1 through 16)	5,889,486	0	0	5,889,486	XXX	0	XXX	835,143	XXX	835,143
19.		REAL ESTATE										
20.		Home Office Property (General Account only) .....	2,190,366			2,190,366	0.0000	0	0.0750	164,277	0.0750	164,277
21.		Investment Properties .....				0	0.0000	0	0.0750	0	0.0750	0
		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1100	0	0.1100	0
		Total Real Estate (Sum of Lines 18 through 20)	2,190,366	0	0	2,190,366	XXX	0	XXX	164,277	XXX	164,277
22.		OTHER INVESTED ASSETS										
23.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
24.		Exempt Obligations .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
25.		1 Highest Quality .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
26.		2 High Quality .....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
27.		3 Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
28.		4 Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
29.		5 Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
		6 In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
31.	2	High Quality .....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	
32.	3	Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	
33.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	
34.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	
35.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	
36.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality .....			XXX	0	0.0010	0	0.0050	0	0.0065	
39.		Mortgages - CM2 - High Quality .....			XXX	0	0.0035	0	0.0100	0	0.0130	
40.		Mortgages - CM3 - Medium Quality .....			XXX	0	0.0060	0	0.0175	0	0.0225	
41.		Mortgages - CM4 - Low Medium Quality .....			XXX	0	0.0105	0	0.0300	0	0.0375	
42.		Mortgages - CM5 - Low Quality .....			XXX	0	0.0160	0	0.0425	0	0.0550	
43.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0006	0	0.0010	
44.		Residential Mortgages - All Other .....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	
45.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0006	0	0.0010	
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages .....			XXX	0	0.0420	0	0.0760	0	0.1200	
47.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0005	0	0.0012	0	0.0020	
48.		Residential Mortgages - All Other .....			XXX	0	0.0025	0	0.0058	0	0.0090	
49.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0005	0	0.0012	0	0.0020	
50.		Commercial Mortgages - All Other .....			XXX	0	0.0420	0	0.0760	0	0.1200	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages .....			XXX	0	0.0000	0	0.1700	0	0.1700	
52.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0040	0	0.0040	
53.		Residential Mortgages - All Other .....			XXX	0	0.0000	0	0.0130	0	0.0130	
54.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0040	0	0.0040	
55.		Commercial Mortgages - All Other .....			XXX	0	0.0000	0	0.1700	0	0.1700	
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	
57.		Unaffiliated - In Good Standing With Covenants .....			XXX	0	(c)	0	(c)	0	(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX	0	0.0010	0	0.0050	0	0.0065	
59.		Unaffiliated - In Good Standing Primarily Senior .....			XXX	0	0.0035	0	0.0110	0	0.0130	
60.		Unaffiliated - In Good Standing All Other .....			XXX	0	0.0060	0	0.0175	0	0.0225	
61.		Unaffiliated - Overdue, Not in Process .....			XXX	0	0.0420	0	0.0760	0	0.1200	
62.		Unaffiliated - In Process of Foreclosure .....			XXX	0	0.0000	0	0.1700	0	0.1700	
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	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 (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public .....		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a) .....	
67.		Unaffiliated Private .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600 .....	
68.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000 .....	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300 .....	
70.		Affiliated Other - All Other .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600 .....	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX .....	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only) .....				0	0.0000	0	0.0750	0	0.0750 .....	
73.		Investment Properties .....				0	0.0000	0	0.0750	0	0.0750 .....	
74.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1100	0	0.1100 .....	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX .....	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010 .....	
77.		Non-guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190 .....	
78.		Guaranteed State Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010 .....	
79.		Non-guaranteed State Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190 .....	
80.		All Other Low Income Housing Tax Credit .....	0			0	0.0273	0	0.0600	0	0.0975 .....	
		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX .....	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0037	0	0.0037 .....	
83.		NAIC 2 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0120	0	0.0120 .....	
84.		Other Invested Assets - Schedule BA .....		XXX		0	0.0000	0	0.1300	0	0.1300 .....	
85.		Other Short-Term Invested Assets - Schedule DA .....		XXX		0	0.0000	0	0.1300	0	0.1300 .....	
		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX .....	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	0	0	0	0	XXX	0	XXX	0	XXX .....	

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

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

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve Replications (Synthetic) Assets  
**N O N E**

Schedule F - Claims  
**N O N E**

## 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
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																			
1. Premiums written	5,258,305	XXX	5,258,305	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
2. Premiums earned	5,426,881	XXX	5,426,881	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	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	5.3	284,954	5.3		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	0.0
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	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	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	(2,480,855)	(45.7)	(2,480,855)	(45.7)		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	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14. Gain from underwriting after dividends or refunds	(2,480,855)	(45.7)	(2,480,855)	(45.7)		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>DETAILS OF WRITE-INS</b>																			
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."

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

## 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
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	79,393	79,393							
3. Reserve for rate credits	0								
4. Total premium reserves, current year	79,393	79,393	0	0	0	0	0	0	0
5. Total premium reserves, prior year	251,846	251,846	0	0	0	0	0	0	0
6. Increase in total premium reserves	(172,453)	(172,453)	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	845,779	845,779	0	0	0	0	0	0	0
2. Total prior year	1,340,000	1,340,000	0	0	0	0	0	0	0
3. Increase	(494,221)	(494,221)	0	0	0	0	0	0	0

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	1,340,000	1,340,000							
1.2 On claims incurred during current year	2,448,171	2,448,171							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	2,815	2,815							
2.2 On claims incurred during current year	842,964	842,964							
3. Test:									
3.1 Lines 1.1 and 2.1	1,342,815	1,342,815	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	1,340,000	1,340,000	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	2,815	2,815	0	0	0	0	0	0	0

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written	128,099	128,099							
2. Premiums earned	0								
3. Incurred claims	144,080	144,080	0	0					
4. Commissions	0	0	0						

(a) Includes \$ ..... premium deficiency reserve.

**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims .....	2,188,613	318,833	930,584	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	2,642,249	347,371	942,631	3,932,252
<b>B. Assumed Reinsurance:</b>				
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
<b>C. Ceded Reinsurance:</b>				
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
<b>D. Net:</b>				
13. Incurred Claims.....	2,044,533	318,833	930,584	3,293,950
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	2,498,169	347,371	942,631	3,788,171
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
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

Schedule S - Part 1 - Section 1  
**N O N E**

Schedule S - Part 1 - Section 2  
**N O N E**

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

## **SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
88340 .....	59-2859797 .....	01/01/2008 .....	Hannover Life Reassurance Company of America .....	United States of America .....	0	0
10227 .....	13-4924125 .....	10/01/2001 .....	MUNICH REINS AMER INC .....	United States of America .....	2,002	0
0899999. Life and Annuity - U.S. Non-Affiliates					2,002	0
00000 .....	AA-1440076 .....	01/01/2014 .....	SIRIUS INTL INS CORP .....	SWE .....	0	0
0999999. Life and Annuity - Non-U.S. Non-Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					2,002	0
1199999. Total Life and Annuity					2,002	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,002	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999. Totals - Life, Annuity and Accident and Health					2,002	0

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

## 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 ID Number	3 Effective Date	4 Name of Company	5 Dom- estic Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
88340 .. 59-2859797 .. 01/01/2008 .. Hannover Life Reassurance Company of America .. United States of America .. CO/G .. OL ..							2,002,223			22,452				
0899999. General Account - Authorized U.S. Non-Affiliates							2,002,223		0	22,452	0	0	0	0
00000 .. AA-1440076 .. 01/01/2014 .. SIRIUS INTL INS CORP .. SWE .. YRT/G .. OL ..							2,000,000			7,000				
0999999. General Account - Authorized Non-U.S. Non-Affiliates							2,000,000		0	7,000	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							4,002,223		0	29,452	0	0	0	0
1199999. Total General Account Authorized							4,002,223		0	29,452	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0		0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0		0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0		0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0		0	0	0	0	0	0
2299999. Total General Account Unauthorized							0		0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0		0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0		0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0		0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0		0	0	0	0	0	0
3399999. Total General Account Certified							0		0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							4,002,223		0	29,452	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0		0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0		0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0		0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0		0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0		0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0		0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0		0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0		0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0		0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0		0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0		0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0		0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0		0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0		0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0		0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0		0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,002,223		0	22,452	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							2,000,000		0	7,000	0	0	0	0
9999999 - Totals							4,002,223		0	29,452	0	0	0	0

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

**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 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
10227 13-4924125 10/01/2011 MUNICH REINS AMER INC DE CO/G SLEL 128,099							128,099						
0899999. General Account - Authorized U.S. Non-Affiliates							128,099	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							128,099	0	0	0	0	0	0
1199999. Total General Account Authorized							128,099	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							128,099	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							128,099	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							128,099	0	0	0	0	0	0

Schedule S - Part 4  
**N O N E**

Schedule S - Part 4 - Bank Footnote  
**N O N E**

Schedule S - Part 5  
**N O N E**

Schedule S - Part 5 - Bank Footnote  
**N O N E**

**SCHEDULE S - PART 6**Five Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....	158	612	2,579	2,608	2,816
2. Commissions and reinsurance expense allowances .....	0	0	0	161	14
3. Contract claims .....	152	1,413	132	1,122	2,443
4. Surrender benefits and withdrawals for life contracts .....					
5. Dividends to policyholders .....					
6. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts .....					
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts .....	0	0	0	0	0
10. Liability for deposit-type contracts .....					
11. Contract claims unpaid .....	0	0	0	0	0
12. Amounts recoverable on reinsurance .....	2	0	0	1	76
13. Experience rating refunds due or unpaid .....				0	0
14. Policyholders' dividends (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....			0		XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....			0		XXX
23. Funds deposited by and withheld from (F) .....			0		XXX
24. Letters of credit (L) .....			0		XXX
25. Trust agreements (T) .....			0		XXX
26. Other (O) .....			0		XXX

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	14,748,093		14,748,093
2. Reinsurance (Line 16) .....	2,002	(2,002)	0
3. Premiums and considerations (Line 15) .....	18,066	.0	18,066
4. Net credit for ceded reinsurance .....	XXX	2,002	2,002
5. All other admitted assets (balance) .....	1,699,120		1,699,120
6. Total assets excluding Separate Accounts (Line 26) .....	16,467,281	.0	16,467,281
7. Separate Account assets (Line 27) .....	0		0
8. Total assets (Line 28)	16,467,281	0	16,467,281
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	0	0	0
10. Liability for deposit-type contracts (Line 3) .....			0
11. Claim reserves (Line 4) .....	905,779	.0	905,779
12. Policyholder dividends/reserves (Lines 5 through 7) .....	0		0
13. Premium & annuity considerations received in advance (Line 8) .....	.84,079		.84,079
14. Other contract liabilities (Line 9) .....	(1,538)		(1,538)
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			0
19. All other liabilities (balance) .....	4,474,005		4,474,005
20. Total liabilities excluding Separate Accounts (Line 26) .....	5,462,325	.0	5,462,325
21. Separate Account liabilities (Line 27) .....			0
22. Total liabilities (Line 28)	5,462,325	0	5,462,325
23. Capital & surplus (Line 38) .....	11,004,957	XXX	11,004,957
24. Total liabilities, capital & surplus (Line 39)	16,467,282	0	16,467,282
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	0		
26. Claim reserves .....	0		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	0		
29. Liability for deposit-type contracts .....	0		
30. Other contract liabilities .....	0		
31. Reinsurance ceded assets .....	2,002		
32. Other ceded reinsurance recoverables .....	0		
33. Total ceded reinsurance recoverables .....	2,002		
34. Premiums and considerations .....	0		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	0		
40. Total ceded reinsurance payable/offsets .....	0		
41. Total net credit for ceded reinsurance	2,002		

**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 .....	.0	.0			.0
2. Alaska .....	AK .....	.0	.0			.0
3. Arizona .....	AZ .....	.0	.0			.0
4. Arkansas .....	AR .....	.0	.0			.0
5. California .....	CA .....	.0	.0			.0
6. Colorado .....	CO .....	.0	.0			.0
7. Connecticut .....	CT .....	.0	.0			.0
8. Delaware .....	DE .....	.0	.0			.0
9. District of Columbia .....	DC .....	.0	.0			.0
10. Florida .....	FL .....	.0	.0			.0
11. Georgia .....	GA .....	.0	.0			.0
12. Hawaii .....	HI .....	.0	.0			.0
13. Idaho .....	ID .....	.0	.0			.0
14. Illinois .....	IL .....	.0	.0			.0
15. Indiana .....	IN .....	163,185	.0			.163,185
16. Iowa .....	IA .....	.0	.0			.0
17. Kansas .....	KS .....	.0	.0			.0
18. Kentucky .....	KY .....	.0	.0			.0
19. Louisiana .....	LA .....	.0	.0			.0
20. Maine .....	ME .....	.0	.0			.0
21. Maryland .....	MD .....	.0	.0			.0
22. Massachusetts .....	MA .....	.0	.0			.0
23. Michigan .....	MI .....	.0	.0			.0
24. Minnesota .....	MN .....	.0	.0			.0
25. Mississippi .....	MS .....	.0	.0			.0
26. Missouri .....	MO .....	.0	.0			.0
27. Montana .....	MT .....	.0	.0			.0
28. Nebraska .....	NE .....	.0	.0			.0
29. Nevada .....	NV .....	.0	.0			.0
30. New Hampshire .....	NH .....	.0	.0			.0
31. New Jersey .....	NJ .....	.0	.0			.0
32. New Mexico .....	NM .....	.0	.0			.0
33. New York .....	NY .....	.0	.0			.0
34. North Carolina .....	NC .....	.0	.0			.0
35. North Dakota .....	ND .....	.0	.0			.0
36. Ohio .....	OH .....	95,393	.0			.95,393
37. Oklahoma .....	OK .....	.0	.0			.0
38. Oregon .....	OR .....	.0	.0			.0
39. Pennsylvania .....	PA .....	.0	.0			.0
40. Rhode Island .....	RI .....	.0	.0			.0
41. South Carolina .....	SC .....	.0	.0			.0
42. South Dakota .....	SD .....	.0	.0			.0
43. Tennessee .....	TN .....	.0	.0			.0
44. Texas .....	TX .....	.0	.0			.0
45. Utah .....	UT .....	.0	.0			.0
46. Vermont .....	VT .....	.0	.0			.0
47. Virginia .....	VA .....	.0	.0			.0
48. Washington .....	WA .....	.0	.0			.0
49. West Virginia .....	WV .....	8,361	.0			.8,361
50. Wisconsin .....	WI .....	.0	.0			.0
51. Wyoming .....	WY .....	.0	.0			.0
52. American Samoa .....	AS .....	.0	.0			.0
53. Guam .....	GU .....	.0	.0			.0
54. Puerto Rico .....	PR .....	.0	.0			.0
55. U.S. Virgin Islands .....	VI .....	.0	.0			.0
56. Northern Mariana Islands .....	MP .....	.0	.0			.0
57. Canada .....	CAN .....	.0	.0			.0
58. Aggregate Other Alien .....	OT .....	.0	.0			.0
59. Total .....		266,939	0	0	0	266,939

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

# NON

Explanation

# INNOL

Schedule Y - Part 2  
**N O N E**

## **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.

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
<b>JUNE FILING</b>	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
<b>AUGUST FILING</b>	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
<p>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.</p>	
<b>MARCH FILING</b>	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
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
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
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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
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
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
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
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
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
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
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
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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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
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
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
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
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
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
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
34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
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
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
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
40. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) be filed with the state of domicile by March 15?	.....	NO

### APRIL FILING

41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
44. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
45. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	.....	NO
46. 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
47. 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
48. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....	YES
49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	YES
50. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	YES

### AUGUST FILING

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

12. We are not publicly traded

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37. We are not publicly traded

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Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]

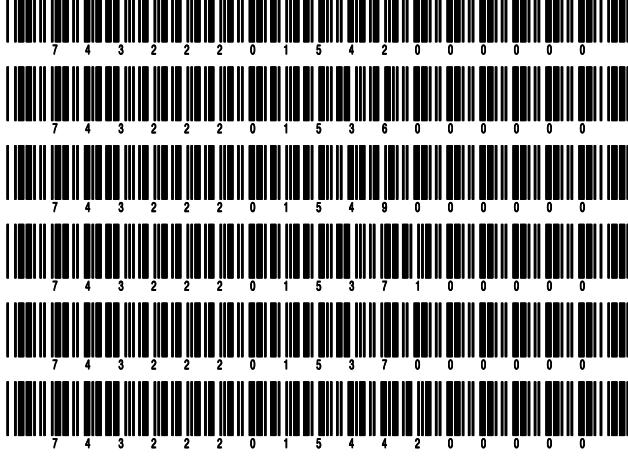
13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

14. Trusteed Surplus Statement [Document Identifier 490]

15. Participating Opinion for Exhibit 5 [Document Identifier 371]

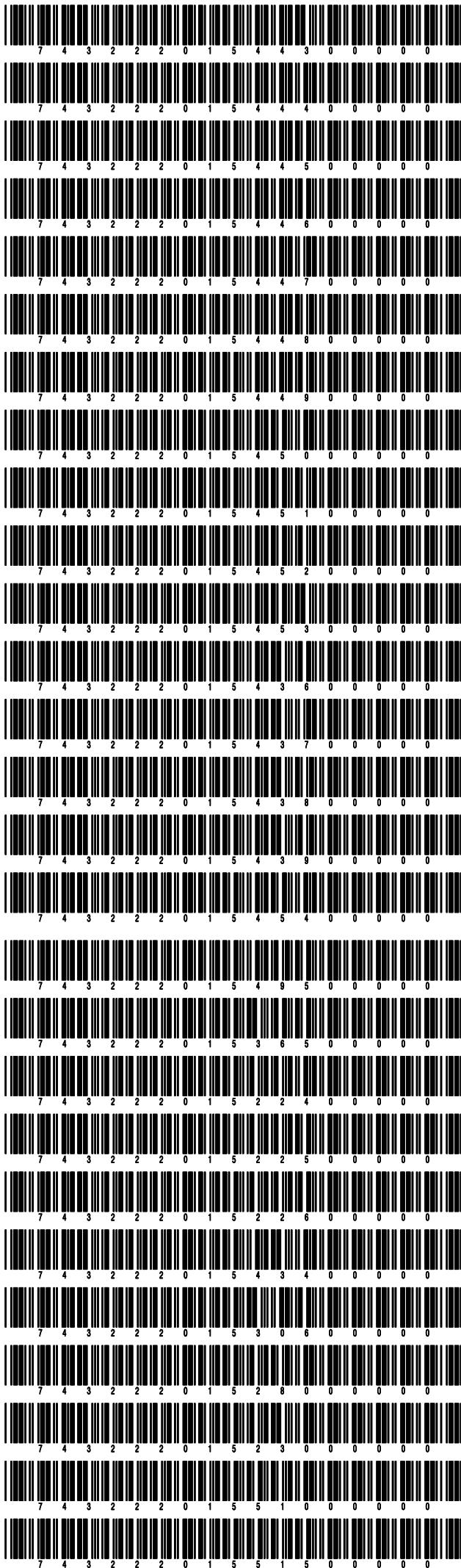
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

17. Actuarial Opinion on X-Factors [Document Identifier 442]



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18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
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27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
33. 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 [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
36. Medicare Part D Coverage Supplement [Document Identifier 365]
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
39. Relief from the Requirements for Audit Committees [Document Identifier 226]
40. Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) [Document Identifier 434]
41. Long-Term Care Experience Reporting Forms [Document Identifier 306]
42. Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]
43. Credit Insurance Experience Exhibit [Document Identifier 230]
45. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]
46. Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]



**OVERFLOW PAGE FOR WRITE-INS**



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

## SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2015  
(To Be Filed by March 1)

Of The Medical Benefits Mutual Life Insurance Co. ....  
ADDRESS (City, State and Zip Code) Newark, OH 43055  
NAIC Group Code 0000 NAIC Company Code 74322 Employer's Identification Number (FEIN) 31-4210910

### SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses  
(\$000 OMITTED)

#### Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2011	2 2012	3 2013	4 2014	5 2015(a)
1. Prior	(18,118)	(21,593)	(17,116)	6,987	0
2. 2011	15,426	2,269	(31)	(8)	0
3. 2012	XXX	15,131	2,959	26	(4)
4. 2013	XXX	XXX	16,506	4,484	(2)
5. 2014	XXX	XXX	XXX	4,783	832
6. 2015	XXX	XXX	XXX	XXX	3,597

#### Section B - Other Accident and Health

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	
6. 2015	XXX	XXX	XXX	XXX	XXX

#### Section C - Credit Accident and Health

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	
6. 2015	XXX	XXX	XXX	XXX	XXX

#### Section D - Life

1. Prior	(234)	(283)	(94)	(105)	0
2. 2011	130	0	0	0	0
3. 2012	XXX	.54	25	0	0
4. 2013	XXX	XXX	92	15	0
5. 2014	XXX	XXX	XXX	65	0
6. 2015	XXX	XXX	XXX	XXX	55

#### Section E -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	
6. 2015	XXX	XXX	XXX	XXX	XXX

#### Section F -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	
6. 2015	XXX	XXX	XXX	XXX	XXX

#### Section G -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	
6. 2015	XXX	XXX	XXX	XXX	XXX

(a) See paragraph 9 of the Annual Audited Financial Report in the General section of the annual statement in

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

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.0	0	0	.0	
2. 2011 .....	814	0	0	.0	
3. 2012 .....	XXX	883	0	.0	
4. 2013 .....	XXX	XXX	1,344	.0	
5. 2014 .....	XXX	XXX	XXX	658	
6. 2015 .....	XXX	XXX	XXX	XXX	462

**Section B - Other Accident and Health**

1. Prior .....					
2. 2011 .....					
3. 2012 .....	XXX				
4. 2013 .....	XX	XX			
5. 2014 .....	XX	XXX	XXX		
6. 2015 .....	XXX	XXX	XXX	XXX	

**Section C - Credit Accident and Health**

1. Prior .....					
2. 2011 .....					
3. 2012 .....	XXX				
4. 2013 .....	XX	XX			
5. 2014 .....	XX	XXX	XXX		
6. 2015 .....	XXX	XXX	XXX	XXX	

**Section D -**

1. Prior .....					
2. 2011 .....					
3. 2012 .....	XXX				
4. 2013 .....	XX	XX			
5. 2014 .....	XX	XXX	XXX		
6. 2015 .....	XXX	XXX	XXX	XXX	

**Section E -**

1. Prior .....					
2. 2011 .....					
3. 2012 .....	XXX				
4. 2013 .....	XX	XX			
5. 2014 .....	XX	XXX	XXX		
6. 2015 .....	XXX	XXX	XXX	XXX	

**Section F -**

1. Prior .....					
2. 2011 .....					
3. 2012 .....	XXX				
4. 2013 .....	XX	XX			
5. 2014 .....	XX	XXX	XXX		
6. 2015 .....	XXX	XXX	XXX	XXX	

**Section G -**

1. Prior .....					
2. 2011 .....					
3. 2012 .....	XXX				
4. 2013 .....	XX	XX			
5. 2014 .....	XX	XXX	XXX		
6. 2015 .....	XXX	XXX	XXX	XXX	

**SCHEDULE O SUPPLEMENT****SUPPLEMENTAL SCHEDULE O - PART 3**

## Development of Incurred Losses

(\$000 OMITTED)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011 .....	19,525	2,343	(31)	XXX	XXX
2. 2012 .....	XXX	18,267	2,984	26	XXX
3. 2013 .....	XXX	XXX	20,550	4,484	(2)
4. 2014 .....	XXX	XXX	XXX	6,123	832
5. 2015	XXX	XXX	XXX	XXX	4,443

**Section B - Other Accident and Health**

1. 2011 .....	XXX	XXX	XXX	XXX	XXX
2. 2012 .....	XXX	XXX	XXX	XXX	XXX
3. 2013 .....	XXX	XXX	XXX	XXX	XXX
4. 2014 .....	XXX	XXX	XXX	XXX	XXX
5. 2015	XXX	XXX	XXX	XXX	XXX

**NONE****Section C - Credit Accident and Health**

1. 2011 .....	XXX	XXX	XXX	XXX	XXX
2. 2012 .....	XXX	XXX	XXX	XXX	XXX
3. 2013 .....	XXX	XXX	XXX	XXX	XXX
4. 2014 .....	XXX	XXX	XXX	XXX	XXX
5. 2015	XXX	XXX	XXX	XXX	XXX

**NONE****Section D -**

1. 2011 .....	205	0	0	XXX	XXX
2. 2012 .....	XXX	144	25	0	XXX
3. 2013 .....	XXX	XXX	152	25	0
4. 2014 .....	XXX	XXX	XXX	125	0
5. 2015	XXX	XXX	XXX	XXX	115

**Section E -**

1. 2011 .....	XXX	XXX	XXX	XXX	XXX
2. 2012 .....	XXX	XXX	XXX	XXX	XXX
3. 2013 .....	XXX	XXX	XXX	XXX	XXX
4. 2014 .....	XXX	XXX	XXX	XXX	XXX
5. 2015	XXX	XXX	XXX	XXX	XXX

**NONE****Section F -**

1. 2011 .....	XXX	XXX	XXX	XXX	XXX
2. 2012 .....	XXX	XXX	XXX	XXX	XXX
3. 2013 .....	XXX	XXX	XXX	XXX	XXX
4. 2014 .....	XXX	XXX	XXX	XXX	XXX
5. 2015	XXX	XXX	XXX	XXX	XXX

**NONE****Section G -**

1. 2011 .....	XXX	XXX	XXX	XXX	XXX
2. 2012 .....	XXX	XXX	XXX	XXX	XXX
3. 2013 .....	XXX	XXX	XXX	XXX	XXX
4. 2014 .....	XXX	XXX	XXX	XXX	XXX
5. 2015	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE O SUPPLEMENT**  
**SUPPLEMENTAL SCHEDULE O - PART 4**

## Development of Incurred Losses

(\$000 OMITTED)

**Section A - Group Accident and Health**

Years 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 2011	2 2012	3 2013	4 2014	5 2015
1. 2011 .....	22,992	0	0	(8)	0
2. 2012 .....	XXX	19,150	0	26	(4)
3. 2013 .....	XXX	XXX	21,894	4,484	(2)
4. 2014 .....	XXX	XXX	XXX	6,841	832
5. 2015 .....	XXX	XXX	XXX	XXX	4,965

**Section B - Other Accident and Health**

1. 2011 .....	XXX				
2. 2012 .....	XXX				
3. 2013 .....	XXX	XX			
4. 2014 .....	XX	XX	XXX		
5. 2015 .....	XX	XXX	XXX	XXX	XXX

**Section C - Group Accident and Health**

1. 2011 .....	XXX				
2. 2012 .....	XXX				
3. 2013 .....	XXX	XX			
4. 2014 .....	XX	XX	XXX		
5. 2015 .....	XX	XXX	XXX	XXX	XXX

**Section D - Other Accident and Health**

1. 2011 .....	254	0	0	0	0
2. 2012 .....	XXX	144	0	0	0
3. 2013 .....	XXX	XXX	152	15	0
4. 2014 .....	XXX	XXX	XXX	125	0
5. 2015 .....	XXX	XXX	XXX	XXX	115

**Section E -**

1. 2011 .....	XXX				
2. 2012 .....	XXX				
3. 2013 .....	XXX	XX			
4. 2014 .....	XX	XX	XXX		
5. 2015 .....	XX	XXX	XXX	XXX	XXX

**Section F -**

1. 2011 .....	XXX				
2. 2012 .....	XXX				
3. 2013 .....	XXX	XX			
4. 2014 .....	XX	XX	XXX		
5. 2015 .....	XX	XXX	XXX	XXX	XXX

**Section G -**

1. 2011 .....	XXX				
2. 2012 .....	XXX				
3. 2013 .....	XXX	XX			
4. 2014 .....	XX	XX	XXX		
5. 2015 .....	XX	XXX	XXX	XXX	XXX

**Section H -****SUPPLEMENTAL SCHEDULE O - PART 5**

(\$000 OMITTED)

**Reserve and Liability Methodology - Exhibits 6 and 8**

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 .....		
7. Group Annuities .....		
8. Group Accident and Health .....		
9. Credit Accident and Health .....		
10. Other Accident and Health .....		
11. Total .....		906

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