



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Medical Benefits Mutual Life Insurance Co.

NAIC Group Code 0000 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
(Street and Number) Newark, OH, US 43055
(City or Town, State, Country and Zip Code) 800-423-3151
(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
(Street and Number) Newark, OH, US 43055
(City or Town, State, Country and Zip Code) 800-423-3151
(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, Secretary Caroline Fischer Rouse Fraker
Vice President of Finance, Controller, & Treasurer John Edward Nydegger Jr.

OTHER

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

DIRECTORS OR TRUSTEES

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

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 & Secretary

Subscribed and sworn to before me this _____ day of _____

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

Stefanie Anne Clay
Notary Public, State of Ohio
May 25, 2026



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Arkansas
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pol. & Certifs., Amount), 3-4 Credit Life (Group and Individual) (No. of Ind. Pol. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pol. & Certifs., Amount), 9-10 Total (No. of Pol. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various accident types.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various sub-categories.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance			83,834		83,834
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	83,834	0	83,834
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
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits			64,750		64,750
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	64,750	0	64,750
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	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										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	14	18,906,040	0	0	14	18,906,040
21. Issued during year					0	34,630,780			0	34,630,780
22. Other changes to in force (Net)					(3)	(13,019,100)			(3)	(13,019,100)
23. In force December 31 of current year	0	0	0	(a) 0	11	40,517,720	0	0	11	40,517,720

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	82,129	76,139			
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-cancelable (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)	82,129	76,139	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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Kansas
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various sub-categories.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various accident types.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 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. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various accident types.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Missouri
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various accident types.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

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

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 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. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various accident types.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Ohio
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance						25,573				25,573
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			25,573		0		25,573
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
Annuities:										
7.1 Paid in cash or left on deposit										0
7.2 Applied to provide paid-up annuities										0
7.3 Other										0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0			0		0		0
8. Grand Totals (Lines 6.5 plus 7.4)	0		0			0		0		0
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits						15,001				15,001
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			15,001		0		15,001
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	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										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										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 17	21,867,910	0	0	17	21,867,910
21. Issued during year					0	28,844,710			0	28,844,710
22. Other changes to in force (Net)					(4)	(10,737,700)			(4)	(10,737,700)
23. In force December 31 of current year	0	0	0	(a) 0	13	39,974,920	0	0	13	39,974,920

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	226,906	221,607			
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-cancelable (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)	226,906	221,607	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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

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

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 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. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(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

Table with 5 columns: 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. Rows include: 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 fees, 24.4 Other Individual Policies, 25.1 Non-cancelable (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). Large 'NONE' watermark is present.

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF Tennessee
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 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. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(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

Table with 5 columns: 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. Rows include Group Policies (b) and various accident types.

NONE

(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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

DIRECT BUSINESS IN THE STATE OF West Virginia
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance			7,763		7,763
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	7,763	0	7,763
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
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits			6,857		6,857
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	6,857	0	6,857
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										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	3	1,202,140	0	0	3	1,202,140
21. Issued during year					0	2,269,820			0	2,269,820
22. Other changes to in force (Net)					0	(602,180)			0	(602,180)
23. In force December 31 of current year	0	0	0	(a) 0	3	2,869,780	0	0	3	2,869,780

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,316	7,316			
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-cancelable (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)	7,316	7,316	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 2021 OF THE Medical Benefits Mutual Life Insurance Co.

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

LIFE INSURANCE

DURING THE YEAR 2021
NAIC Company Code 74322

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0	0	117,170	0	117,170
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	117,170	0	117,170
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	86,608	0	86,608
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	86,608	0	86,608
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	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	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										
20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies 34	41,976,090	0	0	34	41,976,090
21. Issued during year	0	0	0	0	0	65,745,310	0	0	0	65,745,310
22. Other changes to in force (Net)	0	0	0	0	(7)	(24,358,980)	0	0	(7)	(24,358,980)
23. In force December 31 of current year	0	0	0	(a) 0	27	83,362,420	0	0	27	83,362,420

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	316,351	305,062	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	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (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)	316,351	305,062	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	(1,786)
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)	(1,786)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(1,090)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(696)

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. 2021	(1,090)	0	0	(1,090)
2. 2022	(93)	0	0	(93)
3. 2023	(88)	0	0	(88)
4. 2024	(71)	0	0	(71)
5. 2025	(53)	0	0	(53)
6. 2026	(381)	0	0	(381)
7. 2027	(10)	0	0	(10)
8. 2028	0	0	0	0
9. 2029	0	0	0	0
10. 2030	0	0	0	0
11. 2031	0	0	0	0
12. 2032	0	0	0	0
13. 2033	0	0	0	0
14. 2034	0	0	0	0
15. 2035	0	0	0	0
16. 2036	0	0	0	0
17. 2037	0	0	0	0
18. 2038	0	0	0	0
19. 2039	0	0	0	0
20. 2040	0	0	0	0
21. 2041	0	0	0	0
22. 2042	0	0	0	0
23. 2043	0	0	0	0
24. 2044	0	0	0	0
25. 2045	0	0	0	0
26. 2046	0	0	0	0
27. 2047	0	0	0	0
28. 2048	0	0	0	0
29. 2049	0	0	0	0
30. 2050	0	0	0	0
31. 2051 and Later	0	0	0	0
32. Total (Lines 1 to 31)	(1,786)	0	0	(1,786)

ANNUAL STATEMENT FOR THE YEAR 2021 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	4,289	0	4,289	1,470,817	151,906	1,622,724	1,627,013
2. Realized capital gains/(losses) net of taxes - General Account			0	636,529		636,529	636,529
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	(6,614)		(6,614)	(6,614)
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	1,587	0	1,587	0	0	0	1,587
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	5,876	0	5,876	2,100,732	151,906	2,252,639	2,258,514
9. Maximum reserve	9,306	0	9,306	1,533,496	140,868	1,674,364	1,683,670
10. Reserve objective	4,930	0	4,930	1,533,496	140,868	1,674,364	1,679,294
11. 20% of (Line 10 - Line 8)	(189)	0	(189)	(113,447)	(2,208)	(115,655)	(115,844)
12. Balance before transfers (Lines 8 + 11)	5,686	0	5,686	1,987,285	149,699	2,136,984	2,142,670
13. Transfers			0			0	0
14. Voluntary contribution	(757)		(757)			0	(757)
15. Adjustment down to maximum/up to zero			0	(453,789)	(8,831)	(462,620)	(462,620)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	4,930	0	4,930	1,533,496	140,868	1,674,364	1,679,294

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)
LONG-TERM BONDS												
1.		Exempt Obligations	960,027	XXX	XXX	960,027	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	1,753,579	XXX	XXX	1,753,579	0.0005	877	0.0016	2,806	0.0033	5,787
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)	1,753,579	XXX	XXX	1,753,579	XXX	877	XXX	2,806	XXX	5,787
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+2.8+3.4+4.4+5.4+6.4+7+8)	2,713,606	XXX	XXX	2,713,606	XXX	877	XXX	2,806	XXX	5,787
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality	323,088	XXX	XXX	323,088	0.0021	678	0.0064	2,068	0.0106	3,425
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)	323,588	XXX	XXX	323,588	XXX	710	XXX	2,124	XXX	3,519

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)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G		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)	0	XXX	XXX	0	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)	3,037,194	XXX	XXX	3,037,194	XXX	1,587	XXX	4,930	XXX	9,306

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)
COMMON STOCK												
1.		Unaffiliated - Public	4,502,572	.XXX	.XXX	4,502,572	0.0000	0	0.1580 (a)	711,406	0.1580 (a)	711,406
2.		Unaffiliated - PrivateXXX	.XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan BankXXX	.XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVRXXX	.XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations				0	.XXX		.XXX		.XXX	
6.		Fixed Income - Highest Quality				0	.XXX		.XXX		.XXX	
7.		Fixed Income - High Quality				0	.XXX		.XXX		.XXX	
8.		Fixed Income - Medium Quality				0	.XXX		.XXX		.XXX	
9.		Fixed Income - Low Quality				0	.XXX		.XXX		.XXX	
10.		Fixed Income - Lower Quality				0	.XXX		.XXX		.XXX	
11.		Fixed Income - In/Near Default				0	.XXX		.XXX		.XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)XXX	.XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other	4,226,683	.XXX	.XXX	4,226,683	0.0000	0	0.1945	822,090	0.1945	822,090
17.		Total Common Stock (Sum of Lines 1 through 16)	8,729,256	0	0	8,729,256	.XXX	0	.XXX	1,533,496	.XXX	1,533,496
REAL ESTATE												
18.		Home Office Property (General Account only)	1,544,605			1,544,605	0.0000	0	0.0912	140,868	0.0912	140,868
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	1,544,605	0	0	1,544,605	.XXX	0	.XXX	140,868	.XXX	140,868
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt ObligationsXXX	.XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest QualityXXX	.XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High QualityXXX	.XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium QualityXXX	.XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low QualityXXX	.XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower QualityXXX	.XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near DefaultXXX	.XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		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
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)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
82.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
83.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		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	0

(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 2021 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 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	316,621	XXX	316,621	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	314,052	XXX	314,052	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	148,421	47.3	148,421	47.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	35,302	11.2	35,302	11.2		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	183,723	58.5	183,723	58.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	18,012	5.7	18,012	5.7		0.0		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses	2,945,315	937.8	2,945,315	937.8		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees	23,830	7.6	23,830	7.6		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	2,987,157	951.2	2,987,157	951.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	127,890	40.7	127,890	40.7	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	(2,984,718)	(950.4)	(2,984,718)	(950.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(2,984,718)	(950.4)	(2,984,718)	(950.4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101. Misc Expense	127,890	40.7	127,890	40.7		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	127,890	40.7	127,890	40.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - 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	40,339	40,339							
3. Reserve for rate credits	0								
4. Total premium reserves, current year	40,339	40,339	0	0	0	0	0	0	0
5. Total premium reserves, prior year	37,770	37,770	0	0	0	0	0	0	0
6. Increase in total premium reserves	2,569	2,569	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	34,889	34,889	0	0	0	0	0	0	0
2. Total prior year	39,651	39,651	0	0	0	0	0	0	0
3. Increase	(4,762)	(4,762)	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	39,651	39,651							
1.2 On claims incurred during current year	113,532	113,532							
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	34,889	34,889							
3. Test:									
3.1 Lines 1.1 and 2.1	39,651	39,651	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	39,651	39,651	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									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

NONE

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims		124,797	23,624	148,421
2. Beginning Claim Reserves and Liabilities		33,655	5,996	39,651
3. Ending Claim Reserves and Liabilities		27,241	7,648	34,889
4. Claims Paid	0	131,211	21,972	153,183
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	124,797	23,624	148,421
14. Beginning Claim Reserves and Liabilities	0	33,655	5,996	39,651
15. Ending Claim Reserves and Liabilities	0	27,241	7,648	34,889
16. Claims Paid	0	131,211	21,972	153,183
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	20,000	124,797	38,926	183,723
18. Beginning Reserves and Liabilities	0	33,655	5,996	39,651
19. Ending Reserves and Liabilities		27,241	7,648	34,889
20. Paid Claims and Cost Containment Expenses	20,000	131,211	37,274	188,485

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 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 Domi- ciliary 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	LAH - Coinsurance - Group	OL	29,883,000			30,853				
0899999			General Account - Authorized U.S. Non-Affiliates				29,883,000	0	0	30,853	0	0	0	0
00000	AA-1440076	01/01/2014	SIRIUS INTL INS CORP	SWE	LAH - Yearly renewable term - Group	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				31,883,000	0	0	37,853	0	0	0	0
1199999			Total General Account Authorized				31,883,000	0	0	37,853	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				31,883,000	0	0	37,853	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)				29,883,000	0	0	30,853	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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 Domi- ciliary 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			
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								31,883,000	0	0	37,853	0	0	0	0

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	38	17	30	45	0
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	20	0	40	0	0
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	0	25	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
24. Letters of credit (L)		0	0	0	0
25. Trust agreements (T)		0	0	0	0
26. Other (O)		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)	13,644,152		13,644,152
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (balance)	3,619,866		3,619,866
6. Total assets excluding Separate Accounts (Line 26)	17,264,018	0	17,264,018
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	17,264,018	0	17,264,018
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)	83,889	0	83,889
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	47,013		47,013
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		0
19. All other liabilities (balance)	4,316,665		4,316,665
20. Total liabilities excluding Separate Accounts (Line 26)	4,447,567	0	4,447,567
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	4,447,567	0	4,447,567
23. Capital & surplus (Line 38)	12,816,450	XXX	12,816,450
24. Total liabilities, capital & surplus (Line 39)	17,264,017	0	17,264,017
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	0		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	0		
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	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
 Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		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	
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	83,834	0			0	83,834
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	25,573	0			0	25,573
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	7,763	0			0	7,763
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		117,170	0	0	0	0	117,170

Schedule Y - Part 2

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
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 Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **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.** 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	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	SEE EXPLANATION
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
13. 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?	SEE EXPLANATION
14. 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?	SEE EXPLANATION
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16. 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?	SEE EXPLANATION
17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
18. 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?	SEE EXPLANATION
19. 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?	SEE EXPLANATION
20. 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?	SEE EXPLANATION
21. 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?	SEE EXPLANATION
22. 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?	SEE EXPLANATION
23. 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?	SEE EXPLANATION
24. 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?	SEE EXPLANATION
25. 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?	SEE EXPLANATION

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26. 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?	SEE EXPLANATION
27. 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?	SEE EXPLANATION
28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	SEE EXPLANATION
29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
31. 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?	SEE EXPLANATION
32. 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?	SEE EXPLANATION
33. 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?	SEE EXPLANATION
34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION

APRIL FILING

36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	SEE EXPLANATION
37. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
38. 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) ...	SEE EXPLANATION
39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
40. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
41. 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?	SEE EXPLANATION
42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	YES
43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	SEE EXPLANATION
46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	SEE EXPLANATION
47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	SEE EXPLANATION

AUGUST FILING

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

Explanations:

- 10. Not required
- 11. Not required
- 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
- 30. Not required
- 31. Not required
- 32. Not required
- 33. Not required
- 34. Not required
- 35. Not required
- 36. Not required
- 37. Not required
- 38. Not required
- 40. Not required
- 41. Not required
- 43. Not required
- 44. Not required
- 45. Not required
- 46. Not required
- 47. Not required

Bar Codes:

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	(390,837)	(427,976)
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(390,837)	(427,976)

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.			0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
08.304. I/C Agreement for Investment Related Expenses	(390,837)		(105,526)			(285,311)		0	
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(390,837)	0	(105,526)	0	0	(285,311)	0	0	0

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

	1	2	3	4	5	6	7	8	9
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life (d)	Other Group Life (a)	YRT Mortality Risk Only
08.304. I/C Agreement for Investment Related Expenses	(105,526)							(105,526)	
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(105,526)	0	0	0	0	0	0	(105,526)	0

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

	1	Comprehensive		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health
08.304. I/C Agreement for Investment Related Expenses	(285,311)												(285,311)
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	(285,311)	0	0	0	0	0	0	0	0	0	0	0	(285,311)



SUPPLEMENT FOR THE YEAR 2021 OF THE Medical Benefits Mutual Life Insurance Co.

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2021
(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

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

(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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	
2. 2017	95	0	0	0	
3. 2018	XXX	104	0	0	
4. 2019	XXX	XXX	64	0	
5. 2020	XXX	XXX	XXX	15	
6. 2021	XXX	XXX	XXX	XXX	15

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section D -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section E -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section F -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section G -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	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 2017	2 2018	3 2019	4 2020	5 2021
1. 2017	567	43	0	XXX	XXX
2. 2018	XXX	541	44	2	XXX
3. 2019	XXX	XXX	415	44	1
4. 2020	XXX	XXX	XXX	211	27
5. 2021	XXX	XXX	XXX	XXX	211

Section B - Other Accident and Health

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section D -

1. 2017	117	15	0	XXX	XXX
2. 2018	XXX	81	5	0	XXX
3. 2019	XXX	XXX	93	0	
4. 2020	XXX	XXX	XXX	83	
5. 2021	XXX	XXX	XXX	XXX	179

Section E -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section F -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section G -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	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 2017	2 2018	3 2019	4 2020	5 2021
1. 2017	727	43	0	2	
2. 2018	XXX	702	44	2	1
3. 2019	XXX	XXX	530	44	1
4. 2020	XXX	XXX	XXX	315	27
5. 2021	XXX	XXX	XXX	XXX	261

Section B - Other Accident and Health

1. 2017					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2017					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section D -

1. 2017	176	15	0	0	
2. 2018	XXX	113	5	0	
3. 2019	XXX	XXX	115	0	
4. 2020	XXX	XXX	XXX	103	
5. 2021	XXX	XXX	XXX	XXX	228

Section E -

1. 2017					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section F -

1. 2017					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section G -

1. 2017					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	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	49
7. Group Annuities		
8. Group Accident and Health	Incurred But Not Reported	35
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		84



SUPPLEMENT FOR THE YEAR 2021 OF THE Medical Benefits Mutual Life Insurance Co.

HEALTH CARE RECEIVABLES SUPPLEMENT

For The Year Ended December 31, 2021
(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 ID Number 31-4210910

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 Gross health care receivables						