



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

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021

OF THE CONDITION AND AFFAIRS OF THE

Medical Benefits Mutual Life Insurance Co.

NAIC Group Code 0000 (Current) 0000 (Prior) NAIC Company Code 74322 Employer's ID Number 31-4210910
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

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)

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)

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

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

OTHER

Lori Sue Kane, Vice President Wendell David Crain, Vice President of Information Systems & Chief Security Officer

DIRECTORS OR TRUSTEES

Jeffrey Scott Cantley David Lawrence Trautman
Kurt Jeffrey Harden Andrew Stevens Dix
Douglas James Freeman

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

Yes [X] No []

a. Is this an original filing?

b. If no,

1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this 13th day of November 2021

Sue Marie Bellis
Notary Public
April 29, 2026





Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Medical Benefits Mutual Life Insurance Co. NAIC No. 74322

We, the undersigned executive officers of Medical Benefits Mutual Life Insurance Co. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☒ Life & Health ☐ Health ☐ Other _____

Applicable documents:

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "*Annual Statement Electronic Filing[s]*," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."

Date of filing with the NAIC: _____ ☐ An original jurat page is attached.

☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "*Risk-Based Capital Electronic Filing*," which "includes all risk-based capital data" due March 1.

Date of filing with the NAIC: _____ ☐ An original, notarized signature page is attached.

☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."

Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: _____

☐ All original notarized signature pages are attached, as applicable.

☐ Original filing. ☐ Amended filing.

☒ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.

Date of filing with the NAIC: _____

☒ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.

Date of filing with the NAIC: _____

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.

Date of filing with the NAIC: _____

☐ Original filing. ☐ Amended filing.

Signature: _____ Date: 11/05/21

(Name) Kurt J. Harden
(Title)* President & CEO

Signature: _____ Date: 11/05/21

(Name) John E. Nydegger, Jr.
(Title)* VP of Finance & Treasurer

Signature: _____ Date: 11/05/21

(Name) Caroline F.R. Fraker
(Title)* Sr. VP, Compliance & CPO

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)