



**QUARTERLY STATEMENT**  
 AS OF MARCH 31, 2024  
 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 ..... OH ..... State of Domicile or Port of Entry ..... OH .....  
 Country of Domicile ..... US .....  
 Licensed as business type: ..... LIFE, ACCIDENT AND HEALTH .....  
 Incorporated/Organized ..... 05/06/1938 ..... Commenced Business ..... 04/04/1938 .....  
 Statutory Home Office ..... 1975 TAMARACK ROAD ..... NEWARK, OH, US 43055 .....  
 Main Administrative Office ..... 1975 TAMARACK ROAD .....  
 NEWARK, OH, US 43055 ..... 800-423-3151 .....  
 (Telephone Number)

Mail Address ..... 1975 TAMARACK ROAD ..... NEWARK, OH, US 43055 .....  
 Primary Location of Books and  
 Records ..... 1975 TAMARACK ROAD .....  
 NEWARK, OH, US 43055 ..... 800-423-3151 .....  
 (Telephone Number)

Internet Website Address ..... WWW.MEDBEN.COM .....  
 Statutory Statement Contact ..... JOHN EDWARD NYDEGGER, JR. ..... 800-423-3151 .....  
 (Telephone Number)

ENYDEGGER@MEDBEN.COM ..... 740-522-7526 .....  
 (E-Mail Address) (Fax Number)

OFFICERS

..... KURT JEFFREY HARDEN, PRESIDENT & CEO .....  
 JOHN EDWARD NYDEGGER JR., VICE PRESIDENT OF FINANCE  
 & TREASURER .....  
 ..... CAROLINE FISCHER ROUSE FRAKER, SR. VP, COMPLIANCE &  
 CHIEF PRIVACY OFFICER & SECRE

OTHER

..... LORI SUE KANE, VICE PRESIDENT OF ADMINISTRATIVE  
 OPERATIONS .....  
 ..... WENDELL DAVID CRAIN, VICE PRESIDENT OF INFORMATION  
 SYSTEMS & CHIEF SECU

DIRECTORS OR TRUSTEES

..... JEFFREY SCOTT CANTLEY .....  
 ..... DOUGLAS JAMES FREEMAN .....  
 ..... ANDREW STEVENS DIX .....  
 ..... DAVID LAWRENCE TRAUTMAN .....  
 ..... KURT JEFFREY HARDEN .....  
 .....

State of OHIO .....  
 County of LICKING ..... SS

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.

x KURT JEFFREY HARDEN  
 PRESIDENT & CEO

x JOHN EDWARD NYDEGGER JR.  
 VICE PRESIDENT OF FINANCE & TREASURER

x CAROLINE FISCHER ROUSE FRAKER  
 SR. VP, COMPLIANCE & CHIEF PRIVACY  
 OFFICER & SECRE

5/15/2024

Subscribed and sworn to before me  
 this 15 day of  
 MAY, 2024

a. Is this an original filing? Yes  
 b. If no:  
 1. State the amendment number: \_\_\_\_\_  
 2. Date filed: \_\_\_\_\_  
 3. Number of pages attached: \_\_\_\_\_

x Stefanie Anne Clay



Stefanie Anne Clay  
 Notary Public, State of Ohio  
 My Commission Expires:  
 May 25, 2026