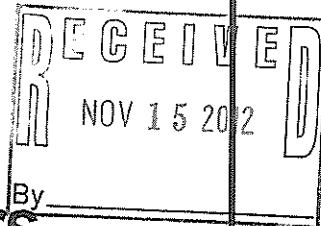


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MWB

# QUARTERLY STATEMENT

OF THE

Ohio Funeral Directors  
Association Benefit Trust



Of

in the state of Ohio

to the Insurance Department  
of the State of Ohio

For the Period Ended  
September 30, 2012

2012



# HEALTH QUARTERLY STATEMENT

As of September 30, 2012  
of the Condition and Affairs of the

## Ohio Funeral Directors Association Benefit Trust

NAIC Group Code..N/A... (Current Period) (Prior Period)	NAIC Company Code.N/A... (Street and Number) (City or Town, State and Zip Code)	Employer's ID Number..... 31-6247579
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile USA
Licensed as Business Type	Is HMO Federally Qualified? Yes [ ] No [ ] [N/A]	
Incorporated/Organized.1957....	Commenced Business.1957....	
Statutory Home Office	...2501 North Star "Road.. .Columbus.... ..OH 43221... (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	...Same.. .... .... (Street and Number) (City or Town, State and Zip Code)	614-486-5339 (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)	614-486-5339 (Area Code) (Telephone Number)
Internet Web Site Address		
Statutory Statement Contact	Rebecca Reuwee (Name) becky@ofdaonline.org (E-Mail Address)	614-486-5339 (Area Code) (Telephone Number) (Extension) 614-486-5358 (Fax Number)

### OFFICERS

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

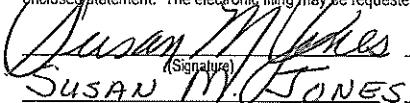
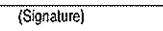
### OTHER

### DIRECTORS OR TRUSTEES

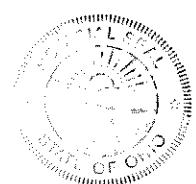
Ken Cahall	Terry Reardon
JoAnn Hartley	Mark Schneider
Gary Heller	
Sue Jones	
Walt Lindsey	

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.

 SUSAN M. JONES (Signature)	 REBECCA E. REUWEE (Signature)	 TERRY REARDON (Signature)
1. (Printed Name) Trustee (Title)	2. (Printed Name) Trustee (Title)	3. (Printed Name) Trustee (Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No [ ]
This <u>14</u> day of <u>NOVEMBER</u> 2012	b. If no:	1. State the amendment number 2. Date filed 3. Number of pages attached



REBECCA E. REUWEE  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES AUGUST 31, 2016

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....				0
2. Stocks:				
2.1 Preferred stocks.....				0
2.2 Common stocks.....				0
3. Mortgage loans on real estate:				
3.1 First liens.....				0
3.2 Other than first liens.....				0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....				0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....				0
4.3 Properties held for sale (less \$.....0 encumbrances).....				0
5. Cash (\$.....2,214,665), cash equivalents (\$.....0) and short-term investments (\$.....0).....	2,214,665		2,214,665	1,702,037
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).....	2,214,665	0	2,214,665	1,702,037
13. Title plants less \$.....0 charged off (for Title insurers only).....				0
14. Investment income due and accrued.....				0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	27,626		27,626	36,041
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.....			0	43,905
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.....	36,636		36,636	44,000
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).....	2,278,927	0	2,278,927	1,825,983
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	2,278,927	0	2,278,927	1,825,983

**DETAILS OF WRITE-INS**

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

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	724,700		724,700	606,300
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	98,800		98,800	82,700
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/casually unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	417,743		417,743	335,013
9. General expenses due or accrued.....			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			0	
20. Reinsurance in unauthorized companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	20,079	0	20,079	44,422
24. Total liabilities (Lines 1 to 23).....	1,261,322	0	1,261,322	1,068,435
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 note.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	1,017,605	757,548
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	1,017,605	757,548
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	2,278,927	1,825,983

DETAILS OF WRITE-INS

2301. Accounts Payable.....	20,079		20,079	44,422
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).....	20,079	0	20,079	44,422
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**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.....	3,886.....	4,533.....	5,981.....		
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	4,405,744.....	4,438,045.....	5,901,338.....		
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.....	4,405,744.....	4,438,045.....	5,901,338.....		
<b>Hospital and Medical:</b>						
9. Hospital/medical benefits.....		2,464,070.....	3,418,003.....	4,670,981.....		
10. Other professional services.....						
11. Outside referrals.....						
12. Emergency room and out-of-area.....						
13. Prescription drugs.....		1,092,836.....	1,155,532.....	1,435,573.....		
14. Aggregate write-ins for other hospital and medical.....	0.....	118,400.....	(139,400).....	(83,100).....		
15. Incentive pool, withhold adjustments and bonus amounts.....						
16. Subtotal (Lines 9 to 15).....	0.....	3,675,306.....	4,434,135.....	6,023,454.....		
<b>Less:</b>						
17. Net reinsurance recoveries.....		95,766.....	434,641.....	463,089.....		
18. Total hospital and medical (Lines 16 minus 17).....	0.....	3,579,540.....	3,999,494.....	5,560,385.....		
19. Non-health claims (net).....						
20. Claims adjustment expenses, including \$.....21,188 cost containment expenses.....		550,710.....	675,395.....	864,216.....		
21. General administrative expenses.....		21,475.....	28,596.....	36,447.....		
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.....	4,151,725.....	4,703,485.....	6,461,048.....		
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	254,019.....	(265,440).....	(559,710).....		
25. Net investment income earned.....		6,038.....	8,666.....	10,776.....		
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....						
27. Net investment gains or (losses) (Lines 25 plus 26).....	0.....	6,038.....	8,666.....	10,776.....		
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.....	260,057.....	(256,774).....	(548,934).....		
31. Federal and foreign income taxes incurred.....	XXX.....					
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	260,057.....	(256,774).....	(548,934).....		

**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.....		118,400.....	(139,400).....	(83,100).....	
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.....	118,400.....	(139,400).....	(83,100).....	
2901.....					
2902.....					
2903.....					
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0.....	0.....	0.....	
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0.....	0.....	0.....	0.....	

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	757,548	1,306,482	1,306,482
34. Net income or (loss) from Line 32.....	260,057	(256,774)	(548,934)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	260,057	(256,774)	(548,934)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	1,017,605	1,049,700	757,546

DETAILS OF WRITE-INS

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

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	4,496,809	4,536,558	5,859,774
2. Net investment income.....	6,038	8,694	10,804
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	4,502,927	4,545,252	5,870,578
5. Benefit and loss related payments.....	3,990,299	4,837,186	6,585,867
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....			
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	3,990,299	4,837,186	6,585,867
11. Net cash from operations (Line 4 minus Line 10).....	512,628	(291,934)	(715,289)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		300,000	300,000
12.2 Stocks.....		311,572	311,572
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).....	0	611,572	611,572
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....		945	945
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).....	0	945	945
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	610,627	610,627
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	512,628	318,693	(104,662)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,702,037	1,806,699	1,806,699
19.2 End of period (Line 18 plus Line 19.1).....	2,214,665	2,125,392	1,702,037

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	2 Comprehensive Hospital & Medical	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
<b>Total Members at End of:</b>											
1. Prior Year.....		480		480							
2. First Quarter.....		452		452							
3. Second Quarter.....		418		418							
4. Third Quarter.....		409		409							
5. Current Year.....		0									
6. Current Year Member Months.....		3,886		3,886							
<b>Total Member Ambulatory Encounters for Period:</b>											
7. Physician.....		0									
8. Non-Physician.....		0									
9. Total.....		0		0		0	0	0	0	0	0
10. Hospital Patient Days Incurred.....		0									
11. Number of Inpatient Admissions.....		0									
12. Health Premiums Written (a).....		4,466,889		4,466,889							
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		4,405,744		4,405,744							
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services.....		3,990,299		3,990,299							
18. Amount Incurred for Provision of Health Care Services.....		4,151,725		4,151,725							

(a) For health premiums written: 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			Claims Unpaid - Prior Year - Net of Reinsurance			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	5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Claims Incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (hospital and medical),.....	.....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement.....	501,861	.....	2,959,279	.....	.....	.....	501,861
3. Dental only.....	.....	.....	.....	.....	.....	.....	0
4. Vision only.....	.....	.....	.....	.....	.....	.....	0
5. Federal Employees Health Benefits Plan.....	.....	.....	.....	.....	.....	.....	0
6. Title XVIII - Medicare.....	.....	.....	.....	.....	.....	.....	0
7. Title XIX - Medicaid.....	.....	.....	.....	.....	.....	.....	0
8. Other health.....	.....	.....	.....	.....	.....	.....	0
9. Health subtotal (Lines 1 to 8),.....	501,861	.....	2,959,279	0	.....	724,700	606,300
10. Healthcare receivables (a),.....	.....	.....	.....	.....	.....	.....	0
11. Other non-health,.....	.....	.....	.....	.....	.....	.....	0
12. Medical incentive pools and bonus amounts,.....	.....	.....	.....	.....	.....	.....	0
13. Totals (Lines 3-10+11+12),.....	501,861	.....	2,959,279	0	.....	724,700	501,861

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

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 1 - Summary of Significant Accounting Policies**

#### Basis of Accounting

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

#### Estimates

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

### **Note 2 - Accounting Changes and Corrections of Errors**

No significant change.

### **Note 3 - Business Combinations and Goodwill**

No significant change.

### **Note 4 - Discontinued Operations**

No significant change.

### **Note 5 - Investments**

All are cash related items - money market accounts and demand notes and are classified as cash on page Q02, line 5.

### **Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

### **Note 7 - Investment Income**

No significant change.

### **Note 8 - Derivative Instruments**

No significant change.

### **Note 9 - Income Taxes**

No significant change.

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

No significant change.

### **Note 11 - Debt**

No significant change.

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

No significant change.

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

No significant change.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 14 - Contingencies**

No significant change.

### **Note 15 - Leases**

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

### **Note 20 - Fair Value**

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.

### **Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

The amounts of unpaid claims and claims adjustment expense as of September 30, 2012, are based on studies completed by the Plan's actuary and includes estimated expenses of \$724,700 for IBNR and \$98,800 for LAE,

### **Note 26 - Intercompany Pooling Arrangements**

No significant change.

### **Note 27 - Structured Settlements**

Not applicable.

### **Note 28 - Health Care Receivables**

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## **NOTES TO FINANCIAL STATEMENTS**

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No significant change.

**Note 29 - Participating Policies**

No significant change.

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## **NOTES TO FINANCIAL STATEMENTS**

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**Note 30 - Premium Deficiency Reserves**

No significant change.

**Note 31 - Anticipated Salvage and Subrogation**

No significant change.

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**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 [X]

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 [X]

2.2 If yes, date of change: \_\_\_\_\_

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

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

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

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

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

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 [X] No [ ] N/A [ ]

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

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 [X]

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 [X]

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 [X]

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] 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 [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit 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).

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**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.

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16. Excluding Items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes  No

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

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

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes  No

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes  No

17.2 If no, list exceptions.

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Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**GENERAL INTERROGATORIES (continued)**

**PART 2 - HEALTH**

1. Operating Percentages		
1.1 A&H loss percent		0.0 %
1.2 A&H cost containment percent		0.0 %
1.3 A&H expense percent excluding cost containment expenses		0.0 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit 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)
<b>A&amp;H Non-Affiliates</b>						
60695.....	35-01485825.....	01/01/2012	American United Life Insurance Company.....	IN.....	stop loss.....	yes.....

# Ohio Funeral Directors Association Benefit Trust

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
1. Alabama.....	AL ..N.							0	
2. Alaska.....	AK ..N.							0	
3. Arizona.....	AZ ..N.							0	
4. Arkansas.....	AR ..N.							0	
5. California.....	CA ..N.							0	
6. Colorado.....	CO ..N.							0	
7. Connecticut.....	CT ..N.							0	
8. Delaware.....	DE ..N.							0	
9. District of Columbia.....	DC ..N.							0	
10. Florida.....	FL ..N.							0	
11. Georgia.....	GA ..N.							0	
12. Hawaii.....	HI ..N.							0	
13. Idaho.....	ID ..N.							0	
14. Illinois.....	IL ..N.							0	
15. Indiana.....	IN ..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.	4,405,744						4,405,744	
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	0
59. Subtotal.....	XXX..	4,405,744	0	0	0	0	0	4,405,744	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX..								0
61. Total (Direct Business).....	(a) ..1	4,405,744	0	0	0	0	0	4,405,744	0

## DETAILS OF WRITE-INS

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

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

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

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

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART I – ORGANIZATIONAL CHART

**NONE**

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM									
1	2	3	4	5	6	7	8	9	10
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSISI	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**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 September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**Overflow Page for Write-Ins**

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit 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.....	0	
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	0	610,396
2. Cost of bonds and stocks acquired.....		.945
3. Accrual of discount.....		.231
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		611,572
6. Deduct consideration for bonds and stocks disposed of.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**SCHEDULE D - PART 1B**

## Showing the Acquisitions, Dispositions and Non-Trading Activity

## During the Current Quarter for all Bonds and Preferred Stock by Rating Class

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

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**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

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

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

**SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

1. Book/adjusted carrying value, December 31, prior year.....
2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote).....
- 3.1 Change in variation margin on open contracts.....
- 3.2 Add:
 

Change in adjustment to basis of hedged item:

  - 3.21 Section 1, Column 17, current year to date minus.....
  - 3.22 Section 1, Column 17, prior year..... **0**

Change in amount recognized:

  - 3.23 Section 1, Column 16, current year to date minus.....
  - 3.24 Section 1, Column 16, prior year..... **0** **0**
- 3.3 Subtotal (Line 3.1 minus Line 3.2)..... **0**
- 4.1 Variation margin on terminated contracts during the year.....
- 4.2 Less:
  - 4.21 Amount used to adjust basis of hedged item.....
  - 4.22 Amount recognized..... **0**
- 4.3 Subtotal (Line 4.1 minus Line 4.2)..... **0**
5. Dispositions gains (losses) on contracts terminated in prior year:
  - 5.1 Recognized.....
  - 5.2 Used to adjust basis of hedged items.....
6. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)..... **0**
7. Deduct nonadmitted assets.....
8. Statement value at end of current period (Line 6 minus Line 7)..... **0**

**SCHEDULE DB - PART C - SECTION 1****Replication (Synthetic Asset) Transactions Open as of Current Statement Date**

		Replication (Synthetic Asset) Transactions				Components of the Replication (Synthetic Asset) Transactions				Cash Instruments Held					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	National Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Design or Other Description	Book/Adjusted Carrying Value	Fair Value

**SCHEDULE DB - PART C - SECTION 2****Reconciliation (Synthetic Asset) Transactions Open**

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory.....	.....	.....	0	.....0	.....0	.....0	.....0	.....0	0	0
2. Add: Opened or acquired transactions.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
3. Add: Increases in replication asset statement value.....	XXX.....	.....	XXX.....	.....	XXX.....	.....	XXX.....	.....	XXX.....	0
4. Less: Closed or disposed of transactions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
5. Less: Positions disposed of for failing effectiveness criteria.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
6. Less: Decreases in replication synthetic asset transaction statement value.....	XXX.....	.....	XXX.....	.....	XXX.....	.....	XXX.....	.....	XXX.....	0
7. Ending Inventory.....	0	0	0	0	0	0	0	0	0	0

**SCHEDULE DB - VERIFICATION**

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

**Book/Adjusted Carrying Value Check**

1. Part A, Section 1, Column 14.....  
2. Part B, Section 1, Column 14.....  
3. Total (Line 1 plus Line 2).....  
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).....  
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

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**

**SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter			
Description of Property	City	State	Date Acquired
Name of Vendor			

**SCHEDULE A - PART 3**

Showing all Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"										Change in Book/Adjusted Carrying Value Less Encumbrances				Total Foreign Exchange Change in B.A.C.V. Received During Year on Disposal		Foreign Exchange Amounts Received During Year on Disposal		Realized Gain (Loss) on Disposal		Total Gain (Loss) on Disposal		Gross Income Earned Less Interest on Encumbrances		Total Taxes, Repair, and Expenses Incurred	
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Change in Book/Adjusted Carrying Value Less Encumbrances				9	10	11	12	13											
						6	7	8	9	Current Years	Other Than Current Years	Current Year's Change in B.A.C.V.	Total Foreign Exchange Change in B.A.C.V. Received During Year on Disposal	14	15	16	17	18	19	20					

**SCHEDULE B - PART 2**

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

1 Loan Number	2 Location		3 State	4 Loan Type	5 Data Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings
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**SCHEDULE B - PART 3**  
Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1 Loan Number	2 Location		3 State	4 Loan Type	5 Data Acquired	6 Disposal Date	7 Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	8 Unutilized Valuation Increase (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other than Temporary Impairment	11 Capitalized Delivered Interest and Other	12 Total Change in Book Value (8+9+10+11)	13 Total Foreign Exchange Gain (Loss)	14 Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	15 Foreign Exchange Gain (Loss)	16 Concession	17 Reduced Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal
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**SCHEDULE BA - PART 2**

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

1 CUSIP Identification	2 Name or Description	3 Location		4 City State	5 Name of Vendor or Central Partner	6 NAIC Design- nation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Escalations	12 Commit- ment for Additional Investment	13 Percentage of Outstanding Investments
		3	4										

**SCHEDULE BA - PART 3**

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

1 CUSIP Identification	2 Name or Description	3 Location		4 City State	5 Name of Purchaser or Nature of Disposal	6 Data Originally Acquired	7 Book/Adjusted CARRYING Value Less Encumbrances, Prior Year	8 Disposal Date	9 Unrealized Valuation Increases, Prior Year (Decreases)	10 Changes in Book/Adjusted Carrying Value (Disposition) or Current Year's Other Than Temporary Impairment (Amortization/ Accretion)	11 Current Year's Other Than Temporary Impairment (Amortization/ Accretion)	12 Total Change in B.A.C.V. (8+10+11+12)	13 Total Foreign Exchange Change in B.A.C.V. Less Interest and Other Changes in B.A.C.V.	14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Total Foreign Exchange Gain (Loss) Less Interest and Other Changes in B.A.C.V.	16 Total Gain (Loss) on Disposal	17 Foreign Exchange Gain (Loss) Less Interest and Other Changes in B.A.C.V.	18 Total Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3	4																	

**SCHEDULE D - PART 3**

2		Show all Long-Term Bonds and Stock Acquired During the Current Quarter							
1	CUSIP Number	3	4	5	6	7	8	9	10
	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Pr. Value	Paid for Accrued Interest and Dividends	Net Description or Market Indicator (b)
(a) For each common stock bearing the NYSE market indicator 'U' provide the number of each issue:.....0									

**SCHEDULE D - PART 4**

CUSIP Identification	Description	Name of Purchaser	Name of Disposer	Date Disposed	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter				Change in Book/Adjusted Carrying Value	14	15	16	17	18	19	20	21	22
									3 F	4	5	6										

(i) For all common stock bearing the NAIC market indicator "U" provide the number of such issues.....0.

**SCHEDULE DB - PART A - SECTION 1**

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

1	2 Description of Items Hedged & Used for Income Generation	3 Schedule Establish Identifier	4 Type(s) of Risk	5 Exchange or Counterparty	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Price, Rate of Induced Received (Paid)	11 Strike Price	12 Prior Year Initial Cost of Premium (Received) Paid	13 Current Year Initial Cost of Premium (Received) Paid	14 Book/ Adjusted Carrying Value	15 Unrealized Increase (Decrease)	16 Fair Value	17 Foreign Exchange Change in B(A.C.V.)	18 Total Foreign Exchange Change in B(A.C.V.)	19 Current Year's (Amortization) Accretion	20 Adjustment to Carrying Value of Hedged Items	21 Hedge Effectiveness at Inception and at Quarter-end (a)	22 Credit Quality of Reference Entity	23 Hedge Effectiveness at Inception and at Quarter-end (a)
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Statements of September 30, 2012 of the Ohio Funeral Directors Association Benefit Trust

**SCHEDULE DB - PART B - SECTION 1**

Futures Contracts Open as of the Current Statement Date

1 Title Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Hedged Item(s)	6 Scheduled Exhibit Identifier	7 Type(s) of Risk	8 Dates of Maturity or Expiration	9 Trade Exchange	10 Trade Dates	11 Transaction Prices	12 Reporting Data Price	13 Book Adjusted Carrying Value	14 Fair Values	15 Gain (Loss) Recognized in Current Year	16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Hedge Effectiveness at End of Quarter and (a)	19 Deferred Expense	20 Hedge Effectiveness at End of Quarter and (a)
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Initial Name	Net Cash Deposits
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**SCHEDULE DB - PART D**

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

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

Reinvested Collateral Assets Owned Current Statement Date

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

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

Statement as of September 30, 2012 of the **Ohio Funeral Directors Association Benefit Trust**  
**SCHEDULE DL - PART 2**  
**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

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

**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 Balances at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
JP Morgan Chase Bank.....	Baton Rouge, LA.....	none.....	.....	.....	445,767	285,756	340,735	XXX..
Bank Midwest.....	Kansas City, MO.....	varies.....	404	.....	249,143	249,280	249,404	XXX..
CAT floating rate demand note.....	Peoria, IL.....	varies.....	664	.....	349,862	261,022	261,155	XXX..
Columbus First Bank.....	Worthington, OH.....	varies.....	345	.....	249,117	249,232	249,345	XXX..
Everbank.....	Islandia, NY.....	varies.....	472	.....	249,166	249,327	249,472	XXX..
GE floating rate demand note.....	Fairfield, CT.....	varies.....	644	.....	365,441	365,659	365,868	XXX..
Mid America Bank.....	Baldwin City, KS.....	varies.....	105	.....	.....	249,059	249,194	XXX..
Nationwide Bank.....	Columbus, OH.....	varies.....	492	.....	249,160	249,325	249,492	XXX..
0199009, Total Open Depositories.....	XXX.....	XXX.....	3,016	0	2,157,656	2,158,700	2,214,665	XXX..
0399939, Total Cash on Deposit.....	XXX.....	XXX.....	3,016	0	2,157,656	2,158,700	2,214,665	XXX..
0599939, Total Cash.....	XXX.....	XXX.....	3,016	0	2,157,656	2,158,700	2,214,665	XXX..

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**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

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