

OHIO DEPT. OF INSURANCE

2012 MAY 15 PM 4:00

RESOURCE MANAGEMENT

HEALTH QUARTERLY STATEMENT

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

Ohio Bankers Benefits Trust

KRK/CAH
109
MEWA

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

NAIC Company Code.N/A...

Employer's ID Number..... 31-6172509

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.1997....

Commenced Business1997.....

Statutory Home Office

...4249 Easton Way.. ..Columbus... ..OH 43219...
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

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

614-340-7595
(Area Code) (Telephone Number)

Mail Address

...Same..
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

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

614-340-7595
(Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact

Jeff Quayle
(Name)

(E-Mail Address)

614-340-7603
(Area Code) (Telephone Number) (Extension)
614-340-7599
(Fax Number)

OFFICERS

Name	Title	Name	Title
1.		2.	
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

G. Courtney Hanning
John Malanowski
Thoms Moore
Paul Reed
Judy Root

Thomas Will

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.

Jeffrey D. Quayle
(Signature)
Jeffrey D. Quayle
1. (Printed Name)
Exec. Director
(Title)

Erin J. Husslein
(Signature)
Erin J. Husslein
2. (Printed Name)
Administrator
(Title)

(Signature)

3. (Printed Name)

Trustee
(Title)

Subscribed and sworn to before me

This 15th day of May, 2012

a. Is this an original filing?

Yes [X] No []

b. If no: 1. State the amendment number
2. Date filed

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.....	2,756,943		2,756,943	2,958,257
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	241,742		241,742	529,430
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 (\$.....1,842,743), cash equivalents (\$.....0) and short-term investments (\$.....0).....	1,842,743		1,842,743	338,853
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).....	4,841,428	0	4,841,428	3,826,540
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	17,348		17,348	15,756
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	36,051		36,051	5,188
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.....	195,592		195,592	233,943
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.....	75,568		75,568	133,400
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).....	5,165,987	0	5,165,987	4,214,827
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	5,165,987	0	5,165,987	4,214,827

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. Prepaid expenses.....			0	

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,396,579		2,396,579	1,868,000
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	376,000		376,000	376,000
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.....	34,036		34,036	49
9. General expenses due or accrued.....	13,788		13,788	33,717
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).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	2,820,403	0	2,820,403	2,277,766
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	2,345,584	1,937,061
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	2,345,584	1,937,061
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	5,165,987	4,214,827

DETAILS OF WRITE-INS

2301.			0	
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).....	0	0	0	0
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.				

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	3,790	5,078	19,903
2. Net premium income (including \$.....0 non-health premium income).....	XXX	3,904,421	4,395,589	17,045,473
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	3,904,421	4,395,589	17,045,473
Hospital and Medical:				
9. Hospital/medical benefits.....		2,205,003	3,096,764	14,056,964
10. Other professional services.....			335,071	
11. Outside referrals.....				
12. Emergency room and out-of-area.....			95,231	
13. Prescription drugs.....		353,935	656,256	2,429,165
14. Aggregate write-ins for other hospital and medical.....	0	528,579	(207,000)	(22,000)
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	3,087,517	3,976,322	16,464,129
Less:				
17. Net reinsurance recoveries.....			159,335	764,374
18. Total hospital and medical (Lines 16 minus 17).....	0	3,087,517	3,816,987	15,699,755
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		398,070	380,841	1,722,226
21. General administrative expenses.....		26,324	11,085	75,079
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	3,511,911	4,208,913	17,497,060
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	392,510	186,676	(451,587)
25. Net investment income earned.....		16,013	17,175	70,006
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	16,013	17,175	70,006
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	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	408,523	203,851	(381,581)
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	408,523	203,851	(381,581)

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. change in IBNR.....		528,579	(207,000)	(22,000)
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	528,579	(207,000)	(22,000)
2901.				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	1,937,061	2,118,642	2,118,642
34. Net income or (loss) from Line 32.....	408,523	203,851	(381,581)
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.....			200,000
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).....	408,523	203,851	(181,581)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,345,584	2,322,493	1,937,061

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

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.....	3,907,545	4,392,873	17,037,487
2. Net investment income.....	15,735	21,017	79,419
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	3,923,280	4,413,890	17,116,906
5. Benefit and loss related payments.....	2,907,078	4,660,402	17,935,748
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 \$.00 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	2,907,078	4,660,402	17,935,748
11. Net cash from operations (Line 4 minus Line 10).....	1,016,202	(246,512)	(818,842)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	200,000		750,000
12.2 Stocks.....	503,251	204,035	1,065,147
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
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).....	703,251	204,035	1,815,147
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		200,630	556,068
13.2 Stocks.....	215,563	20,732	1,179,189
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	215,563	221,362	1,735,257
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).....	487,688	(17,327)	79,890
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.....			200,000
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	200,000
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).....	1,503,890	(263,839)	(538,952)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	338,853	277,805	877,805
19.2 End of period (Line 18 plus Line 19.1).....	1,842,743	13,966	338,853

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group						
	1,636	1,636							
	1,269	1,269							
	0								
	0								
	0								
Months	0								
Counters for Period:									
	0								
	0								
	0								
Current	0	0	0	0	0	0	0	0	0
Revisions	0								
1 (a)	3,907,545	3,907,545							
	0								
Items Written	0								
1	3,904,421	3,904,421							
Items Earned	0								
Amount of Health Care Services	2,907,078	2,907,078							
Amount of Health Care Services	3,511,911	3,511,911							

Item: Amount of Medicare Title XVIII exempt from state taxes or fees \$ 0.

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		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 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		
tal and medical)	717,638	1,841,300	1,150,362	1,246,217	1,868,000	1,868,000
					0	
					0	
					0	
alth Benefits Plan					0	
					0	
					0	
					0	
1 to 8)	717,638	1,841,300	1,150,362	1,246,217	1,868,000	1,868,000
(a)					0	
					0	
and bonus amounts					0	
12)	717,638	1,841,300	1,150,362	1,246,217	1,868,000	1,868,000

is 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 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.

Valuation of Investments

The statement of admitted assets, liabilities and surplus - statutory basis includes investments valued as follows: investments in common stocks and mutual funds traded on a national securities exchange are valued at the last reported sales price at the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid price. Bonds and fixed income securities are valued at amortized cost. Any discounts or premiums are amortized over the remaining life of the underlying debt instrument. Short term commercial papers is valued at cost. Interest earned on short term investments from date of purchase thorough year end is included in accrued interest.

Any fixed income security whose value is significantly less than cost or amortized cost due to the financial difficulties of the issuer, is valued at its net realizable value.

The statement of income and changes in surplus - statutory basis includes unrealized gains and losses on investments in common stocks and mutual funds. The unrealized gain (loss) on these investments represents the change in the difference between cost and market at the beginning and end of the year.

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

Investments consist of a money market mutual fund (\$241,742) and federal government and federally guaranteed agency bonds (\$2,756,943).

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.

NOTES TO FINANCIAL STATEMENTS

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.

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

See pages QS101, QS102, QE02, QE04, and QE05.

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

No significant change.

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.

NOTES TO FINANCIAL STATEMENTS

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

Formulary rebates of \$57,832 were collected during the quarter, leaving \$75,568 to be received from 2011.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

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	2	3
Name of Entity	NAIC Company Code	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 ☒
- 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 ☒
- 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 ☒
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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 ☒

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

Statement as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
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?
If no, attach a description with this statement. Yes ☐ No ☐

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

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

Statement as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
GENERAL INTERROGATORIES (continued)
PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	<u>0.0 %</u>
1.2 A&H cost containment percent	<u>0.0 %</u>
1.3 A&H expense percent excluding cost containment expenses	<u>0.0 %</u>
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.	<u>0</u>
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.	<u>0</u>

Statement as of March 31, 2012 of the **Ohio Bankers Benefits Trust**

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						
60054.....		01/01/2012	Aetna Life Insurance Company.....	CT.....	stop loss.....	yes.....

Statement as of March 31, 2012 of the

Ohio Bankers Benefits Trust

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	State, Etc.	Active Status	Direct Business Only						
			2	3	4	5	6	7	8
			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	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	N							.0
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	3,904,421						3,904,421
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	.0
59.	Subtotal.....	XXX	3,904,421	.0	.0	.0	.0	.0	3,904,421
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX							.0
61.	Total (Direct Business).....	(a) 1	3,904,421	.0	.0	.0	.0	.0	3,904,421

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
5899.	Total (Lines 5801 thru 5803 plus 5898) (Line 58 above)		.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;

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

	3	4	5	6	7	8	9	10	11	12	13	14	15
JP ye	NAIC Company Code	Federal ID Number	Federal RSSD	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, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	.

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 **Ohio Bankers Benefits Trust**
Overflow Page for Write-Ins

Statement as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
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.....		
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.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
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.....		
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.....	3,487,687	3,573,923
2. Cost of bonds and stocks acquired.....	215,563	1,735,257
3. Accrual of discount.....	47	121
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	703,251	1,815,147
7. Deduct amortization of premium.....		

g. Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 2 \$.....0;	NAIC 3 \$.....0;	NAIC 4 \$.....0;	NAIC 5 \$.....0;	NAIC 6 \$.....0.
------------------	------------------	------------------	------------------	------------------

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	
2. Cost of short-term investments 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

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
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

[illegible]

SCHEDULE DB - PART C - SECTION 2

Reconciliation (Synthetic Asset) Transactions Open

[illegible]

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 |

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

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

[illegible]

SCHEDULE A - PART 3

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

[illegible]

SCHEDULE B - PART 2

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

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

SCHEDULE B - PART 3

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

2	Location		4	5	6	7	Change in Book Value/Recorded Investment					14	15	16	17	18
	City	State					Book Value/Recorded Investment Excluding Accrued Interest	8	9	10	11	12	13			
						Book Value/Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8-9-10+11)	Total Foreign Exchange Change in Book Value	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

2	Location		4	5	6	7	8	9	10	11	12	13
	3											
Name or Description	City	State		Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

2	Location		4	5	6	7	8	Changes in Book/Adjusted Carrying Value						15	16	17	18	19	20
	3							9	10	11	12	13	14						
Name or Description	City	State		Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Other Than Temporary Impairment Recognized	Capitalized Interest and Other	Total Change in B./A.C.V. (\$ = 10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration on Disposal	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

SCHEDULE D - PART 3

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

2	3	4	5	6	7	8	9	10
Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAC Designation or Market Indicator (a)
Mutual Funds								
The Obligations Fund		Various	First Merit	215,563,000	215,563	XXX		
20 Stocks - Money Market Mutual Funds					215,563	XXX	0	XXX
20 Stocks - Part 3					215,563	XXX	0	XXX
20 Stocks					215,563	XXX	0	XXX
Preferred and Common Stocks					215,563	XXX	0	XXX
					215,563	XXX	0	XXX

: NAC market indicator "U" provide the number of such issues: 0

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

[illegible][illegible]

the NAIC market indicator "U" provide: the number of such issues: 0.

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Swaps and Forwards Open as of Current Statement Date

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description of Items Hedged or Used for Income Generation	Schedule Exhibit Identifier	Type(s) of Risk	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Indexed Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	ICode	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B/A C.V.	Current Year's (Amortization) Accrual	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (a)

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open December 31 of Current Year

4 Description	5 Description of Hedged Item(s)	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date	13 Fair Value	14 Book/ Adjusted Carrying Value	Change in Variation Margin			19 Potential Exposure	20 Hedge Effectiveness at Inception and at Quarter-end (a)
											15 Cumulative	16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Deferred	

	Net Cash Deposits
--	-------------------

SCHEDULE DB - PART D
Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description any or Exchange Traded	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book Adjusted Carrying Value			Fair Value		11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book Adjusted Carrying Value > 0	6 Contracts With Book Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0		
									10 Exposure Net of Collateral	

**SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

General Interrogatories:

- The activity for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
- Average balance for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
- 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

**SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

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 **Ohio Bankers Benefits Trust**

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.....	Columbus, OH.....	varies.....	171	.....	.....616,776	1,036,973	842,743	XXX..
Columbus Bank & Trust.....	Columbus, GA.....	2.300	2,857	252	250,000	250,000	250,000	XXX..
Discover Bank.....	Greenwood, DL.....	0.950	.....	.....65	.....	.....	.....250,000	XXX..
GE Money Bank.....	Fairfield, CT.....	1.250	1,558	188	250,000	250,000	250,000	XXX..
Goldman Sachs Bank.....	New York, NY.....	1.000	.....	.....260	.....	.....250,000	250,000	XXX..
0199999. Total Open Depositories.....	XXX..	XXX..	4,596	765	1,116,776	1,786,973	1,842,743	XXX..
0399999. Total Cash on Deposit.....	XXX..	XXX..	4,596	765	1,116,776	1,786,973	1,842,743	XXX..
0599999. Total Cash.....	XXX..	XXX..	4,596	765	1,116,776	1,786,973	1,842,743	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	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

Ohio Bankers Benefits Trust

RBC Estimates (based on the 2010 Formulas) as of March 31, 2012 of the

These RBC pages are provided as an analysis feature only. They are using the 2011 formulas and are not intended to provide any definitive projections nor intended to be filed with any government agency.

COMPANY INFORMATION PAGE (JURAT)

Health Risk-Based Capital

For the Year Ending December 31, 2012

(A) Company Name..... Ohio Bankers Benefits Trust

(B) NAIC Group Code..... (C) NAIC Company Code..... (D) Employer's ID Number..... 31-6172509

(E) Organized under the Laws of the State of..... Ohio

Contact Person for Health Risk-Based Capital:

(F) First Name..... Jeff (G) Middle..... (H) Last Name..... Quayle

(I) Mail Address of Contact Person..... 4249 Easton Way, Suite 150 (Street and Number of P.O. Box)

(J) City..... Columbus (K) State..... Oh (L) Zip..... 43219

(M) Phone Number of RBC Contact Person..... 614-340-7603 Extension.....

(N) Email Address of RBC Contact Person..... jquayle@ohiobankersleague.com

(O) Date Prepared..... May 14, 2012

(P) Preparer (if different than Contact)..... Hirth, Norris & Garrison, LLP

(Q) Is this filing an Original, Amended or Refiling (O, A, R)..... 0

(Q1) If Amended, Amendment Number.....

(R) Were any items that come directly from the annual statement entered manually to prepare this filing? (Yes or No).....

(S) Was this entity in business for the entire reporting year?..... Yes

Officers: Name..... Title.....

Each says that they are the above described officers of the said insurer, and that this risk-based capital report is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions according to the best of their information, knowledge and belief, respectively.

(Signature) (Signature) (Signature)

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
AFFILIATED COMPANIES RISK - DETAILS

1	2	3	4	5	6	7	8	9	10	11	12	13
Name of Affiliate	Affil Type Code	NAIC Company Code or Alien ID Number	Affiliate's RBC After Covariance	Book/ Adjusted Carrying Value of Affiliate's Common Stock	Valuation Basis of Col (5) F - Fair A - All Other	Total Value of Affiliate's Outstanding Common Stock	Total Statutory Surplus of Affiliate Subject to RBC	Book/ Adjusted Carrying Value of Affiliate's Preferred Stock	Total Value of Affiliate's Outstanding Preferred Stock	Percent Owned (Cols. 5 + 9) / (Cols. 7 + 10)	H0 Component RBC Required	H1 Component RBC Required
	XXX	XXX	0	0	XXX	0	0	0	0	100.0	0	0
9999999. Total										XXX	0	0

Affiliated Investments

Logic
 If Col (6) = F and Col (4) > 0, do calculation
 Calculation
 $\text{Col (12)} = \text{Min} [\text{Col (8)} \times \text{Col (11)}, \text{Col (4)} \times \text{Col (11)}]$
 If $[\text{Col (4)} \times \text{Col (11)}] > [\text{Col (5)} + \text{Col (9)}]$ then
 $\text{Col (13)} = [\text{Col (5)} - \text{Col (9)}] - \text{Col (12)}$
 If $[\text{Col (4)} \times \text{Col (11)}] \leq [\text{Col (5)} + \text{Col (9)}]$ then
 $\text{Col (13)} = \text{Max} \{[\text{Col (5)} + \text{Col (9)}] - \text{Col (8)} \times \text{Col (11)}, [\text{Col (4)} \times \text{Col (11)}] - \text{Col (12)}\}$
 Col (13) cannot be less than 0

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
AFFILIATED COMPANIES RISK

	Type of Affiliate	Type Code	Basis	¹ RBC	² Count
1	Directly Owned Insurer Subject to RBC	1	Affiliate's RBC *	0	0
2	Indirectly Owned Insurer Subject to RBC	2	Affiliate's RBC *	0	0
3	Directly Owned MCO Subject to RBC	3	Affiliate's RBC *	0	0
4	Indirectly Owned MCO Subject to RBC	4	Affiliate's RBC *	0	0
5	Investment Subsidiary	5	Affiliate's RBC *	0	0
6	Holding Company Excess of Subsidiaries	6	0.300	0	0
7	Directly Owned Alien Insurer	7	1.000	0	0
8	Indirectly Owned Alien Insurer	8	1.000	0	0
9	Investment in Parent	9	0.300	0	0
10	Other Affiliates	10	0.300	0	0
11	Fair Value Excess Affiliate Common Stock	11	Total of Type Codes 1 through 5 of XR002, Col. 13	0	0

* Capped at carrying value on the parent's statement

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CROSS-CHECKING FOR AFFILIATED INVESTMENTS

Schedule D, Part 6, Section 1

		Preferred Stock		
	Annual Statement Line Number	1 Annual Stmt Total Preferred Stock	2 Total From RBC Report	3 Difference
1	Parent	0199999	0	0
2	U.S. P&C Insurers	0299999	XXX	XXX
3	U.S. Life Insurers	0399999	XXX	XXX
4	U.S. Health Entity	0499999	XXX	XXX
5	Total P&C, Life and Health Insurers	0	0	0
6	Alien Insurer	0599999	0	0
7	Non-Insurer Which controls Insurers	0699999	0	0
8	Investment Subsidiary	0799999	0	0
9	Other Affiliates	0899999	0	0
10	Subtotal	0	0	0

		Common Stock		
	Annual Statement Line Number	1 Annual Stmt Total Common Stock	2 Total From RBC Report	3 Difference
11	Parent	1099999	0	0
12	U.S. P&C Insurers	1199999	XXX	XXX
13	U.S. Life Insurers	1299999	XXX	XXX
14	U.S. Health Entity	1399999	XXX	XXX
15	Total P&C, Life and Health Insurers	0	0	0
16	Alien Insurer	1499999	0	0
17	Non-Insurer Which controls Insurers	1599999	0	0
18	Investment Subsidiary	1699999	0	0
19	Other Affiliates	1799999	0	0
20	Subtotal	0	0	0

RBC Estimates (based on the 2010 Formulas) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**

OFF-BALANCE SHEET AND OTHER ITEMS

Non-controlled Assets		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
(1)	Loaned to Others - Conforming Securities Lending Program.....	General Interrogatories Part 1 Lines 24.5.....		0.002	0
(2)	Loaned to Others - Securities Lending Programs - Other.....	General Interrogatories Part 1 Lines 24.6.....		0.010	0
(3)	Subject to Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.21.....		0.010	0
(4)	Subject to Reverse Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.22.....		0.010	0
(5)	Subject to Dollar Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.23.....		0.010	0
(6)	Subject to Dollar Reverse Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.24.....		0.010	0
(7)	Pledged as Collateral.....	Company Records.....		0.010	0
(8)	Assets Placed Under Option Agreements.....	General Interrogatories Part 1 Lines 25.26.....		0.010	0
(9)	Letter Stock or Other Securities Restricted.....	General Interrogatories Part 1 Lines 25.27.....		0.010	0
(10)	On Deposit with State or Other Regulatory Body.....	General Interrogatories Part 1 Lines 25.28.....		0.010	0
(11)	Other.....	General Interrogatories Part 1 Lines 25.29.....		0.010	0
(12)	Total Non-Controlled Assets.....	Sum of Lines (1) through (11).....	0		0
(13)	Guarantees for Affiliates.....	Notes to Financial Statements 14A(3a).....		0.010	0
(14)	Contingent Liabilities.....	Notes to Financial Statements 14A(1).....		0.010	0
(15)	Total Miscellaneous Off-Balance Sheet Items.....	L(12) + L(13) + L(14).....	0		0

OFF-BALANCE SHEET SECURITY LENDING COLLATERAL AND SCHEDULE DL, PART 1 ASSETS

		1 Off-Balance Sheet Collateral Book/Adjusted Carrying Value	2 Schedule DL, Part 1, Book/Adjusted Carrying Value	3 Subtotal	Factor	4 RBC Requirement
	Asset Category	Annual Statement Source				
	Fixed Income Assets					
	Bonds					
(1)	Class 01 - U.S. Government - Direct and Guaranteed.....	Company Records.....	.....	.....	.....0.000	0
(2)	Other Class 01 Bonds.....	Company Records.....	.....	.....	.....0.003	0
(3)	Total Class 01 Bonds.....	Line (1) + Line (2).....	0	.....	.....	.....0
(4)	Total Class 02 Bonds.....	Company Records.....	.....	.....	.....0.010	0
(5)	Total Class 03 Bonds.....	Company Records.....	.....	.....	.....0.020	0
(6)	Total Class 04 Bonds.....	Company Records.....	.....	.....	.....0.045	0
(7)	Total Class 05 Bonds.....	Company Records.....	.....	.....	.....0.100	0
(8)	Total Class 06 Bonds.....	Company Records.....	.....	.....	.....0.300	0
(9)	Total Bonds.....	L(3)+L(4)+L(5)+L(6)+L(7)+L(8).....	0	.....	.....	.....0
	Equity Assets					
	Preferred Stock - Unaffiliated					
(10)	Class 01 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	.....0.003	0
(11)	Class 02 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	.....0.010	0
(12)	Class 03 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	.....0.020	0
(13)	Class 04 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	.....0.045	0
(14)	Class 05 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	.....0.100	0
(15)	Class 06 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	.....0.300	0
(16)	Total Unaffiliated Preferred Stock.....	L(10)+L(11)+L(12)+L(13)+L(14)+L(15).....	0	.....	.....	.....0
(17)	Common Stock.....	Company Records.....	.....	.....	.....0.150	0
(18)	Real Estate and Property & Equipment Assets.....	Company Records.....	.....	.....	.....0.100	0
(19)	Other Invested Assets.....	Company Records.....	.....	.....	.....0.200	0
(20)	Mortgage Loans on Real Estate.....	Company Records.....	.....	.....	.....0.050	0
(21)	Cash, Cash Equivalents and Short-Term Investments..... (Not reported on Bonds above)	Company Records.....	.....	.....	.....0.003	0
(22)	Total.....	L(9)+L(16)+L(17)+L(18)+L(19)+L(20)+L(21).....	0	.....	.....	.....0

Ohio Bankers Benefits Trust

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the

FIXED INCOME ASSETS

	Annual Statement Source	¹ Book/Adjusted Carrying Value	Factor	² RBC Requirement
BONDS				
(1) Class 01 - U.S. Government - Direct and Guaranteed.....	Sch D, Pt 1A, Sn 1, Col 6, Line 1.1.....	2,756,943		
(2) Total Class 01 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.1 - Line 7.1.....	2,756,943		
(3) Other Class 01 Bonds.....	L(2) - L(1).....	.0	.0003	.0
(4) Total Class 02 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.2 - Line 7.2.....		.0010	.0
(5) Total Class 03 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.3 - Line 7.3.....		.0020	.0
(6) Total Class 04 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.4 - Line 7.4.....		.0045	.0
(7) Total Class 05 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.5 - Line 7.5.....		.0100	.0
(8) Total Class 06 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.6 - Line 7.6.....		.0300	.0
(9) Total Bonds.....		2,756,943		.0

	Annual Statement Source	¹ Book/Adjusted Carrying Value	Factor	² RBC Requirement
MISCELLANEOUS FIXED INCOME ASSETS				
(10) Cash.....	Page 2, Line 5, inside amount 1.....	1,842,743	.0003	5,528
(11) Cash Equivalents.....	Page 2, Line 5, inside amount 2.....			
(12) Less: Cash Equivalents, Bonds included in Schedule D, Part 1A.....	Sch E, Pt 2, C6 Line 8399999 in part.....			
(13) Net Cash Equivalents.....	L(11) - L(12).....	.0	.0003	.0
(14) Short-Term Investments.....	Page 2, Line 5, inside amount 3.....			
(15) Short-Term Bonds*.....	Sch DA, Pt 1, Col 8, Line 8399999.....			
(16) Exempt Money Market Mutual Funds*.....	Sch DA, Pt 1, Col 8, Line 8899999.....			
(17) Class One Money Market Mutual Funds*.....	Sch DA, Pt 1, Col 8, Line 8999999.....			
(18) Total Short-Term Investments.....	L(14) - L(15) - L(16) - L(17).....	.0	.0003	.0
(19) Mortgage Loans - First Liens.....	Page 2, Col 3, Line 3.1.....		.0050	.0
(20) Mortgage Loans - Other Than First Liens.....	Page 2, Col 3, Line 3.2.....		.0050	.0
(21) Receivable for Securities.....	Page 2, Col 3, Line 9.....		.0050	.0
(22) Aggregate Write-ins for Invested Assets.....	Page 2, Col 3, Line 11.....		.0050	.0
(23) Collateral Loans.....	Included in Page 2, Col 3, Line 8.....		.0050	.0
(24) Other Long-Term Invested Assets.....	Included in Page 2, Col 3, Line 8.....		.0200	.0
(25) Total Other Long-Term Invested Assets (Page 2, Col 3, Line 7).....	L(23)+L(24).....	.0		
(26) Derivatives.....	Page 2, Col 3, Line 7.....		.0050	.0
(27) Total Fixed Income Assets RBC.....	+L(10) + L(13) + L(18) + L(19) + L(20) + L(21) + L(22) + L(23) + L(24) + L(26).....			5,528

* These bonds appear in Schedule D Part 1A Section 1 and are already recognized in the Bond portion of the formula.

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the Ohio Bankers Benefits Trust

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORILY CONVERTIBLE SECURITIES

1 RSAT Number	2 Type	3 CUSIP	4 Description of Assets	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 RBC Requirement
Replication Transactions						
1.						
9999999. Total						

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the
Ohio Bankers Benefits Trust
EQUITY ASSETS

	Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
PREFERRED STOCK - UNAFFILIATED				
(1) Class 01 Unaffiliated Preferred Stock (excluding Hybrids)	Included in Sch. D, Part 2, Sn 1		0.003	
(2) Class 02 Unaffiliated Preferred Stock (excluding Hybrids)	Included in Sch. D, Part 2, Sn 1		0.010	
(3) Class 03 Unaffiliated Preferred Stock (excluding Hybrids)	Included in Sch. D, Part 2, Sn 1		0.020	
(4) Class 04 Unaffiliated Preferred Stock (excluding Hybrids)	Included in Sch. D, Part 2, Sn 1		0.045	
(5) Class 05 Unaffiliated Preferred Stock (excluding Hybrids)	Included in Sch. D, Part 2, Sn 1		0.100	
(6) Class 06 Unaffiliated Preferred Stock (excluding Hybrids)	Included in Sch. D, Part 2, Sn 1		0.300	
(7) Subtotal - Unaffiliated Preferred Stock (Should equal Page 2, Col 3, Line 2.1 less Sch D Sum, Col 1 Line 18)	Sum of Lines (1) through (6)			
HYBRID SECURITIES - UNAFFILIATED				
(8) Class 01 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.1		0.003	
(9) Class 02 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.2		0.010	
(10) Class 03 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.3		0.020	
(11) Class 04 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.4		0.045	
(12) Class 05 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.5		0.100	
(13) Class 06 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.6		0.300	
(14) Subtotal - Hybrid Securities	Sum of Lines (8) through (13)			
(15) Total Unaffiliated Preferred Stock and Hybrids	Line (7) + Line (14)			
COMMON STOCK - UNAFFILIATED				
(16) Federal Home Loan Bank stock	Company Records		0.023	
(17) Non-government money market funds	Sch D Pt 2 Sn 2 Col 6 Line 9399999		0.003	
(18) Total Common Stock	Sch D, Summary, Col 1, Line 25	241,742		
(19) Affiliated Common Stock	Sch D, Summary, Col 1, Line 24			
(20) Other Unaffiliated Common Stock	L(18) - L(16) - L(17) - L(19)	241,742	0.150	36,261
(21) Total Unaffiliated Common Stock	L(16) + L(17) + L(20)	241,742		36,261

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
PROPERTY & EQUIPMENT ASSETS

	Annual Statement Source	¹ Book/Adjusted Carrying Value	Factor	² RBC Requirement
(1) Properties occupied by the company.....	Page 2, Col 3, Line 4.1.....		0.100	0
(2) Encumbrances (Property occupied by the company).....	Page 2, Line 4.1, inside amount.....		0.100	0
(3) Properties held for the production of income.....	Page 2, Col 3, Line 4.2.....		0.100	0
(4) Encumbrances (Property held for production of income).....	Page 2, Line 4.2, inside amount.....		0.100	0
(5) Properties held for sale.....	Page 2, Col 3, Line 4.3.....		0.100	0
(6) Encumbrances (Property held for sale).....	Page 2, Line 4.3, inside amount.....		0.100	0
(7) Furniture and equipment.....	L(7.1) + L(7.2) (should equal Page 2, Col 3, Line 21).....	0		
(7.1) HC delivery subject to statutory acc'd depreciation limits.....	Company Records.....		0.100	0
(7.2) All other furniture and equipment.....	Company Records.....		0.100	0
(8) EDP equipment and software.....	Page 2, Col 3, Line 20.....		0.100	0
(9) Total Property & Equipment.....	L(1) + L(2) + L(3) + L(4) + L(5) + L(6) + L(7.1) + L(7.2) + L(8).....	0		0

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ASSET CONCENTRATION

1		2	3
ISSUER NAME #1	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds	0	0.010	0
(2) Class 3 Unaffiliated Bonds	0	0.020	0
(3) Class 4 Unaffiliated Bonds	0	0.045	0
(4) Class 5 Unaffiliated Bonds	0	0.100	0
(5) Collateral Loans	0	0.050	0
(6) Mortgages	0	0.050	0
(7) Class 2 Preferred Stock	0	0.010	0
(8) Class 3 Preferred Stock	0	0.020	0
(9) Class 4 Preferred Stock	0	0.045	0
(10) Class 5 Preferred Stock	0	0.100	0
(11) Class 2 Hybrids Securities	0	0.010	0
(12) Class 3 Hybrids Securities	0	0.020	0
(13) Class 4 Hybrids Securities	0	0.045	0
(14) Class 5 Hybrids Securities	0	0.100	0
(15) Other Long-Term Invested Assets	0	0.100	0
(16) Unaffiliated Common Stock	0	0.150	0
(17) Total of Issuer = Lines (1) through (16)	0		0

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**

ASSET CONCENTRATION

1		2	3
ISSUER NAME #2	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds.....		0.010	0
(2) Class 3 Unaffiliated Bonds.....		0.020	0
(3) Class 4 Unaffiliated Bonds.....		0.045	0
(4) Class 5 Unaffiliated Bonds.....		0.100	0
(5) Collateral Loans.....		0.050	0
(6) Mortgages.....		0.050	0
(7) Class 2 Preferred Stock.....		0.010	0
(8) Class 3 Preferred Stock.....		0.020	0
(9) Class 4 Preferred Stock.....		0.045	0
(10) Class 5 Preferred Stock.....		0.100	0
(11) Class 2 Hybrids Securities.....		0.010	0
(12) Class 3 Hybrids Securities.....		0.020	0
(13) Class 4 Hybrids Securities.....		0.045	0
(14) Class 5 Hybrids Securities.....		0.100	0
(15) Other Long-Term Invested Assets.....		0.100	0
(16) Unaffiliated Common Stock.....		0.150	0
(17) Total of Issuer = Lines (1) through (16).....	0		0

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
ASSET CONCENTRATION

1		2	3
ISSUER NAME #3	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds.....		0.010	0
(2) Class 3 Unaffiliated Bonds.....		0.020	0
(3) Class 4 Unaffiliated Bonds.....		0.045	0
(4) Class 5 Unaffiliated Bonds.....		0.100	0
(5) Collateral Loans.....		0.050	0
(6) Mortgages.....		0.050	0
(7) Class 2 Preferred Stock.....		0.010	0
(8) Class 3 Preferred Stock.....		0.020	0
(9) Class 4 Preferred Stock.....		0.045	0
(10) Class 5 Preferred Stock.....		0.100	0
(11) Class 2 Hybrids Securities.....		0.010	0
(12) Class 3 Hybrids Securities.....		0.020	0
(13) Class 4 Hybrids Securities.....		0.045	0
(14) Class 5 Hybrids Securities.....		0.100	0
(15) Other Long-Term Invested Assets.....		0.100	0
(16) Unaffiliated Common Stock.....		0.150	0
(17) Total of Issuer = Lines (1) through (16).....	0		0

ASSET CONCENTRATION

1		2	3
ISSUER NAME #4	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds.....		0.010	0
(2) Class 3 Unaffiliated Bonds.....		0.020	0
(3) Class 4 Unaffiliated Bonds.....		0.045	0
(4) Class 5 Unaffiliated Bonds.....		0.100	0
(5) Collateral Loans.....		0.050	0
(6) Mortgages.....		0.050	0
(7) Class 2 Preferred Stock.....		0.010	0
(8) Class 3 Preferred Stock.....		0.020	0
(9) Class 4 Preferred Stock.....		0.045	0
(10) Class 5 Preferred Stock.....		0.100	0
(11) Class 2 Hybrids Securities.....		0.010	0
(12) Class 3 Hybrids Securities.....		0.020	0
(13) Class 4 Hybrids Securities.....		0.045	0
(14) Class 5 Hybrids Securities.....		0.100	0
(15) Other Long-Term Invested Assets.....		0.100	0
(16) Unaffiliated Common Stock.....		0.150	0
(17) Total of Issuer = Lines (1) through (16).....	0		0

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
ASSET CONCENTRATION

1		2	3
ISSUER NAME #5	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds		0.010	0
(2) Class 3 Unaffiliated Bonds		0.020	0
(3) Class 4 Unaffiliated Bonds		0.045	0
(4) Class 5 Unaffiliated Bonds		0.100	0
(5) Collateral Loans		0.050	0
(6) Mortgages		0.050	0
(7) Class 2 Preferred Stock		0.010	0
(8) Class 3 Preferred Stock		0.020	0
(9) Class 4 Preferred Stock		0.045	0
(10) Class 5 Preferred Stock		0.100	0
(11) Class 2 Hybrids Securities		0.010	0
(12) Class 3 Hybrids Securities		0.020	0
(13) Class 4 Hybrids Securities		0.045	0
(14) Class 5 Hybrids Securities		0.100	0
(15) Other Long-Term Invested Assets		0.100	0
(16) Unaffiliated Common Stock		0.150	0
(17) Total of Issuer = Lines (1) through (16)	0		0

ASSET CONCENTRATION

1		2	3
ISSUER NAME #6	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds		0.010	0
(2) Class 3 Unaffiliated Bonds		0.020	0
(3) Class 4 Unaffiliated Bonds		0.045	0
(4) Class 5 Unaffiliated Bonds		0.100	0
(5) Collateral Loans		0.050	0
(6) Mortgages		0.050	0
(7) Class 2 Preferred Stock		0.010	0
(8) Class 3 Preferred Stock		0.020	0
(9) Class 4 Preferred Stock		0.045	0
(10) Class 5 Preferred Stock		0.100	0
(11) Class 2 Hybrids Securities		0.010	0
(12) Class 3 Hybrids Securities		0.020	0
(13) Class 4 Hybrids Securities		0.045	0
(14) Class 5 Hybrids Securities		0.100	0
(15) Other Long-Term Invested Assets		0.100	0
(16) Unaffiliated Common Stock		0.150	0
(17) Total of Issuer = Lines (1) through (16)	0		0

ASSET CONCENTRATION

1		2	3
ISSUER NAME #7	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds		0.010	0
(2) Class 3 Unaffiliated Bonds		0.020	0
(3) Class 4 Unaffiliated Bonds		0.045	0
(4) Class 5 Unaffiliated Bonds		0.100	0
(5) Collateral Loans		0.050	0
(6) Mortgages		0.050	0
(7) Class 2 Preferred Stock		0.010	0
(8) Class 3 Preferred Stock		0.020	0
(9) Class 4 Preferred Stock		0.045	0
(10) Class 5 Preferred Stock		0.100	0
(11) Class 2 Hybrids Securities		0.010	0
(12) Class 3 Hybrids Securities		0.020	0
(13) Class 4 Hybrids Securities		0.045	0
(14) Class 5 Hybrids Securities		0.100	0
(15) Other Long-Term Invested Assets		0.100	0
(16) Unaffiliated Common Stock		0.150	0
(17) Total of Issuer = Lines (1) through (16)	0		0

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
ASSET CONCENTRATION

1		2	3
ISSUER NAME #8	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds.....		0.010	0
(2) Class 3 Unaffiliated Bonds.....		0.020	0
(3) Class 4 Unaffiliated Bonds.....		0.045	0
(4) Class 5 Unaffiliated Bonds.....		0.100	0
(5) Collateral Loans.....		0.050	0
(6) Mortgages.....		0.050	0
(7) Class 2 Preferred Stock.....		0.010	0
(8) Class 3 Preferred Stock.....		0.020	0
(9) Class 4 Preferred Stock.....		0.045	0
(10) Class 5 Preferred Stock.....		0.100	0
(11) Class 2 Hybrids Securities.....		0.010	0
(12) Class 3 Hybrids Securities.....		0.020	0
(13) Class 4 Hybrids Securities.....		0.045	0
(14) Class 5 Hybrids Securities.....		0.100	0
(15) Other Long-Term Invested Assets.....		0.100	0
(16) Unaffiliated Common Stock.....		0.150	0
(17) Total of Issuer = Lines (1) through (16).....	0		0

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
ASSET CONCENTRATION

1		2	3
ISSUER NAME #9	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds		0.010	0
(2) Class 3 Unaffiliated Bonds		0.020	0
(3) Class 4 Unaffiliated Bonds		0.045	0
(4) Class 5 Unaffiliated Bonds		0.100	0
(5) Collateral Loans		0.050	0
(6) Mortgages		0.050	0
(7) Class 2 Preferred Stock		0.010	0
(8) Class 3 Preferred Stock		0.020	0
(9) Class 4 Preferred Stock		0.045	0
(10) Class 5 Preferred Stock		0.100	0
(11) Class 2 Hybrids Securities		0.010	0
(12) Class 3 Hybrids Securities		0.020	0
(13) Class 4 Hybrids Securities		0.045	0
(14) Class 5 Hybrids Securities		0.100	0
(15) Other Long-Term Invested Assets		0.100	0
(16) Unaffiliated Common Stock		0.150	0
(17) Total of Issuer = Lines (1) through (16)	0		0

RBC Estimates (based on the 2010 Formulae) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
ASSET CONCENTRATION

1		2	3
ISSUER NAME #10.....	Book/Adjusted Carrying Value	Factor	Additional RBC
(1) Class 2 Unaffiliated Bonds.....		0.010	0
(2) Class 3 Unaffiliated Bonds.....		0.020	0
(3) Class 4 Unaffiliated Bonds.....		0.045	0
(4) Class 5 Unaffiliated Bonds.....		0.100	0
(5) Collateral Loans.....		0.050	0
(6) Mortgages.....		0.050	0
(7) Class 2 Preferred Stock.....		0.010	0
(8) Class 3 Preferred Stock.....		0.020	0
(9) Class 4 Preferred Stock.....		0.045	0
(10) Class 5 Preferred Stock.....		0.100	0
(11) Class 2 Hybrids Securities.....		0.010	0
(12) Class 3 Hybrids Securities.....		0.020	0
(13) Class 4 Hybrids Securities.....		0.045	0
(14) Class 5 Hybrids Securities.....		0.100	0
(15) Other Long-Term Invested Assets.....		0.100	0
(16) Unaffiliated Common Stock.....		0.150	0
(17) Total of Issuer = Lines (1) through (16).....	0		0

ASSET CONCENTRATION

1		2	3
ISSUER NAME GRAND TOTAL		Book/Adjusted Carrying Value	Additional RBC
GRAND TOTAL			
(1)	Class 2 Unaffiliated Bonds	0.010	0
(2)	Class 3 Unaffiliated Bonds	0.020	0
(3)	Class 4 Unaffiliated Bonds	0.045	0
(4)	Class 5 Unaffiliated Bonds	0.100	0
(5)	Collateral Loans	0.050	0
(6)	Mortgages	0.050	0
(7)	Class 2 Preferred Stock	0.010	0
(8)	Class 3 Preferred Stock	0.020	0
(9)	Class 4 Preferred Stock	0.045	0
(10)	Class 5 Preferred Stock	0.100	0
(11)	Class 2 Hybrids Securities	0.010	0
(12)	Class 3 Hybrids Securities	0.020	0
(13)	Class 4 Hybrids Securities	0.045	0
(14)	Class 5 Hybrids Securities	0.100	0
(15)	Other Long-Term Invested Assets	0.100	0
(16)	Unaffiliated Common Stock	0.150	0
(17)	Total of Issuer = Lines (1) through (16)	0	0

UNDERWRITING RISK

Experience Fluctuation Risk

	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 TOTAL
(1) † Premium.....	3,904,421					3,904,421
(2) † Title XVIII - Medicare.....		XXX	XXX	XXX	XXX	0
(3) † Title XIX - Medicaid.....		XXX	XXX	XXX	XXX	0
(4) † Other Health Risk Revenue.....		XXX				0
(5) Underwriting Risk Revenue = L(1) + L(2) + L(3) + L(4).....	3,904,421	0	0	0	0	3,904,421
(6) † Net Incurred Claims.....	3,087,517					3,087,517
(7) † Fee-for-Service Offset.....		XXX				0
(8) Underwriting Risk Incurred Claims = L(6) - L(7).....	3,087,517	0	0	0	0	3,087,517
(9) Underwriting Risk Claims Ratio = L(8) / L(5).....	0.791	0.000	0.000	0.000	0.000	XXX
(10) Underwriting Risk Factor *.....	0.150	0.105	0.120	0.251	0.130	XXX
(11) Base Underwriting Risk RBC = L(5) x L(9) x L(10).....	463,260	0	0	0	0	463,260
(12) Managed Care Discount Factor.....	1.000	1.000	1.000	1.000	1.000	XXX
(13) RBC After Managed Care Discount = L(11) x L(12).....	463,260	0	0	0	0	463,260
(14) † Maximum Per-Individual Risk After Reinsurance.....	225,000					XXX
(15) Alternate Risk Charge **.....	450,000	0	0	0	0	XXX
(16) Alternate Risk Adjustment.....	0	0	0	0	0	XXX
(17) Net Alternate Risk Charge ***.....	450,000	0	0	0	0	450,000
(18) Net Underwriting Risk RBC (Max(L(13), L(17))).....	463,260	0	0	0	0	463,260

* TIERED RBC FACTORS

	Comprehensive Medical	Medicare Supplement	Dental & Vision	Stand-Alone Medicare Part D Coverage	Other
\$0 - \$3 MILLION	0.150	0.105	0.120	0.251	0.130
\$3 - \$25 MILLION	0.150	0.067	0.076	0.251	0.130
OVER \$25 MILLION	0.090	0.067	0.076	0.151	0.130

** ALTERNATE RISK CHARGE

	**The Line (15) Alternate Risk Charge is calculated as follows:			
LESSER OF:	\$1,500,000 or 2 x Maximum Individual Risk	\$50,000 or 2 x Maximum Individual Risk	\$50,000 or 2 x Maximum Individual Risk	\$50,000 or 2 x Maximum Individual Risk

† The Annual Statement Sources are found on Page XR013.

* This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.

*** Limited to the largest of the applicable alternate risk adjustments, prorated if necessary.

RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
UNDERWRITING RISK

† Annual Statement Source

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 Total
(1)	Premium	P7, C2, L1 + L2	P7, C3, L1 + L2	P7, C4 & C5, L1 + L2	Manual Input	Manual Input	
(2)	Title XVIII - Medicare	P7, C7, L1 + L2	XXX	XXX	XXX	XXX	P7, C7, L1 + L2
(3)	Title XIX - Medicaid	P7, C8, L1 + L2	XXX	XXX	XXX	XXX	P7, C8, L1 + L2
(4)	Other Health Risk Revenue	P7, C2, L4	XXX	P7, C4 & C5, L4	Manual Input	Manual Input	
(6)	Net Incurred Claims	P7, L17, C2 + C7 + C8	P7, C3, L17	P7, C4 & C5, L17	Manual Input	Manual Input	
(7)	Fee-for-Service Offset	P7, C2, L3	XXX	P7, C4 & C5, L3	Manual Input	Manual Input	
(14)	Maximum Per-Individual Risk After Reinsurance	Gen Int Pt 2 5.31 + 5.32	Gen Int Pt 2 5.33	Gen Int Pt 2 5.34	Manual Input	Manual Input	XXX

Ohio Bankers Benefits Trust

RBC Estimates (based on the 2010 Formulas) as of March 31, 2012 of the

UNDERWRITING RISK

	Annual Statement Source	¹ Amount	Factor	² RBC Requirement
Other Underwriting Risk				
(19) Business with Rate Guarantees Between 15-36 Months - Direct Premium Earned.....	Gen Int P12, Line 9.21.....	.....	.....0.024	0
(20) Business with Rate Guarantees Over 36 Months - Direct Premium Earned.....	Gen Int P12, Line 9.22.....	.....	.....0.064	0
(21) FEHBP and TRICARE Claims Incurred.....	UI P12, Col 6, Line 12.4.....	.....	.....0.020	0
(22) Stop Loss and Minimum Premium.....	Company Records.....	.....	.....0.250	0
(22.1) Supplemental Benefits within Stand-Alone Medicare Part D Coverage.....	Company Records.....	.....	.....0.350	0
(22.2) Total Other Underwriting Risk.....	Sum of lines (19) through (22.1).....	.....	.....	.....0
Disability Income Premium				
(23) Noncancelable Disability Income - Individual Morbidity.....	Company Records.....	.....	.....	.....
(23.1) First \$50 Million Earned Premium of L(23).....	0	.....	.....0.350	0
(23.2) Over \$50 Million Earned Premium of L(23).....	0	.....	.....0.150	0
(23.3) Total Noncancelable Disability Income - Individual Morbidity.....	L(23.1) + L(23.2).....	.....	.....	.....0
(24) Other Disability Income - Individual Morbidity.....	Company Records.....	.....	.....	.....
(24.1) Earned premium in L(24) [up to \$50 million less premium in L(23.1)].....	0	.....	.....0.250	0
(24.2) Earned Premium in L(24) Not Included in L(24.1).....	0	.....	.....0.070	0
(24.3) Total Other Disability Income - Individual Morbidity.....	L(24.1) + L(24.2).....	.....	.....	.....0
(25) Disability Income - Credit Monthly Balance Plans.....	Company Records.....	.....	.....	.....
(25.1) First \$50 Million Earned Premium of L(25).....	0	.....	.....0.200	0
(25.2) Over \$50 Million Earned Premium of L(25).....	0	.....	.....0.030	0
(25.3) Total Disability Income - Credit Morbidity.....	L(25.1) + L(25.2).....	.....	.....	.....0
(26) Disability Income - Group Long-term.....	Company Records.....	.....	.....	.....
(26.1) Earned Premium in L(26) [up to \$50 million less premium in L(25.1)].....	0	.....	.....0.150	0
(26.2) Earned Premium in L(26) Not Included in L(26.1).....	0	.....	.....0.030	0
(26.3) Total Disability Income - Group Long-term.....	L(26.1) + L(26.2).....	.....	.....	.....0
(27) Disability Income - Credit Single Premium with Additional Reserves.....	Company Records.....	.....	.....	.....
(27.1) Additional Reserves for Credit Disability Plans.....	Company Records.....	.....	.....	.....
(27.2) Subtotal Disability Income - Credit Single Premium with Additional Reserves.....	L(27) - L(27.1) + L(27.2).....	.....	.....	.....0
(27.4) Earned Premium in L(27.3) [up to \$50 million less premium in L(25.1)+L(26.1)].....	0	.....	.....0.100	0
(27.5) Earned Premium in L(27.3) Not Included in L(27.4).....	0	.....	.....0.030	0
(27.5) Total Disability Income - Credit Single Premium with Additional Reserves.....	L(27.4) + L(27.5).....	.....	.....	.....0
(28) Disability Income - Credit Single Premium without Additional Reserves.....	Company Records.....	.....	.....	.....
(28.1) Earned Premium in L(28) [up to \$50 million less prem in L(25.1)+L(26.1)+L(27.4)].....	0	.....	.....0.150	0
(28.2) Earned Premium in L(28) not included in L(28.1).....	0	.....	.....0.030	0
(28.3) Total Disability Income - Credit Single Premium without Additional Reserves.....	L(28.1) + L(28.2).....	.....	.....	.....0
(29) Disability Income - Group Short-term.....	Company Records.....	.....	.....	.....
(29.1) Earned Premium in L(29) [up to \$50 million less prem in L(25.1)+L(26.1)+L(27.4)+L(28.1)].....	0	.....	.....0.050	0
(29.2) Earned Premium in L(29) not included in L(29.1).....	0		0.030	0
(29.3) Total Disability Income - Group Short-term.....	L(29.1) + L(29.2).....			0

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UNDERWRITING RISK

	Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Long-Term Care (LTC) Insurance Premium				
(30) Noncancelable LTC Premium - Rate Risk	Company Records		* 0.100	0
(31) All LTC Premium - Morbidity Risk (to \$50 million)	Line (34.1) Column (1) up to 50 million	0	0.100	0
(32) LTC Premium (over \$50 million) - Morbidity Risk	Remainder of Line (34.1) Column (1) over 50 million	0	0.030	0
(33) Premium-based RBC	Col (2), Line (30) + Line (31) + Line (32)			0

	Annual Statement Source	1 Premiums	2 Incurred Claims	3 Col. (2)/(1) Loss Ratio %	4 RBC Requirement
Historical Loss Ratio Experience					
(34.1) Current Year	Company Records			0.000	
(34.2) Immediate Prior Year	Company Records			0.000	
(34.3) Average Loss Ratio	If loss ratios are used, [Column (3), Line (34.1) + Line (34.2)] / 2, otherwise zero			0.000	
(35) Adjusted LTC Claims for RBC	If Column (3) Line (34.3) < 0, then [Columns (1), Line (31) + Line (32)] x Column (3), Line (34.3), else Column (2), Line (34.1)	0			
(35.1) Claims (to \$35 million) - Morbidity Risk	Lower of Col. (2), Line (35) and \$35 million	0	† 0.000		0
(35.2) Claims (over \$35 million) - Morbidity Risk	Excess of Col. (2), Line (35) over \$35 million	0	† 0.000		0
(36) LTC Claims Reserves	Company Records			0.000	0
(37) Claims-based RBC	Col. (4), Line (35.1) + Line (35.2)				0
(38) LTC RBC	Col. (2), Line (33) + Col. (4), Line (36) + Line (37)				0

* The factor applies to all Noncancelable premium.

† If Column (1), Line (34.1) is positive, then a factor of 0.250 is used. Otherwise, a higher factor of 0.370 is used.

‡ If Column (1), Line (34.1) is positive, then a factor of 0.080 is used. Otherwise, a higher factor of 0.120 is used.

§ If Column (1), Line (34.1) or (34.2) are less than or equal to zero or if Column (2), Line (34.1) or (34.2) are less than zero, the loss ratios are not used and Column (3), Line (34.3) is set to zero.

UNDERWRITING RISK

	Annual Statement Source	¹ Amount	Factor*	² RBC Requirement
Limited Benefit Plans (Individual and Group Combined)				
(39) Hospital Indemnity and Specified Disease.....	Included in Page 7, Col 9, Line 1 and 2, in part.....		0.035	0
(39.1) \$0.000 if L(39) is greater than zero.....	.....			.....0
(39.2) Total Hospital Indemnity and Specified Disease.....	L(39) + L(39.1).....			0
(40) Accidental Death & Dismemberment.....	Included in Page 7, Col 9, Line 1 and 2, in part.....			
(40.1) First 10 Million Earned Premium of L(40).....	.....	0	0.055	0
(40.2) Over 10 Million Earned Premium of L(40).....	.....	0	0.015	0
(40.3) Maximum Retained Risk for any single claim.....	Company Records.....			
(40.4) Three times L(40.3).....	.....	0		
(40.5) Lesser of L(40.4) or \$300,000.....	.....			.....0
(40.6) Total AD&D.....	L(40.1) + L(40.2) + L(40.5).....			0
(41) Other Accident.....	Included in Page 7, Col 9, Line 1 and 2, in part.....			0
(42) Premium Stabilization Reserves.....	Included in U8, Part 2D, Col 1, Line 4.....		0.050	0
(43) Total Other Underwriting Risk.....	L(22.2) + L(23.3) + L(24.3) + L(25.3) + L(26.3) + L(27.6) + L(28.3) + L(29.3) + L(38) + L(39.2) + L(40.6) + L(41) + L(42).....	0	(0.500)	##.....0

This is limited to the total Net Underwriting RBC on XR012 Col (6), Line (18) less Col (4) and XR014, Col. (2), Lines (22.2), (23.3), (24.3), (25.3), (26.3), (27.6), (28.3), (29.3), and XR015, Col. (2), Line (39), and XR016 Col. (2), Line (39.2), (40.6) and (41).

UNDERWRITING RISK - MANAGED CARE CREDIT CALCULATION

	Managed Care Claims Payments	Annual Statement Source	1 Factor	2 Paid Claims	3 Weighted Claims †	4 Part D Weighted Claims ††
(1)	Category 0 - Arrangements not Included in Other Categories.....	Exhibit 7, Pt 1, Col 1, Line 5, in part §.....	0.000	.....	.....0	.....
(2)	Category 1 - Payments Made According to Contractual Arrangements.....	Exhibit 7, Pt 1, Col 1, Line 6, in part §.....	0.150	.....	.....0	.....
(3)	Category 2a - Subj to Withholds or Bonuses - Otherwise Category 0.....	Exhibit 7, Pt 1, Col 1, Line 7, in part §.....	*.....0.000	.....	.....0	.....
(4)	Category 2b - Subj to Withholds or Bonuses - Otherwise Category 1.....	Exhibit 7, Pt 1, Col 1, Line 8, in part §.....	*.....0.150	.....	.....0	.....
(5)	Category 3a - Capitated Payments Directly to Providers.....	.....	.....0.600	0	0	.....
(5.1)	Capitation Payments - Medical Group - Category 3a.....	Exhibit 7, Pt 1, Col 1, Line 1, in part §.....	.....	.....	.....	.....
(5.2)	Capitation Payments - All Other Providers - Category 3a.....	Exhibit 7, Pt 1, Col 1, Line 3, in part §.....	.....	.....	.....	.....
(6)	Category 3b - Capitated Payments to Regulated Intermediaries.....	Included in Exhibit 7, Pt 1, Col 1, Line 2 §.....	0.600	.....	.....0	.....
(7)	Category 3c - Capitated Payments to Non-Regulated Intermediaries.....	Included in Exhibit 7, Pt 1, Col 1, Line 2 §.....	0.600	.....	.....0	.....
(8)	Category 4 - Medical & Hospital Expense Paid as Salary to Providers.....	.....	.....0.750	0	0	.....
(8.1)	Non-contingent Salaries - Category 4.....	Exhibit 7, Pt 1, Col 1, Line 9, in part §.....	.....	.....	.....	.....
(8.2)	Aggregate Cost Arrangements - Category 4.....	Exhibit 7, Pt 1, Col 1, Line 10, in part §.....	.....	.....	.....	.....
(8.3)	Less Fee For Service revenue from ASC or ASO.....	Company Records.....	.....	.....	.....	.....
(9)	Sub-total Paid Claims.....	Exhibit 7, Pt 1, Col 1, Line 13 - Line 11 - Line (8.3) - Line (12) - Line (13).....	--	0	0	.....
Stand-Alone Medicare Part D Coverage Claims Payments						
(10)	Category 0 - No Federal Reinsurance or Risk Corridor Protection.....	Company Records.....	XXX.....	XXX.....	.....	XXX.....
(11)	Category 1 - Federal Reinsurance but no Risk Corridor Protection.....	Company Records.....	XXX.....	XXX.....	.....	XXX.....
(12)	Category 2a - No Federal Reinsurance but Risk Corridor Protection.....	Company Records.....	0.667	.....	.....0	.....
(13)	Category 3a - Federal Reinsurance and Risk Corridor Protection Apply.....	Company Records.....	0.767	.....	.....0	.....
(14)	Sub-total Paid Claims.....	Sum of Lines (10) through (13).....	.....	.....0	.....	.....0
(15)	Total Paid Claims.....	Sum of Lines (9) and (14).....	.....	.....0	.....	.....
(16)	Weighted Average Managed Care Discount.....	.....	.....	.....	.....0.000	0.000
(17)	Weighted Average Managed Care Risk Adjustment Factor.....	.....	.....	.....	.....1.000	1.000

† This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental managed care discount factor.

†† This column is for the Medicare Part D managed care discount factor.

§ Stand-Alone Medicare Part D Business reported in Lines (10) through (13) should be excluded from these amounts.

* The factor is calculated on Page XR018.

UNDERWRITING RISK - MANAGED CARE CREDIT CALCULATION

	* Calculation of Category 2 Managed Care Factor	Annual Statement Source	¹ Amount
(18)	Withhold & bonus payments, prior year.....	Company Records.....	
(19)	Withhold & bonuses available, prior year.....	Company Records.....	
(20)	MCC Multiplier - average withhold returned [(18)/(19)].....		0.000
(21)	Withholds & bonuses available, prior year.....	Company Records.....	0
(22)	Claims payments subject to withhold, prior year.....	Company Records.....	
(23)	Average withhold rate, prior year [(21)/(22)].....		0.000
(24)	MCC Discount Factor, Category 2 $\text{Min}[(25)/(20) \times (23)]$		0.000

* The factor is pulled into Lines (3) and (4) on Page XR017.

Ohio Bankers Benefits Trust

CREDIT RISK

RBC Estimates (based on the 2010 Formulas) as of March 31, 2012 of the

	Annual Statement Source	¹ Amount	Factor	² RBC Requirement
Reinsurance Ceded				
(1) Recoverables on Paid Losses - 100% owned affiliates.....	Included in Sch S, Pt 2, Col 6, Line 1099999			
(2) Recoverables on Paid Losses - other affiliates.....	Included in Sch S, Pt 2, Col 6, Line 1099999		0.005	0
(3) Recoverables on Paid Losses - Non-affiliates.....	Sch S, Pt 2, Col 6, Line 1399999	195,592	0.005	978
(4) Total Recoverables on Paid Losses.....	Lines (1) + (2) + (3) (Sch S, Pt 2, Col 6, Line 1499999)	195,592		978
(5) Recoverables on Unpaid Losses - 100% owned affiliates.....	Included in Sch S, Pt 2, Col 7, Line 1099999			
(6) Recoverables on Unpaid Losses - other affiliates.....	Included in Sch S, Pt 2, Col 7, Line 1099999		0.005	0
(7) Recoverables on Unpaid Losses - Non-affiliates.....	Sch S, Pt 2, Col 7, Line 1399999		0.005	0
(8) Total Recoverables on Unpaid Losses.....	Line (5) + (6) + (7) (Sch S, Pt 2, Col 7, Line 1499999)	0		0
(9) Unearned premiums - 100% owned affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0399999 + Line 1099999			
(10) Unearned premiums - other affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0399999 + Line 1099999		0.005	0
(11) Unearned premiums - Non-affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0699999 + Line 1399999		0.005	0
(12) Total unearned premiums.....	Lines (9) + (10) + (11)	0		0
(13) Other Reserve Credits - 100% owned affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0399999 + Line 1099999			
(14) Other Reserve Credits - other affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0399999 + Line 1099999		0.005	0
(15) Other Reserve Credits - Non-affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0699999 + Line 1399999		0.005	0
(16) Total Other Reserve Credits.....	Lines (13) + (14) + (15)	0		0
(17) Total Reinsurance RBC.....	L(4) + L(8) + L(12) + L(16)			978
Capitations to Intermediaries				
(18) Total Capitations Paid Directly to Providers.....	XR017, Col (2), Line (5)			
(19) Less Secured Capitations to Providers.....	Company Records	0		
(20) Capitation to Providers Subject to Credit Risk Charge.....	Line (18) - Line (19)	0	0.020	0
(21) Total Capitations to Intermediaries.....	XR017, Col (2) Line (6) + Line (7)			
(22) Less Secured Capitations to Intermediaries.....	Company Records	0		
(23) Capitations to Intermediaries Subject to Credit Risk Charge.....	Line (21) - Line (22)	0	0.040	0
(24) Capitation Credit Risk RBC.....	Line (20) + Line (23)			0

RBC Estimates (based on the 2010 Formulas) as of March 31, 2012 of the **Ohio Bankers Benefits Trust**
CREDIT RISK

	Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Other Receivables				
(25) Investment Income Receivable.....	Page 2, Col 3, Line 14.....	17,348	0.010	173
(26) Health Care Receivables.....	Exhibit 3, Col 7, Line 0799999.....	111,619		
(26.1) Pharmaceutical Rebate Receivables.....	Exhibit 3, Col 7, Line 0199999.....	75,568	0.050	3,778
(26.2) Claim Overpayment Receivables.....	Exhibit 3, Col 7, Line 0299999.....		0.050	0
(26.3) Loan and Advances to Providers.....	Exhibit 3, Col 7, Line 0399999.....		0.050	0
(26.4) Capitation Arrangement Receivables.....	Exhibit 3, Col 7, Line 0499999.....		0.050	0
(26.5) Risk Sharing Receivables.....	Exhibit 3, Col 7, Line 0599999.....		0.050	0
(26.6) Other Health Care Receivables.....	Exhibit 3, Col 7, Line 0699999.....	36,051	0.050	1,803
(27) Amounts Receivable Relating to Uninsured A&H Plans.....	Included in Page 2, Col 3, Line 17.....		0.050	0
(28) Amounts Due From Parent, Subs and Affiliates.....	Page 2, Col 3, Line 23.....		0.050	0
(29) Aggregate Write-ins for other than invested assets.....	Page 2, Col 3, Line 25.....		0.050	0
(30) Total Other Receivables RBC.....	Sum L(25) + L(26.1) through L(29).....			5,754
(31) TOTAL CREDIT RBC.....	L(17) + L(24) + L(30).....			6,732

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RBC Estimates (based on the 2010 Formula) as of March 31, 2012 of the Ohio Bankers Benefits Trust

BUSINESS RISK

	Annual Statement Source	¹ Amount	Factor	² RBC Requirement
Administrative Expense Risk				
(1) Claims Adjustment Expenses.....	Page 4, Col 2, Line 20.....	398,070		
(2) General Administrative Expenses.....	Page 4, Col 2, Line 21.....	26,324		
(3) Less the Net amount of ASC Revenue and Expenses included in Line 1 and 2.....	Company Records.....			
(4) Less the Net amount of ASO Revenue and Expenses included in Line 1 and 2.....	Company Records.....			
(5) Less Admin Expenses for Commission & Premium Taxes.....	Underwriting & Investment Exhibit Part 3, Line 3, in part.....			
(6) Administrative Expenses Base RBC.....	$L(1) + L(2) - L(3) - L(4) - L(5)$	424,394	0.070	29,708
(7) Proration of Admin Expense to Experience Fluctuation Risk.....	$L(6) * L(20) / (L(21) + L(22))$			29,708
Non-Underwritten and Limited-Risk				
(8) Administrative expenses for ASC arrangements.....	Company Records.....		0.020	0
(9) Administrative expenses for ASO arrangements.....	Company Records.....		0.020	0
(10) Medical costs paid through ASC arrangements (including Fee-for-service received from other health entities).....	Company Records.....		0.010	0
(11) Non-Underwritten and Limited Risk Business RBC.....		0		0
Guaranty Fund Assessment Risk				
(12) Premiums Subject to Guaranty Fund Assessment.....	Included in Sch T - Company Records.....		0.005	0
Excessive Growth Risk				
(13) Underwriting Risk Revenue, Prior Year.....	2011 XR012 Col (6) Line (5) (manual entry).....	4,395,989		
(14) Underwriting Risk Revenue, Current Year.....	2012 XR012 Col (6) Line (5).....	3,904,421		
(15) Net Underwriting Risk RBC, Prior Year.....	2011 XR012 Col (6) Line (18) (manual entry).....	572,358		
(16) Net Underwriting Risk RBC, Current Year.....	2012 XR012 Col (6) Line (18).....	463,260		
(17) RBC Growth Safe Harbor.....	$[L(14) / L(13) + 0.10] * L(15)$	0		
(18) Excess of RBC Growth Over Safe Harbor.....	$\text{Max}(0, L(16) - L(17))$	0		
(19) Excessive Growth Risk RBC.....	$0.5 * L(18)$			0

*The factor for the Administrative Expenses Base RBC is calculated as a weighted average, based on premium volume from XR012.

	Premium	Weight	Weighted Premium
(20) Experience Fluctuation Risk Revenue.....	XR012, Col (6), Line (5).....		
(21) Premiums Earned.....	Page 4, Col 2, Line 2 + 3.....		
(22) Risk Revenue.....	Page 4, Col 2, Line 5.....		
(23) Tier 1 - \$0 to \$25 Million of Line (20).....	0.....	0.070	273,309
(24) Tier 2 - Amount over \$25 Million of Line (20).....	3,904,421.....	0.040	0
(25) Total Experience Fluctuation Risk Revenue.....	$L(23) + L(24)$		273,309
(26) Administrative Expenses Base RBC Factor.....	Col (2), Line (25) / Col (1), Line (25).....		0.070

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

		¹ RBC Amount
H0 - ASSET RISK - AFFILIATES WIRBC		
(1) Off-Balance Sheet Items.....	XR005, Off-Balance Sheet Page - L(15)	
(2) Directly Owned Insurer Subject to RBC.....	XR003, Affiliates Page - L(1)	
(3) Indirectly Owned Insurer Subject to RBC.....	XR003, Affiliates Page - L(2)	
(4) Directly Owned MCO Subject to RBC.....	XR003, Affiliates Page - L(3)	
(5) Indirectly Owned MCO Subject to RBC.....	XR003, Affiliates Page - L(4)	
(6) Directly Owned Alien Insurer.....	XR003, Affiliates Page - L(7)	
(7) Indirectly Owned Alien Insurer.....	XR003, Affiliates Page - L(8)	
(8) Total H0.....	Sum L(1) through L(7)	
H1 - ASSET RISK - OTHER		
(9) Investment Subsidiary.....	XR003, Affiliates Page - L(5)	
(10) Holding Company Excess of Subsidiaries.....	XR003, Affiliates Page - L(6)	
(11) Investment in Parent.....	XR003, Affiliates Page - L(9)	
(12) Other Affiliates.....	XR003, Affiliates Page - L(10)	
(13) Fair Value Excess Affiliate Common Stock.....	XR003, Affiliates Page - L(11)	
(14) Fixed Income Assets.....	XR006, Off-Balance Sheet Collateral L(9)+L(19)+L(20)+L(21) + XR007, Fixed Income Assets Page - L(27)	5,52€
(15) Replication & Mandatorily Convertible Securities.....	XR008, Replication/MCS Page - L(9999999)	
(16) Unaffiliated Preferred Stock and Hybrid Securities.....	XR006, Off-Balance Sheet Collateral L(16) + XR009, Equity Assets Page L(15)	
(17) Unaffiliated Common Stock.....	XR006, Off-Balance Sheet Collateral L(17) + XR009, Equity Assets Page L(21)	36,261
(18) Property & Equipment.....	XR006, Off-Balance Sheet Collateral L(18) + XR010, Prop/Equip Assets Page - L(91)	
(19) Asset Concentration.....	XR011, Grand Total, Asset Concentration Page - L(17)	
(20) Total H1.....	Sum L(9) through L(19)	41,78€
H2 - UNDERWRITING RISK		
(21) Net Underwriting Risk.....	XR012, Underwriting Risk Page - L(19)	463,26€
(22) Other Underwriting Risk.....	XR014, Underwriting Risk Page - L(22.2)	
(23) Disability Income.....	XR014, Underwriting Risk Page - L(23.3)+L(24.3)+L(25.3)+L(26.3)+L(27.6)+L(28.3)+L(29.3)	
(24) Long-Term Care.....	XR015, Underwriting Risk Page - L(39)	
(25) Limited Benefit Plans.....	XR016, Underwriting Risk Page - L(39.2) + L(40.6) + L(41)	
(26) Premium Stabilization Reserve.....	XR016, Underwriting Risk Page - L(42)	
(27) Total H2.....	Sum L(21) through L(26)	463,26€

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

		1 RBC Amount
H3 - CREDIT RISK		
(28) Total Reinsurance RBC.....	XR019, Credit Risk Page - L(17).....	97€
(29) Intermediaries Credit Risk RBC.....	XR019, Credit Risk Page - L(24).....	
(30) Total Other Receivables RBC.....	XR020, Credit Risk Page - L(30).....	
(31) Total H3.....	Sum L(28) through L(30).....	97€
H4 - BUSINESS RISK		
(32) Administrative Expense RBC.....	XR021, Business Risk Page - L(7).....	29,70€
(33) Non-Underwritten and Limited Risk Business RBC.....	XR021, Business Risk Page - L(11).....	
(34) Premiums Subject to Guaranty Fund Assessments.....	XR021, Business Risk Page - L(12).....	
(35) Excessive Growth RBC.....	XR021, Business Risk Page - L(19).....	
(36) Total H4.....	Sum L(32) through L(35).....	29,70€
(37) RBC After Covariance.....	H0-Square Root of (H1^2+H2^2+H3^2+H4^2).....	465,09€
(38) Authorized Control Level RBC.....	0.50 * RBC AFTER COVARIANCE.....	233,04€

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CALCULATION OF TOTAL ADJUSTED CAPITAL

	Annual Statement Source	¹ Amount	Factor	² Adjusted Capital
Company Amounts				
(1) Capital and Surplus.....	Page 3, Col 3, Line 33.....	2,345,584	1.000	2,345,584
Subsidiary Adjustments				
(2) AVR - Life Subsidiaries.....	Affiliate's statement.....		1.000	0
(3) Dividend Liability - Life Subsidiaries.....	Affiliate's statement.....		0.500	0
(4) Tabular Discounts - P&C Subsidiaries.....	Affiliate's statement.....		(1.000)	0
(5) Non-Tabular Discounts - P&C Subsidiaries.....	Affiliate's statement.....		(1.000)	0
(6) Total Adjusted Capital, Post-Deferred Tax.....				2,345,584
Sensitivity Test				
(7) DTA Value for Company.....	Page 2, Col 3, Line 18.2.....		1.000	0
(8) DTL Value for Company.....	Page 3, Col 3, Line 10.2.....		1.000	0
(9) DTA Value for Insurance Subsidiaries.....	Company Records.....		1.000	0
(10) DTL Value for Insurance Subsidiaries.....	Company Records.....		1.000	0
(11) Total Adjusted Capital, Pre-Deferred Tax (Sensitivity).....	Line (6) - L(7) + L(8) - L(9) + L(10).....			2,345,584
Expanded DTA Sensitivity Test				
(12) Expanded Deferred Tax Asset.....	Page 2 Column 3 Line 18.2 in part.....		1.000	0
(13) Total Adjusted Capital Less Expanded Deferred Tax Asset.....	Line (6) less Line (12).....			2,345,584
(14) Authorized Control Level RBC.....	XR025 Comparison of Total Adjusted Capital to RBC Line (4).....			233,045
(15) Total Adjusted Capital Less Expanded Deferred Tax Asset.....	Line (13) / Line (14).....			1,006,494

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

		Abbreviation	¹ Amount
(1)	Total Adjusted Capital, Post-Tax.....		2,345,584
(2)	Company Action Level=200% of Authorized Control Level.....	CAL.....	466,090
(3)	Regulatory Action Level=150% of Authorized Control Level.....	RAL.....	349,568
(4)	Authorized Control Level=100% of Authorized Control Level.....	ACL.....	233,045
(5)	Mandatory Control Level=70% of Authorized Control Level.....	MCL.....	163,132
(6)	Level of Action, if Any.....		NONE
THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY ON THE INDICATED LINE			
	Total Adjusted Capital on Line 14 of the Five Year Historical Data Page.....		2,345,584
	Authorized Control Level Risk-Based Capital on Line 15 of the Five Year Historical Data Page.....		233,045

TREND TEST

	Annual Statement Source	Amount	Result
(7)	Total Revenue..... Page 4, Line 8.....		
(8)	Underwriting Deductions..... Page 4, Line 23.....		
(9)	Combined Ratio..... Line (8)/Line (7).....	0.00	
(10)	RBC Ratio..... Line (1)/Line (4).....	1,006.50	
(11)	Trend Test Result..... If Line (10) is between 200% and 300% and Line (9) > 105%, then "Yes", otherwise "No".....		No
(12)	Level of Action, if any, including Trend Test.....	NONE	