



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Medical Benefits Mutual Life Insurance Co.

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []

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, 800-423-3151
(Street and Number) (Area Code) (Telephone Number)
Newark, OH, US 43055

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

Primary Location of Books and Records 1975 Tamarack Road, 800-423-3151
(Street and Number) (Area Code) (Telephone Number)
Newark, OH, US 43055

Internet Website Address www.medben.com

Statutory Statement Contact John Edward Nydegger, Jr., 800-423-3151
(Name) (Area Code) (Telephone Number)
enydegger@medben.com, 740-522-7526
(E-mail Address) (FAX Number)

OFFICERS

President & CEO	<u>Kurt Jeffrey Harden</u>	Sr. VP, Compliance & Chief Privacy Officer	<u>Caroline Fischer Rouse Fraker</u>
Vice President of Finance, Controller, & Treasurer	<u>John Edward Nydegger Jr.</u>		

OTHER

Lori Sue Kane, Vice President	<u>Wendell David Crain, Vice President of Information Systems & Chief Security Officer</u>	
-------------------------------	--	--

DIRECTORS OR TRUSTEES

<u>Jeffrey Scott Cantley</u>	<u>Charles Daniel Delawder</u>	<u>Douglas James Freeman</u>
<u>Kurt Jeffrey Harden</u>	<u>Andrew Stevens Dix</u>	

State of Ohio SS: _____
County of Licking

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kurt Jeffrey Harden
President & CEO

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

Caroline Fischer Rouse Fraker
Sr. VP, Compliance & Chief Privacy Officer

Subscribed and sworn to before me this
26 day of February 2021

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

b. If no,

1. State the amendment number.....

2. Date filed 02/26/2021

3. Number of pages attached.....

Ashley Elizabeth Barry
Notary Public - Ohio
08/25/2024



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Arkansas
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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)										
POLICY EXHIBIT					No. of Policies					
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)						

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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)										
POLICY EXHIBIT					No. of Policies					
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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				98,636		98,636
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		98,636	0	98,636
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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
Annuites:						
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
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits				10,003		10,003
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
14. All other benefits, except accident and health						0
15. Totals	0	0		10,003	0	10,003
DETAILS OF WRITE-INS						
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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	23,381,020	0	0	37	23,381,020
21. Issued during year					4	7,115,500			4	7,115,500
22. Other changes to in force (Net)					(27)	(11,590,480)			(27)	(11,590,480)
23. In force December 31 of current year	0	0	0	(a)	0	18,906,040	0	0	14	18,906,040

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	140,581	128,847			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (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)	140,581	128,847	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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Kansas
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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)										
POLICY EXHIBIT					No. of Policies					
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)						

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Missouri
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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)										
POLICY EXHIBIT					No. of Policies					
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)						

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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)										
POLICY EXHIBIT					No. of Policies					
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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Ohio
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				26,344		26,344
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		26,344	0	26,344
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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
Annuites:						
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
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits				28,000		28,000
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
14. All other benefits, except accident and health						0
15. Totals	0	0		28,000	0	28,000
DETAILS OF WRITE-INS						
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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	22	14,759,990	0	22	14,759,990
21. Issued during year					3	12,314,520			3	12,314,520
22. Other changes to in force (Net)					(8)	(5,206,600)			(8)	(5,206,600)
23. In force December 31 of current year	0	0	0	(a)	0	17	21,867,910	0	0	21,867,910

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	214,401	210,917			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (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)	214,401	210,917	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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

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

DURING THE YEAR 2020
NAIC Company Code 74322

LIFE INSURANCE		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Tennessee
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			XXX
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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)										
POLICY EXHIBIT					No. of Policies					
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)						

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fee 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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 74322

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				8,319		8,319
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		8,319	0	8,319
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
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
Annuites:						
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
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
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
14. All other benefits, except accident and health						0
15. Totals	0	0		0	0	0
DETAILS OF WRITE-INS						
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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	1,722,820	0	0	4	1,722,820
21. Issued during year					0	135,000			0	135,000
22. Other changes to in force (Net)					(1)	(655,680)			(1)	(655,680)
23. In force December 31 of current year	0	0	0	(a)	0	1,202,140	0	0	3	1,202,140

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	7,158	5,549			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (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)	7,158	5,549	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 2020 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Grand Total
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	0	0	0	133,299	0	133,299
2. Annuity considerations	0	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	0	XXX	0
4. Other considerations	0	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	133,299	0	133,299
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	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	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	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
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	38,003	0	38,003
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	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	0	0	0	0	0
15. Totals	0	0	0	38,003	0	38,003
DETAILS OF WRITE-INS						
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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	63	39,863,830	0	0	.63	39,863,830
21. Issued during year	0	0	0	0	7	19,565,020	0	0	.7	19,565,020
22. Other changes to in force (Net)	0	0	0	0	(36)	(17,452,760)	0	0	(36)	(17,452,760)
23. In force December 31 of current year	0	0	0	(a) 0	34	41,976,090	0	0	34	41,976,090

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	362,140	345,313	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/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
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)	362,140	345,313	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	(1,676)
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)	(1,676)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	110
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(1,786)

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. 2020	110	0	0	110
2. 2021	(1,090)	0	0	(1,090)
3. 2022	(93)	0	0	(93)
4. 2023	(88)	0	0	(88)
5. 2024	(71)	0	0	(71)
6. 2025	(53)	0	0	(53)
7. 2026	(381)	0	0	(381)
8. 2027	(10)	0	0	(10)
9. 2028	0	0	0	0
10. 2029	0	0	0	0
11. 2030	0	0	0	0
12. 2031	0	0	0	0
13. 2032	0	0	0	0
14. 2033	0	0	0	0
15. 2034	0	0	0	0
16. 2035	0	0	0	0
17. 2036	0	0	0	0
18. 2037	0	0	0	0
19. 2038	0	0	0	0
20. 2039	0	0	0	0
21. 2040	0	0	0	0
22. 2041	0	0	0	0
23. 2042	0	0	0	0
24. 2043	0	0	0	0
25. 2044	0	0	0	0
26. 2045	0	0	0	0
27. 2046	0	0	0	0
28. 2047	0	0	0	0
29. 2048	0	0	0	0
30. 2049	0	0	0	0
31. 2050 and Later			0	0
32. Total (Lines 1 to 31)	(1,676)	0	0	(1,676)

ANNUAL STATEMENT FOR THE YEAR 2020 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	5,218	0	5,218	1,203,551	163,525	1,367,076	1,372,294
2. Realized capital gains/(losses) net of taxes - General Account			0	69,573		69,573	69,573
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	537,676		537,676	537,676
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	1,354	0	1,354	0	0	0	1,354
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	6,573	0	6,573	1,810,800	163,525	1,974,325	1,980,897
9. Maximum reserve	8,824	0	8,824	1,470,818	151,906	1,622,724	1,631,549
10. Reserve objective	4,289	0	4,289	1,470,818	151,906	1,622,724	1,627,014
11. 20% of (Line 10 - Line 8)	(457)	0	(457)	(67,996)	(2,324)	(70,320)	(70,777)
12. Balance before transfers (Lines 8 + 11)	6,116	0	6,116	1,742,803	161,201	1,904,005	1,910,121
13. Transfers			0	9,295	(9,295)	0	0
14. Voluntary contribution	(1,827)		(1,827)	(281,281)		(281,281)	(283,108)
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	4,289	0	4,289	1,470,817	151,906	1,622,724	1,627,013

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	890,166	XXX	XXX	890,166	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	2,645,499	XXX	XXX	2,645,499	0.0005	1,323	0.0016	4,233	0.0033	8,730
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	2,645,499	XXX	XXX	2,645,499	XXX	1,323	XXX	4,233	XXX	8,730
3.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.3+3.4+4.4+5.4+6.4+7+8)	3,535,665	XXX	XXX	3,535,665	XXX	1,323	XXX	4,233	XXX	8,730
		PREFERRED STOCKS										
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	500	XXX	XXX	500	0.0630	32	0.1128	56	0.1880	94
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	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	32	XXX	56	XXX	94

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)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations	309,821	XXX	XXX	309,821	0.0000	0	0.0000	0	0.0000	0
19.2	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	309,821	XXX	XXX	309,821	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	3,845,986	XXX	XXX	3,845,986	XXX	1,354	XXX	4,289	XXX	8,824

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)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality		XXX		0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality		XXX		0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality		XXX		0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality		XXX		0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality		XXX		0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other		XXX		0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality		XXX		0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality		XXX		0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality		XXX		0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality		XXX		0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality		XXX		0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages		XXX		0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other		XXX		0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other		XXX		0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages		XXX		0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed		XXX		0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other		XXX		0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed		XXX		0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other		XXX		0	0.0000	0	0.1942	0	0.1942	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	0.0034	0	0.0114	0	0.0149	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)
33		COMMON STOCK										
1.		Unaffiliated - Public	4,074,189	XXX	XXX	4,074,189	0.0000	0	0.1580 (a)	643,722	0.1580 (a)	643,722
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	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	0.1580 (a)	0	0.1580 (a)	0
14.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	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	0.1580	0	0.1580	0
17.		Affiliated - All Other	4,252,422	XXX	XXX	4,252,422	0.0000	0	0.1945	827,096	0.1945	827,096
18.		REAL ESTATE	8,326,611	0	0	8,326,611	XXX	0	XXX	1,470,818	XXX	1,470,818
19.		Home Office Property (General Account only)	1,665,641			1,665,641	0.0000	0	0.0912	151,906	0.0912	151,906
20.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
21.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
		Total Real Estate (Sum of Lines 18 through 20)	1,665,641	0	0	1,665,641	XXX	0	XXX	151,906	XXX	151,906
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.		Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
26.		High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
27.		Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
28.		Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
29.		Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
		In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	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	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)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
	38.	Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
	39.	Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
	40.	Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
	41.	Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
	42.	Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
	43.	Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
	44.	Residential Mortgages - All Other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
	45.	Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
	46.	Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
	47.	Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
	48.	Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
	49.	Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
	50.	Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
	51.	Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
	52.	Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
	53.	Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
	54.	Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
	55.	Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
	56.	Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	57.	Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
	58.	Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
	59.	Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
	60.	Unaffiliated - In Good Standing All Other			XXX	0	0.0069	0	0.0200	0	0.0257	0
	61.	Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
	62.	Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
	63.	Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	64.	Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	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	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	0.1580 (a)	0	0.1580 (a)	
67.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	
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	0.1580	0	0.1580	
70.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	
		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	0.0912	0	0.0912	
73.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	
74.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	
		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	0.0042	0	0.0042	
83.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	
84.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	
85.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	
		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 .1215, Maximum .2431).

(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 2020 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		Other Individual Contracts							
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other	
	1 Amount	2 %	3 Amount	4 %												
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																
1. Premiums written	370,661	XXX	370,661	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	387,333	XXX	387,333	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	177,231	45.8	177,231	45.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	15,104	3.9	15,104	3.9		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	192,335	49.7	192,335	49.7	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
7. Commissions (a)	13,883	3.6	13,883	3.6		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses	2,289,972	591.2	2,289,972	591.2		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees	17,458	4.5	17,458	4.5		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	2,321,313	599.3	2,321,313	599.3	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
12. Gain from underwriting before dividends or refunds	(2,126,315)	(549.0)	(2,126,315)	(549.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(2,126,315)	(549.0)	(2,126,315)	(549.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																
1101.																
1102.																
1103.																
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
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

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

ANNUAL STATEMENT FOR THE YEAR 2020 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
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	37,770	37,770							
3. Reserve for rate credits	0								
4. Total premium reserves, current year	37,770	37,770	0	0	0	0	0	0	0
5. Total premium reserves, prior year	54,442	54,442	0	0	0	0	0	0	0
6. Increase in total premium reserves	(16,672)	(16,672)	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	39,651	39,651	0	0	0	0	0	0	0
2. Total prior year	49,984	49,984	0	0	0	0	0	0	0
3. Increase	(10,333)	(10,333)	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	49,984	49,984							
1.2 On claims incurred during current year	137,580	137,580							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								
2.2 On claims incurred during current year	39,651	39,651							
3. Test:									
3.1 Lines 1.1 and 2.1	49,984	49,984	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	49,984	49,984	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	0	0	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	0								
2. Premiums earned	0								
3. Incurred claims	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
A. Direct:				
1. Incurred Claims		160,344	16,888	177,232
2. Beginning Claim Reserves and Liabilities		37,140	12,844	49,984
3. Ending Claim Reserves and Liabilities		33,655	5,996	39,651
4. Claims Paid	0	163,829	23,736	187,565
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities				0
11. Ending Claim Reserves and Liabilities				0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	160,344	16,888	177,232
14. Beginning Claim Reserves and Liabilities	0	37,140	12,844	49,984
15. Ending Claim Reserves and Liabilities	0	33,655	5,996	39,651
16. Claims Paid	0	163,829	23,736	187,565
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses		160,344	31,991	192,335
18. Beginning Reserves and Liabilities		37,140	12,844	49,984
19. Ending Reserves and Liabilities	0	33,655	5,996	39,651
20. Paid Claims and Cost Containment Expenses	0	163,829	38,839	202,668

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 2020 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

ANNUAL STATEMENT FOR THE YEAR 2020 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 .. US .. CO/G .. OL ..							6,114,490			10,151				
0899999. General Account - Authorized U.S. Non-Affiliates							6,114,490	0	0	10,151	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	0	7,000	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							8,114,490	0	0	17,151	0	0	0	0
1199999. Total General Account Authorized							8,114,490	0	0	17,151	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction, and Certified							8,114,490	0	0	17,151	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							6,114,490	0	0	10,151	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							2,000,000	0	0	7,000	0	0	0	0
9999999 - Totals							8,114,490	0	0	17,151	0	0	0	0

Schedule S - Part 3 - Section 2

N O N E

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 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	17	30	45	0	85
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	40	0	0	51
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	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	25	0	0	0	0
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (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	0		0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust		0	0	0	0
23. Funds deposited by and withheld from (F)	0	0	0	0	0
24. Letters of credit (L)	0	0	0	0	0
25. Trust agreements (T)	0	0	0	0	0
26. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	13,925,345		13,925,345
2. Reinsurance (Line 16)	25,000	-(25,000)	0
3. Premiums and considerations (Line 15)	0	0	0
4. Net credit for ceded reinsurance	XXX	25,000	25,000
5. All other admitted assets (balance)	2,446,496		2,446,496
6. Total assets excluding Separate Accounts (Line 26)	16,396,841	0	16,396,841
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	16,396,841	0	16,396,841
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	0	0	0
10. Liability for deposit-type contracts (Line 3)			0
11. Claim reserves (Line 4) .....	.59,722	0	.59,722
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8) .....	.43,325		.43,325
14. Other contract liabilities (Line 9)	0		0
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)	3,878,273		3,878,273
20. Total liabilities excluding Separate Accounts (Line 26)	3,981,320	0	3,981,320
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	3,981,320	0	3,981,320
23. Capital & surplus (Line 38)	12,415,521	XXX	12,415,521
24. Total liabilities, capital & surplus (Line 39)	16,396,841	0	16,396,841
NET CREDIT FOR CEDED REINSURANCE			
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	25,000		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	25,000		
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	25,000		

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	0
2. Alaska	AK	.0	.0			.0	0
3. Arizona	AZ	.0	.0			.0	0
4. Arkansas	AR	.0	.0			.0	0
5. California	CA	.0	.0			.0	0
6. Colorado	CO	.0	.0			.0	0
7. Connecticut	CT	.0	.0			.0	0
8. Delaware	DE	.0	.0			.0	0
9. District of Columbia	DC	.0	.0			.0	0
10. Florida	FL	.0	.0			.0	0
11. Georgia	GA	.0	.0			.0	0
12. Hawaii	HI	.0	.0			.0	0
13. Idaho	ID	.0	.0			.0	0
14. Illinois	IL	.0	.0			.0	0
15. Indiana	IN	98,636	.0			.0	98,636
16. Iowa	IA	.0	.0			.0	0
17. Kansas	KS	.0	.0			.0	0
18. Kentucky	KY	.0	.0			.0	0
19. Louisiana	LA	.0	.0			.0	0
20. Maine	ME	.0	.0			.0	0
21. Maryland	MD	.0	.0			.0	0
22. Massachusetts	MA	.0	.0			.0	0
23. Michigan	MI	.0	.0			.0	0
24. Minnesota	MN	.0	.0			.0	0
25. Mississippi	MS	.0	.0			.0	0
26. Missouri	MO	.0	.0			.0	0
27. Montana	MT	.0	.0			.0	0
28. Nebraska	NE	.0	.0			.0	0
29. Nevada	NV	.0	.0			.0	0
30. New Hampshire	NH	.0	.0			.0	0
31. New Jersey	NJ	.0	.0			.0	0
32. New Mexico	NM	.0	.0			.0	0
33. New York	NY	.0	.0			.0	0
34. North Carolina	NC	.0	.0			.0	0
35. North Dakota	ND	.0	.0			.0	0
36. Ohio	OH	26,344	.0			.0	26,344
37. Oklahoma	OK	.0	.0			.0	0
38. Oregon	OR	.0	.0			.0	0
39. Pennsylvania	PA	.0	.0			.0	0
40. Rhode Island	RI	.0	.0			.0	0
41. South Carolina	SC	.0	.0			.0	0
42. South Dakota	SD	.0	.0			.0	0
43. Tennessee	TN	.0	.0			.0	0
44. Texas	TX	.0	.0			.0	0
45. Utah	UT	.0	.0			.0	0
46. Vermont	VT	.0	.0			.0	0
47. Virginia	VA	.0	.0			.0	0
48. Washington	WA	.0	.0			.0	0
49. West Virginia	WV	8,319	.0			.0	8,319
50. Wisconsin	WI	.0	.0			.0	0
51. Wyoming	WY	.0	.0			.0	0
52. American Samoa	AS	.0	.0			.0	0
53. Guam	GU	.0	.0			.0	0
54. Puerto Rico	PR	.0	.0			.0	0
55. U.S. Virgin Islands	VI	.0	.0			.0	0
56. Northern Mariana Islands	MP	.0	.0			.0	0
57. Canada	CAN	.0	.0			.0	0
58. Aggregate Other Alien	OT	.0	.0			.0	0
59. Total		133,299	0	0	0	0	133,299

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Medical Benefits Mutual Life Insurance Co.

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

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Medical Benefits Mutual Life Insurance Co.

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	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
APRIL FILING	
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? (Not applicable to fraternal benefit societies)	YES
7. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
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
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. 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.</u> 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>	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	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?

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?

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?

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?

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?

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?

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?

34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)

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

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

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?

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?

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?

40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	.....	NO
42.	Will the Long-Term Care Experience Reporting 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? (Not applicable to fraternal benefit societies)	.....	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....	NO
46.	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?	.....	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	YES
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	.....	NO
50.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO
51.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO
52.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO

AUGUST FILING

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

Explanations:

- 12. Not Required
- 13. Not Required
- 14. Not Required
- 15. Not Required
- 16. Not Required
- 17. Not Required
- 18. Not Required
- 19. Not Required
- 20. Not Required
- 21. Not Required
- 22. Not Required
- 23. Not Required
- 24. Not Required
- 25. Not Required
- 26. Not Required
- 27. Not Required
- 28. Not Required
- 33. Not Required
- 34. Not Required
- 36. Not Required
- 37. Not Required
- 38. Not Required
- 39. Not Required
- 40. Not Required
- 41. Not Required
- 42. Not Required
- 43. Not Required
- 45. Not Required
- 46. Not Required
- 48. Not Required
- 49. Not Required
- 50. Not Required
- 51. Not Required
- 52. Not Required

52. Not Required
Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

7 4 3 2 2 2 0 2 0 4 4 2 0 0 0 0 0 0
18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
 

7 4 3 2 2 2 0 2 0 4 4 3 0 0 0 0 0 0
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
 

7 4 3 2 2 2 0 2 0 4 4 4 0 0 0 0 0 0
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
 

7 4 3 2 2 2 0 2 0 4 4 5 0 0 0 0 0 0
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
 

7 4 3 2 2 2 0 2 0 4 4 6 0 0 0 0 0 0
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
 

7 4 3 2 2 2 0 2 0 4 4 7 0 0 0 0 0 0
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
 

7 4 3 2 2 2 0 2 0 4 4 8 0 0 0 0 0 0
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
 

7 4 3 2 2 2 0 2 0 4 4 9 0 0 0 0 0 0
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
 

7 4 3 2 2 2 0 2 0 4 5 0 0 0 0 0 0 0
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
 

7 4 3 2 2 2 0 2 0 4 5 1 0 0 0 0 0 0
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
 

7 4 3 2 2 2 0 2 0 4 5 2 0 0 0 0 0 0
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
 

7 4 3 2 2 2 0 2 0 4 5 3 0 0 0 0 0 0
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]
 

7 4 3 2 2 2 0 2 0 4 5 4 0 0 0 0 0 0
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
 

7 4 3 2 2 2 0 2 0 4 9 5 0 0 0 0 0 0
36. Medicare Part D Coverage Supplement [Document Identifier 365]
 

7 4 3 2 2 2 0 2 0 3 6 5 0 0 0 0 0 0
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
 

7 4 3 2 2 2 0 2 0 2 0 2 4 0 0 0 0 0
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
 

7 4 3 2 2 2 0 2 0 2 0 2 5 0 0 0 0 0
39. Relief from the Requirements for Audit Committees [Document Identifier 226]
 

7 4 3 2 2 2 0 2 0 2 0 2 6 0 0 0 0 0
40. VM-20 Reserves Supplement [Document Identifier 456]
 

7 4 3 2 2 2 0 2 0 4 5 6 0 0 0 0 0 0
41. Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual [Document Identifier 434]
 

7 4 3 2 2 2 0 2 0 4 3 4 0 0 0 0 0 0
42. Long-Term Care Experience Reporting Forms [Document Identifier 306]
 

7 4 3 2 2 2 0 2 0 3 0 6 0 0 0 0 0 0
43. Credit Insurance Experience Exhibit [Document Identifier 230]
 

7 4 3 2 2 2 0 2 0 2 3 0 0 0 0 0 0 0
45. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
 

7 4 3 2 2 2 0 2 0 2 1 6 0 0 0 0 0 0
46. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
 

7 4 3 2 2 2 0 2 0 2 1 7 0 0 0 0 0 0
48. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]

7 4 3 2 2 2 0 2 0 3 4 5 0 0 0 0 0 0
49. Variable Annuities Supplement [Document Identifier 286]

7 4 3 2 2 2 0 2 0 4 5 6 0 0 0 0 0 0
50. Executive Summary of the PBR Actuarial Report [Document Identifier 457]

7 4 3 2 2 2 0 2 0 4 5 7 0 0 0 0 0 0
51. Life Summary of the PBR Actuarial Report [Document Identifier 458]

7 4 3 2 2 2 0 2 0 4 5 8 0 0 0 0 0 0
52. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]

7 4 3 2 2 2 0 2 0 4 5 9 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Summary of Operations Line 8.3

	1 Current Year	2 Prior Year
08.304. Intercompany Agreement Income for Investment Related Expenses	(427,976)	(412,218)
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(427,976)	(412,218)

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. EDP Change in NAA's for Fully depreciated EDP		(30,225)	(30,225)
2597. Summary of remaining write-ins for Line 25 from overflow page	0	(30,225)	(30,225)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Medical Benefits Mutual Life Insurance Co.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations - Summary Line 8.3

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 YRT Mortality Risk Only
08.304. I/C Agreement for Investment Related Expenses	(427,977)		(115,149)			(312,828)			
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(427,977)	0	(115,149)	0	0	(312,828)	0	0	0

Additional Write-ins for Analysis of Operations - Group Life Insurance Line 8.3

	1 Total	2 Whole Life	3 Term Life	4 Universal Life	5 Variable Life	6 Variable Universal Life	7 Credit Life (d)	8 Other Group Life (a)	9 YRT Mortality Risk Only
08.304. I/C Agreement for Investment Related Expenses	(115,149)								(115,149)
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(115,149)	0	0	0	0	0	0	0	(115,149)

Additional Write-ins for Analysis of Operations - Accident and Health Line 8.3

	1 Total	Comprehensive		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
08.304. I/C Agreement for Investment Related Expenses	(312,828)		0		0	0			0	0	0	0	(312,828)
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(312,828)	0	0		0	0			0	0	0	0	(312,828)



SUPPLEMENT FOR THE YEAR 2020 OF THE Medical Benefits Mutual Life Insurance Co.

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2020
(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 2016	2 2017	3 2018	4 2019	5 2020(a)
1. Prior	(6,644)	(8,616)	(2,105)	11,849	
2. 2016	932	17	0	0	0
3. 2017	XXX	502	43	0	2
4. 2018	XXX	XXX	484	44	2
5. 2019	XXX	XXX	XXX	365	44
6. 2020	XXX	XXX	XXX	XXX	172

Section B - Other Accident and Health

1. Prior	0	0	0	0
2. 2016				
3. 2017	XXX			
4. 2018	XXX	XXX		
5. 2019	XXX	XXX	XXX	
6. 2020	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior	0	0	0	0
2. 2016				
3. 2017	XXX			
4. 2018	XXX	XXX		
5. 2019	XXX	XXX	XXX	
6. 2020	XXX	XXX	XXX	XXX

Section D -

1. Prior	(159)	(72)	(32)	(80)
2. 2016	65	65	0	0
3. 2017	XXX	59	15	0
4. 2018	XXX	XXX	48	.5
5. 2019	XXX	XXX	XXX	70
6. 2020	XXX	XXX	XXX	63

Section E -

1. Prior	0	0	0	0
2. 2016				
3. 2017	XXX			
4. 2018	XXX	XXX		
5. 2019	XXX	XXX	XXX	
6. 2020	XXX	XXX	XXX	XXX

Section F -

1. Prior	0	0	0	0
2. 2016				
3. 2017	XXX			
4. 2018	XXX	XXX		
5. 2019	XXX	XXX	XXX	
6. 2020	XXX	XXX	XXX	XXX

Section G -

1. Prior	0	0	0	0
2. 2016				
3. 2017	XXX			
4. 2018	XXX	XXX		
5. 2019	XXX	XXX	XXX	
6. 2020	XXX	XXX	XXX	XXX

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.0	0	0	.0	
2. 2016	161	0	0	.0	
3. 2017	XXX	.95	0	.0	0
4. 2018	XXX	XXX	104	.0	0
5. 2019	XXX	XXX	XXX	64	0
6. 2020	XXX	XXX	XXX	XXX	15

Section B - Other Accident and Health

1. Prior .....	.0	0	0	.0	
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior .....	.0	0	0	.0	
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	

Section D -

1. Prior .....	.0	0	0	.0	
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	

Section E -

1. Prior .....	.0	0	0	.0	
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	

Section F -

1. Prior .....	.0	0	0	.0	
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	

Section G -

1. Prior .....	.0	0	0	.0	
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	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 2016	2 2017	3 2018	4 2019	5 2020
1. 2016	1,094	17	0	XXX	XXX
2. 2017	XXX	567	43	0	XXX
3. 2018	XXX	XXX	541	44	2
4. 2019	XXX	XXX	XXX	415	44
5. 2020	XXX	XXX	XXX	XXX	211

Section B - Other Accident and Health

1. 2016	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX
4. 2019	XXX	XXX	XXX	XXX	XXX
5. 2020	XXX	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2016	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX
4. 2019	XXX	XXX	XXX	XXX	XXX
5. 2020	XXX	XXX	XXX	XXX	XXX

Section D -

1. 2016	125	65	0	XXX	XXX
2. 2017	XXX	117	15	0	XXX
3. 2018	XXX	XXX	81	5	0
4. 2019	XXX	XXX	XXX	93	0
5. 2020	XXX	XXX	XXX	XXX	83

Section E -

1. 2016	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX
4. 2019	XXX	XXX	XXX	XXX	XXX
5. 2020	XXX	XXX	XXX	XXX	XXX

Section F -

1. 2016	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX
4. 2019	XXX	XXX	XXX	XXX	XXX
5. 2020	XXX	XXX	XXX	XXX	XXX

Section G -

1. 2016	XXX	XXX	XXX	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX
4. 2019	XXX	XXX	XXX	XXX	XXX
5. 2020	XXX	XXX	XXX	XXX	XXX

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 2016	2 2017	3 2018	4 2019	5 2020
1. 2016	1,353	.17	.0	.0	
2. 2017	XXX	727	43	.0	2
3. 2018	XXX	XXX	702	44	2
4. 2019	XXX	XXX	XXX	530	44
5. 2020	XXX	XXX	XXX	XXX	315

Section B - Other Accident and Health

1. 2016					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2016					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

Section D -

1. 2016	185	.65	0	.0	0
2. 2017	XXX	176	15	.0	0
3. 2018	XXX	XXX	113	.5	0
4. 2019	XXX	XXX	XXX	115	0
5. 2020	XXX	XXX	XXX	XXX	103

Section E -

1. 2016					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

Section F -

1. 2016					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

Section G -

1. 2016					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

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	Incurred But Not Reported .....	.20
7. Group Annuities		
8. Group Accident and Health	Incurred But Not Reported .....	.40
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		60