



HEALTH QUARTERLY STATEMENT RECEIVED

As of March 31, 2012
of the Condition and Affairs of the

MAY 15 2012

Cooperative Group Benefit Plan

OFRS

KRK/GAH

103
MEWA

NAIC Group Code.N/A...
(Current Period) (Prior Period)

NAIC Company Code.N/A...

Employer's ID Number.... 31-1306485

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile USA

Licensed as Business Type MEWA

Is HMO Federally Qualified? Yes [] No [](N/A)

Incorporated/Organized.1987...

Commenced Business 1987...

Statutory Home Office

...4789 Rings Road.. Dublin... OH 43017-1599...
(Street and Number) (City or Town, State and Zip Code)

614-766-5800

(Area Code) (Telephone Number)

Main Administrative Office

...Same.. (City or Town, State and Zip Code)

Mail Address

...Same.. (City or Town, State and Zip Code)

Primary Location of Books and Records

...Same.. (City or Town, State and Zip Code)

614-766-5800

(Area Code) (Telephone Number)

Internet Web Site Address

Dan Brown

614-766-5800 ext 595

Statutory Statement Contact

(Name)
dbrown@ebmconline.com

(Area Code) (Telephone Number) (Extension)

614-766-0901

(Fax Number)

(E-Mail Address)

OFFICERS

1. Name

Title

Name

Title

2.

2.

3.

4.

OTHER

DIRECTORS OR TRUSTEES

Ed Harra
Louis McIntire
Mark Roeth
George Secor
Gordon Wallace

State of Ohio.....
County of Franklin...

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.

<u><i>Mark A. Roeth</i></u> (Signature)	<u><i>Mark Roeth</i></u> (Signature)	<u><i>Mark Roeth</i></u> (Signature)
Mark Roeth 1. (Printed Name)	Mark Roeth 2. (Printed Name)	Mark Roeth 3. (Printed Name)
Trustee (Title)	Trustee (Title)	Trustee (Title)

Subscribed and sworn to before me

This 9TH day of May 2012

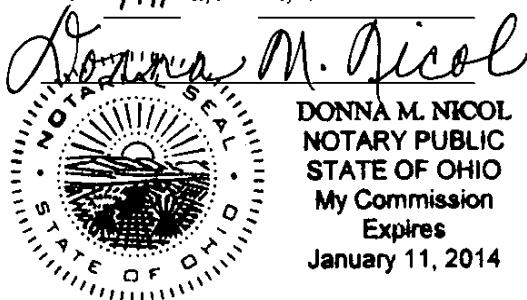
a. Is this an original filing?

Yes [X] No []

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached



Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....				0
2. Stocks:				
2.1 Preferred stocks.....				0
2.2 Common stocks.....				0
3. Mortgage loans on real estate:				
3.1 First liens.....				0
3.2 Other than first liens.....				0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....				0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....				0
4.3 Properties held for sale (less \$.....0 encumbrances).....				0
5. Cash (\$....5,164,462), cash equivalents (\$.....0) and short-term investments (\$.....0).....	5,164,462		5,164,462	5,280,173
6. Contract loans (including \$.....0 premium notes).....				0
7. Derivatives.....				0
8. Other invested assets.....				0
9. Receivables for securities.....				0
10. Securities lending reinvested collateral assets.....				0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	5,164,462	0	5,164,462	5,280,173
13. Tide plants less \$.....0 charged off (for Tide insurers only).....				0
14. Investment income due and accrued.....				0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....				0
15.3 Accrued retrospective premiums.....				0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	180,614		180,614	180,614
16.2 Funds held by or deposited with reinsured companies.....				0
16.3 Other amounts receivable under reinsurance contracts.....				0
17. Amounts receivable relating to uninsured plans.....				0
18.1 Current federal and foreign income tax recoverable and interest thereon.....				0
18.2 Net deferred tax asset.....				0
19. Guaranty funds receivable or on deposit.....				0
20. Electronic data processing equipment and software.....				0
21. Furniture and equipment, including health care delivery assets (\$.....0).....				0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				0
23. Receivables from parent, subsidiaries and affiliates.....				0
24. Health care (\$.....0) and other amounts receivable.....	140,553		140,553	156,777
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	5,485,629	0	5,485,629	5,617,554
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				0
28. Total (Lines 26 and 27).....	5,485,629	0	5,485,629	5,617,554

DETAILS OF WRITE-INS

1101.....				0
1102.....				0
1103.....				0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....				0
2502.....				0
2503.....				0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,500,000		2,500,000	2,600,000
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	188,000		188,000	196,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)			0	
20. Reinsurance in unauthorized companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current)	34,490	0	34,490	56,740
24. Total liabilities (Lines 1 to 23)	2,722,490	0	2,722,490	2,852,740
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	2,763,139	2,764,824
32. Less treasury stock, at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,763,139	2,764,824
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	5,485,629	5,617,564

DETAILS OF WRITE-INS

2301. Accounts Payable.....	34,490		34,490	56,740
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	34,490	0	34,490	56,740
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	6,786	7,533	28,906
2. Net premium income (including \$.....0 non-health premium income).....	XXX	6,262,376	5,907,443	24,698,646
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	6,262,376	5,907,443	24,698,646
Hospital and Medical:				
9. Hospital/medical benefits.....		5,113,113	4,580,944	20,437,106
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		854,202	898,434	3,345,695
14. Aggregate write-ins for other hospital and medical.....		0	(100,000)	150,000
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....		0	5,867,315	5,609,378
Less:				
17. Net reinsurance recoveries.....				343,415
18. Total hospital and medical (Lines 16 minus 17).....		0	5,867,315	5,609,378
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		373,423	394,141	1,548,014
21. General administrative expenses.....		25,944	41,746	172,091
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....		0	6,267,682	6,045,265
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(5,306)	(137,822)	(760,845)
25. Net investment income earned.....		3,621	6,579	21,280
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....		0	3,621	6,579
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....		0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(1,685)	(131,243)	(739,565)
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	(1,685)	(131,243)	(739,565)

DETAILS OF WRITE-INS

0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401. Increase (decrease) in IBNR.....		(100,000)	150,000	300,000
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	(100,000)	150,000	300,000
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0	0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	2,764,824	3,504,389	3,504,389
34. Net income or (loss) from Line 32.....	(1,685)	(131,243)	(739,565)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(1,685)	(131,243)	(739,565)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,763,139	3,373,145	2,764,824

DETAILS OF WRITE-INS

4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	6,262,376	6,183,519	24,974,722
2. Net investment income.....	3,621	4,905	23,788
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	6,265,997	6,188,424	24,998,510
5. Benefit and loss related payments.....	6,381,708	5,226,138	24,800,635
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....			
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	6,381,708	5,226,138	24,800,635
11. Net cash from operations (Line 4 minus Line 10).....	(115,711)	962,286	197,875
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			175,000
12.2 Stocks.....			1,671,114
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			2,894,599
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	4,565,713	175,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			1,600,020
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			4,116,999
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	5,717,019	0
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	(1,151,306)	175,000
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(115,711)	(189,020)	372,875
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,280,173	801,457	4,907,298
19.2 End of period (Line 18 plus Line 19.1).....	5,164,462	612,437	5,280,173
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20,000			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Individual	3 Comprehensive (Hospital & Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVII Medicare	9 Title XIX Medicaid	10 Other
Total Members at End of:										
1. Prior Year.....	2,255	2,255	2,255							
2. First Quarter.....	2,254	2,254								
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	0									
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....			6,262,376	6,262,376						
13. Life Premiums Direct.....		0								
14. Property/Casualty Premiums Written.....		0								
15. Health Premiums Earned.....		6,262,376		6,262,376						
16. Property/Casualty Premiums Earned.....		0								
17. Amount Paid for Provision of Health Care Services.....		6,381,708		6,381,708						
18. Amount Incurred for Provision of Health Care Services.....		6,267,682		6,267,682						

(a) For health premiums written: Amount of Medicare Title XVII exempt from state taxes or fees \$.....0.

Statement as of March 31, 2012 of the

Cooperative Group Benefit Plan
CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

		Aging Analysis of Unpaid Claims						
		1	2	3	4	5	6	7
Account		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total	

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	2,167,525	3,799,790	432,475	2,067,525	2,600,000	2,600,000
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	2,167,525	3,799,790	432,475	2,067,525	2,600,000	2,600,000
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9+10+11+12)	2,167,525	3,799,790	432,475	2,067,525	2,600,000	2,600,000

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Basis of Accounting

These financial statements have been prepared on the statutory basis of accounting as prescribed by the State of Ohio Department of Insurance. Purchases and sales of securities are reflected on the settlement date. Investment income is reflected when earned. Interest income includes the amortization of bond and note premiums and discounts.

Estimates

The preparation of financial statements in conformity with the statutory basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, primarily unpaid claims and claim adjustment expenses. Accordingly, actual results may differ from those estimates.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

Investment consist of interest bearing cash and money market accounts at various institutions. Most accounts are insured by the FDIC and are part of the cash total on page Q02, line 5.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

No significant change.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - Fair Value

NOTE: This disclosure is required in every filing for the Quarterly Statement.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

The amount incurred but unpaid claims reserve as of March 31, 2012, is based on a study completed by the Plan's actuary and includes estimated expenses of \$2,500,000 for IBNR and \$188,000 for LAE.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 29 - Participating Policies

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No

1.2 If yes, has the report been filed with the domiciliary state? Yes No

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No

2.2 If yes, date of change: _____

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
 If yes, complete the Schedule Y-Part 1 - Organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No N/A
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

6.4 By what department or departments? _____

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No N/A

7.2 If yes, give full information: _____

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No N/A

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No N/A

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain: _____

9.2 Has the code of ethics for senior managers been amended? Yes No N/A

9.21 If the response to 9.2 is Yes, provide information related to amendment(s). _____

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No N/A

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES - GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

PART 1 - FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
 If no, attach a description with this statement.

16. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes No

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Meeder & Associates	Dublin, OH 43017

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes No

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes No

17.2 If no, list exceptions:

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
GENERAL INTERROGATORIES (continued)
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent

0.0 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

0.0 %

2.1 Do you act as a custodian for health savings accounts?

Yes [] No {X}

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

0

2.3 Do you act as an administrator for health savings accounts?

Yes [] No {X}

2.4 If yes, please provide the amount of funds administered as of the reporting date.

0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (YES or NO)
A&H Non-Affiliates						
60895.....	35-01485825.....	1/1/2012	American United Life Insurance Company.....	IN.....	stop loss.....	yes.....

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	Active Status	Direct Business Only							Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
1. Alabama	AL	N						0	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	N						0	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. District of Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	N						0	
15. Indiana	IN	L	3,088,604					3,088,604	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N						0	
20. Maine	ME	N						0	
21. Maryland	MD	N						0	
22. Massachusetts	MA	N						0	
23. Michigan	MI	N						0	
24. Minnesota	MN	N						0	
25. Mississippi	MS	N						0	
26. Missouri	MO	N						0	
27. Montana	MT	N						0	
28. Nebraska	NE	N						0	
29. Nevada	NV	N						0	
30. New Hampshire	NH	N						0	
31. New Jersey	NJ	N						0	
32. New Mexico	NM	N						0	
33. New York	NY	N						0	
34. North Carolina	NC	N						0	
35. North Dakota	ND	N						0	
36. Ohio	OH	L	3,173,772					3,173,772	
37. Oklahoma	OK	N						0	
38. Oregon	OR	N						0	
39. Pennsylvania	PA	N						0	
40. Rhode Island	RI	N						0	
41. South Carolina	SC	N						0	
42. South Dakota	SD	N						0	
43. Tennessee	TN	N						0	
44. Texas	TX	N						0	
45. Utah	UT	N						0	
46. Vermont	VT	N						0	
47. Virginia	VA	N						0	
48. Washington	WA	N						0	
49. West Virginia	WV	N						0	
50. Wisconsin	WI	N						0	
51. Wyoming	WY	N						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CN	N						0	
58. Aggregate Other alien	OT	XXX	0	0	0	0	0	0	
59. Subtotal		XXX	6,262,376	0	0	0	0	6,262,376	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0
61. Total (Direct Business)	(a)	2	6,262,376	0	0	0	0	6,262,376	0

DETAILS OF WRITE-INS

5801.								0	
5802.								0	
5803.								0	
5898. Summary of remaining write-ins for line 58 from overflow page		0	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above)		0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	RSRD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Provide Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:



Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
Overflow Page for Write-Ins

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.	..0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.		
2.2 Additional investment made after acquisition.		
3. Current year change in encumbrances.		
4. Total gain (loss) on disposals.		
5. Deduct amounts received on disposals.		
6. Total foreign exchange change in book/adjusted carrying value.		
7. Deduct current year's other than temporary impairment recognized.		
8. Deduct current year's depreciation.		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8).	..0	..0
10. Deduct total nonadmitted amounts.	..0	
11. Statement value at end of current period (Line 9 minus Line 10).	..0	..0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.	..0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.		
2.2 Additional investment made after acquisition.		
3. Capitalized deferred interest and other.		
4. Accrual of discount.		
5. Unrealized valuation increase (decrease).		
6. Total gain (loss) on disposals.		
7. Deduct amounts received on disposals.		
8. Deduct amortization of premium and mortgage interest points and commitment fees.		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.		
10. Deduct current year's other than temporary impairment recognized.		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).	..0	..0
12. Total valuation allowance.	..0	..0
13. Subtotal (Line 11 plus Line 12).	..0	..0
14. Deduct total nonadmitted amounts.	..0	
15. Statement value at end of current period (Line 13 minus Line 14).	..0	..0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.	..0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.		
2.2 Additional investment made after acquisition.		
3. Capitalized deferred interest and other.		
4. Accrual of discount.		
5. Unrealized valuation increase (decrease).		
6. Total gain (loss) on disposals.		
7. Deduct amounts received on disposals.		
8. Deduct amortization of premium and depreciation.		
9. Total foreign exchange change in book/adjusted carrying value.		
10. Deduct current year's other than temporary impairment recognized.		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).	..0	..0
12. Deduct total nonadmitted amounts.	..0	
13. Statement value at end of current period (Line 11 minus Line 12).	..0	..0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.	..0	174,954
2. Cost of bonds and stocks acquired.		46
3. Accrual of discount.		
4. Unrealized valuation increase (decrease).		
5. Total gain (loss) on disposals.		
6. Deduct consideration for bonds and stocks disposed of.		175,000
7. Deduct amortization of premium.		
8. Total foreign exchange change in book/adjusted carrying value.		
9. Deduct current year's other than temporary impairment recognized.		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8-9).	..0	..0
11. Deduct total nonadmitted amounts.	..0	
12. Statement value at end of current period (Line 10 minus Line 11).	..0	..0

SCHEDULE D - PART 1B**Showing the Acquisitions, Dispositions and Non-Trading Activity****During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)								
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	0	0	0	0	0	0	0	0
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	0	0	0	0	0	0	0	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-accrued short-term and cash equivalent bonds by NAIC designation:
 NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals		XXX			

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.	.0	1,399,978
2. Cost of short-term investments acquired.		
3. Accrual of discount.		22
4. Unrealized valuation increase (decrease).		
5. Total gain (loss) on disposals.		
6. Deduct consideration received on disposals.		1,400,000
7. Deduct amortization of premium.		
8. Total foreign exchange change in book/adjusted carrying value.		
9. Deduct current year's other than temporary impairment recognized.		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).	.0	.0
11. Deduct total nonadmitted amounts.		
12. Statement value at end of current period (Line 10 minus Line 11).	.0	.0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**
SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/adjusted carrying value, December 31, prior year (Line 9, prior year).....	.....
2. Cost paid/(consideration received) on additions.....	.....
3. Unrealized valuation increase (decrease).....	.....
4. Total gain (loss) on termination recognized.....	.....
5. Considerations received (paid) on terminations.....	.....
6. Amortization.....	.....
7. Adjustment to the book/adjusted carrying value of hedge item.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....
9. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8).....	0
10. Deduct nonadmitted assets.....	.....
11. Statement value at end of current period (Line 9 minus Line 10).....	0

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1. Book/adjusted carrying value, December 31, prior year.....	.....
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote).....	.....
3.1 Change in variation margin on open contracts.....	.....
3.2 Add:	
Change in adjustment to basis of hedged item:	
3.21 Section 1, Column 17, current year to date minus.....	.....
3.22 Section 1, Column 17, prior year.....	0
Change in amount recognized:	
3.23 Section 1, Column 16, current year to date minus.....	.....
3.24 Section 1, Column 16, prior year.....	0 0
3.3 Subtotal (Line 3.1 minus Line 3.2).....	0
4.1 Variation margin on terminated contracts during the year.....	.....
4.2 Less:	
4.21 Amount used to adjust basis of hedged item.....	.....
4.22 Amount recognized.....	0
4.3 Subtotal (Line 4.1 minus Line 4.2).....	0
5. Dispositions gains (losses) on contracts terminated in prior year:	
5.1 Recognized.....	.....
5.2 Used to adjust basis of hedged items.....	.....
6. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2).....	0
7. Deduct nonadmitted assets.....	.....
8. Statement value at end of current period (Line 6 minus Line 7).....	0

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

Components of the Replication (Synthetic Asset) Transactions

Number	Description	Replicated (Synthetic Asset) Transactions				Derivative Instruments Open 9	Derivative Instruments Open 10	11	12	13	14	15	16
		3 NAIC Destination or Other Description	4 National Amount	5 Book/Adjusted Carrying Value	6 Effective Date	7 Maturity Date	8 Fair Value	9 Description	10 Book/Adjusted Carring Value	11 Fair Value	12 Description	13 CUSIP	14 NAIC Desq. or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value

SCHEDULE DB - PART C - SECTION 2

Reconciliation (Synthetic Asset) Transactions Open									
	1	2	3	4	5	6	7	8	9
	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions
1. Beginning Inventory.....	0	.....	0	.....	0	.....	0
2. Add: Opened or acquired transactions.....	0
3. Add: Increases in replication asset statement value.....	0
4. Less: Closed or disposed of transactions.....	0
5. Less: Positions disposed of for failing effectiveness criteria.....	0
6. Less: Decreases in replication (synthetic asset) transactions statement value.....	0
7. Ending Inventory.....	0	0	.....	0	.....	0	.....	0

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14.....
2. Part B, Section 1, Column 14.....
3. Total (Line 1 plus Line 2)..... 0
4. Part D, Column 5.....
5. Part D, Column 6.....
6. Total (Line 3 minus Line 4 minus Line 5)..... 0

Fair Value Check

7. Part A, Section 1, Column 16.....
8. Part B, Section 1, Column 13.....
9. Total (Line 7 plus Line 8)..... 0
10. Part D, Column 8.....
11. Part D, Column 9.....
12. Total (Line 9 minus Line 10 minus Line 11)..... 0

Potential Exposure Check

13. Part A, Section 1, Column 21.....
14. Part B, Section 1, Column 19.....
15. Part D, Column 11.....
16. Total (Line 13 plus Line 14 minus Line 15)..... 0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of cash equivalents acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

Description of Property	Showing all Real Estate			Actual Cost at Time of Acquisition	6 Actual Cost at Time of Acquisition	7 Actual Cost of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	1	2 Location City	3 State	4 Date Acquired	5 Name of Vendor			

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

Description of Property	Showing all Real Estate			Actual Cost of Purchaser	6 Expenditure by Permanent Additions, Improvements and Changes in Encumbrances	7 Book/Adjusted Carrying Value Less Encumbrances	8 Current Year's Other Than Temporary Impairment Depreciation, Prior Years Encumbrances	9 Current Year's Change in Encumbrances	10 Current Year's Change in Encumbrances	11 Total Change in B/A.V. (11 - 9 - 10)	12 Total Change in B/A.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A.V. During Year	14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Foreign Exchange Gain (Loss) on Disposal	16 Realized Gain (Loss) on Disposal	17 Total Gain (Loss) on Disposal	18 Gross Income Earned Less Interest Incurred on Encumbrances	19 Total Gain (Loss) on Disposal	20 Taxes, Rents, and Expenses Incurred
	1	2 Location City	3 State	4 Disposal Date	5 Name of Purchaser														

SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Loan Number	2 Location City	3 Sale Date Acquired	4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition		9 Value of Land and Buildings

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1 Loan Number	2 Location City	3 Sale Date Acquired	4 Loan Type	5 Date Acquired	6 Book Value/ Investment Excluding Accrued Interest	7 Unadjusted Valuation Increase (Decrease)	8 Current Year's (Amortization)/ Accretion	9 Change in Book Value/Recorded Investment	10 Current Year's Other Than Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other Recognized	12 Total Change in Book Value (8+9-10-11)	13 Total Foreign Exchange Change in Book Value	14 Book Value/ Investment Excluding Accrued Interest on Disposal	15 Foreign Exchange Gain (Loss) on Disposal	16 Realized Gain (Loss) on Disposal	17 Total Gain (Loss) on Disposal

SCHEDULE BA - PART 2

SCHEDULE BA - PART 3

Statement as of March 31, 2012 of the Cooperative Group Benefit Plan

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Ident. Section	2 Description	3 Foreign Acquired	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Per Value	9 Price for Acquired (Net of Any Dividends)	10 NAC Description or Not in Indicator (a)
------------------------------	------------------	--------------------------	-----------------------	---------------------	-----------------------------------	------------------	----------------	--	---

(a) For all common stock bearing the NAC, mark or indicate 'U' provide the number of such issues0

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter														
CUSIP Identification	Description	Name of Purchaser	Date	Number of Shares of Stock	Consideration	Fair Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Current Unrealized Valuation Increase/ (Decrease)	Change in Book/Adjusted Carrying Value During Current Quarter				
										1	2	3	4	

(a) For all common stock bearing the NAIC market indicator 'U' provide the number of such issues0.

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date												
1	2	3	4	5	6	7	8	9	10	11	12	13
Description	Description of Items Hedged or Used for Income Generation	Schedule /Email Identifier	Type(s) of Risk	Exchange or Counterparty	Date of Maturity or Expiration	Trade Date	Number of Contracts	National Amount	Price, Rate of Interest Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	BoD/Adjusted Carrying Value
Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date												
14	15	16	17	18	19	20	21	22	23			
Current Year's Amortization	Total Foreign Exchange Change in B/A/C.V.	Unrealized Valuation Increase (Decrease)	Current Value of Hedged Items	Potential Expenses	Credit Quality of Reference Entity	Hedge Effectiveness at inception and at Discontinued(a)						

Statement as of March 31, 2012 of the Cooperative Group Benefit Plan

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open December 31 of Current Year

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Hedged Item(s)	6 Scheduled Exhibit Member	7 Type(s) of List	8 Date of Maturity or Expiration	9 Trade Exchanges	10 Reporting Date	11 Transaction Price	12 Fair Value	13 Book/ Adjusted Carrying Value	14 Change in Value in Month	15 Gain (Loss) Recognized in Current Year	16 Gain (Loss) Used to Adjust Basis of Hedged Item	17 Change in Value in Month	18 Gain (Loss) Used to Adjust Basis of Hedged Item	19 Potential Exposure	20 Hedge Effectiveness at inception and at Quarter-end(s)
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Broker Name	Net Cash Deposits
QE07	5/8/2012 4:09:51 PM

SCHEDULE DB - PART D

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description Counterparty or Exchange Titled	2 Master Agreement (Y or N)	3 Credit Support Area (Y or N)	4 Fair Value of Acceptable Collateral	Fair Value				11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Book Adapted Carrying Value	6 Contracts With Book Adapted Carrying Value > 0	7	8 Contracts With Fair Value > 0		

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3	4 NAIC Designation /Market Indicator Code	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
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General Interrogatories:

1. The activity for the year to date. Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year to date. Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
NAIC 1: \$.....0 NAIC 2: \$.....0 NAIC 3: \$.....0 NAIC 4: \$.....0 NAIC 5: \$.....0 NAIC 6: \$.....0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3	4 NAIC Designation Market Indicator Code	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
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General Interrogatory:

1. The activity for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Grand Total Schedule DL Part 1 and Part 2: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

Statement as of March 31, 2012 of the **Cooperative Group Benefit Plan**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Huntington National Bank.....					(289,051)	15,182	(753,428)	XXX.
Bank Midwest, NA.....	varies		404	0	249,275	249,404	249,537	XXX.
CAT floating rate demand note.....	varies		223	0	149,280	149,356	149,427	XXX.
Columbus First Bank.....	varies		319	0	249,094	249,203	249,316	XXX.
Everbank.....	varies		473	0	249,322	249,472	249,628	XXX.
Excel Bank.....	varies		249	0	249,085	249,164	249,245	XXX.
Fed Irs Cash Acc - US Bank.....	varies		2,678	0	3,156,155	3,456,979	3,457,877	XXX.
GE floating rate demand note.....	varies		293	0	149,867	149,963	149,584	XXX.
Huntington National Bank.....	varies		2	0	10,003	10,006	10,470	XXX.
Invesco Money Market.....	varies		182	0	764,223	603,773	503,372	XXX.
Nationwide Bank.....	varies		425	0	249,120	249,263	249,423	XXX.
0199999. Total Open Depositories.....	XXX	XXX	5,248	0	5,186,373	5,631,265	5,164,462	XXX.
0399999. Total Cash on Deposit.....	XXX	XXX	5,248	0	5,186,373	5,631,265	5,164,462	XXX.
0599999. Total Cash.....	XXX	XXX	5,248	0	5,186,373	5,631,265	5,164,462	XXX.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Date	Rate of Interest	Book/Adjusted Carring Value	Amount of Interest Due & Accrued	Amount Received During Year