



OHIO DEPT. OF INSURANCE

2013 AUG -6 AM 8:30

RESOURCE MANAGEMENT

August 2, 2013

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AUG 06 2013

VIA PERSONAL DELIVERY

OFRS

Ohio Department of Insurance
Office of Financial Regulation Services
50 W. Town Street
Third Floor—Suite 300
Columbus, OH 43215

Dear Sir or Madam:

The Ohio Bankers Benefits Trust is a multiple employer welfare arrangement. On behalf of the Ohio Bankers Benefits Trust, I submit the Quarterly Statement for the period ended June 30, 2013.

Also enclosed is a Risk Based Capital report for the period ending June 30, 2013.

Please time-stamp the attached copy of this letter for our files.

If there are any questions or comments regarding this submission, please contact the undersigned.

Sincerely,

Erin J. Husslein
Administrator

Enclosure

4249 Easton Way
Suite 150
Columbus, Ohio 43219

614.340.7595
phone

614.340.7599
fax

800.686.6755
toll free

OHIO BANKERS BENEFITS TRUST

**QUARTERLY STATEMENT
OF THE**

Ohio Bankers Benefits Trust

Of

RECEIVED

AUG 06 2013

OFRS

in the state of Ohio

**to the Insurance Department
of the State of Ohio**

**For the Period Ended
June 30, 2013**

2013



HEALTH QUARTERLY STATEMENT

As of June 30, 2013
of the Condition and Affairs of the

Ohio Bankers Benefits Trust

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 Business 1997....

Statutory Home Office

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

Main Administrative Office

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

614-340-7595

(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

614-340-7595

(Area Code) (Telephone Number)

Internet Web Site Address

Jeff Quayle
(Name)
jquayle@ohiobankersleague.com
(E-Mail Address)

614-340-7603

Statutory Statement Contact

(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 Haning
John Malanowski
Thomas 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)
1. (Printed Name)
Jeffrey D. Quayle
Managing Director
(Title)

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

(Signature)
3. (Printed Name)
Trustee
(Title)

Subscribed and sworn to before me

This 1st day of August 2013

Lynn K. Moore

a. Is this an original filing?

Yes [X] No []

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

07/24/2013 11:16:23 AM



LYNN K. MOORE
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Franklin County
My Comm. Exp. 6/10/16

ASSETS

	Current Statement Date			4 12-31-12
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	2,561,708		2,561,708	2,564,439
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	277,266		277,266	248,709
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 (\$....4,593,924), cash equivalents (\$.....0) and short-term investments (\$.....0).....	4,593,924		4,593,924	3,908,364
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).....	7,432,898	0	7,432,898	6,721,512
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	15,557		15,557	15,979
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	23,389
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	
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.....			0	
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).....	7,448,455	0	7,448,455	6,760,880
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	7,448,455	0	7,448,455	6,760,880

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	
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

LIABILITIES, CAPITAL AND SURPLUS

12-31-12

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	.....1,602,000		.....1,602,000	.....1,923,000
2. Accrued medical incentive pool and bonus amounts.....			.....0	
3. Unpaid claims adjustment expenses.....	.....128,000		.....128,000	.....125,000
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.....	.....18,882		.....18,882	
9. General expenses due or accrued.....	.....13,378		.....13,378	.....14,868
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 and certified \$.....0 reinsurers).....			.....0	
20. Reinsurance in unauthorized and certified (\$.....0) 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).....	.....1,762,260	.....0	.....1,762,260	.....2,062,868
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	.....5,686,195	.....4,698,012
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	.....5,686,195	.....4,698,012
34. Total liabilities, capital and surplus (Lines 24 and 33).....	.....XXX	.....XXX	.....7,448,455	.....6,760,880

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.....				
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 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.....	.....8,815	.....7,597	.....15,096
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	.....7,635,334	.....7,649,167	.....15,083,245
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.....	.....7,635,334	.....7,649,167	.....15,083,245
Hospital and Medical:				
9. Hospital/medical benefits.....		.....5,065,308	.....4,455,064	.....9,232,338
10. Other professional services.....		.....	.....	.....
11. Outside referrals.....		.....	.....	.....
12. Emergency room and out-of-area.....		.....	.....	.....
13. Prescription drugs.....		.....1,283,724	.....1,061,304	.....2,090,735
14. Aggregate write-ins for other hospital and medical.....	.....0	.....(321,000)	.....757,438	.....55,000
15. Incentive pool, withhold adjustments and bonus amounts.....		.....	.....	.....
16. Subtotal (Lines 9 to 15).....	.....0	.....6,028,032	.....6,273,806	.....11,378,073
Less:				
17. Net reinsurance recoveries.....		.....131,737	.....141,823	.....
18. Total hospital and medical (Lines 16 minus 17).....	.....0	.....6,028,032	.....6,142,069	.....11,236,250
19. Non-health claims (net).....		.....	.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		.....584,922	.....742,936	.....1,052,490
21. General administrative expenses.....		.....68,714	.....55,384	.....98,552
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....		.....	.....	.....
23. Total underwriting deductions (Lines 18 through 22).....	.....0	.....6,681,668	.....6,940,389	.....12,387,292
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.....XXX.....	.....953,666	.....708,778	.....2,695,953
25. Net investment income earned.....		.....34,517	.....32,267	.....64,998
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....		.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	.....0	.....34,517	.....32,267	.....64,998
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.....	.....988,183	.....741,045	.....2,760,951
31. Federal and foreign income taxes incurred.....	.....XXX.....	.....	.....	.....
32. Net income (loss) (Lines 30 minus 31).....	.....XXX.....	.....988,183	.....741,045	.....2,760,951

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.....		.....(321,000)	.....757,438	.....55,000
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	.....(321,000)	.....757,438	.....55,000
2901.....		.....	.....	.....
2902.....		.....	.....	.....
2903.....		.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.....0	.....0	.....0	.....0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.....0	.....0	.....0	.....0

STATEMENT 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.....	4,698,012	1,937,061	1,937,061
34. Net income or (loss) from Line 32.....	988,183	741,045	2,760,951
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 and certified 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).....	988,183	741,045	2,760,951
49. Capital and surplus end of reporting period (Line 33 plus 48).....	5,686,195	2,678,106	4,698,012

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.....	7,677,605	7,755,113	15,064,995
2. Net investment income.....	37,872	34,361	69,974
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	7,715,477	7,789,474	15,134,969
5. Benefit and loss related payments.....	7,001,157	5,888,808	12,234,798
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).....	7,001,157	5,888,808	12,234,798
11. Net cash from operations (Line 4 minus Line 10).....	714,320	1,900,666	2,900,171
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	100,000	400,000	900,000
12.2 Stocks.....	606,034	756,501	2,499,327
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).....	706,034	1,156,501	3,399,327
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	100,203		511,381
13.2 Stocks.....	634,591	434,003	2,218,606
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).....	734,794	434,003	2,729,987
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).....	(28,760)	722,498	669,340
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	.0	.0	.0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	685,560	2,623,164	3,569,511
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,908,364	338,853	338,853
19.2 End of period (Line 18 plus Line 19.1).....	4,593,924	2,962,017	3,908,364

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)		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
Total Members at End of:										
1. Prior Year.....	1,238	1,238	0	0	0	0	0	0	0	0
2. First Quarter.....	1,258	1,258	0	0	0	0	0	0	0	0
3. Second Quarter.....	1,253	1,253	0	0	0	0	0	0	0	0
4. Third Quarter.....	0	0	0	0	0	0	0	0	0	0
5. Current Year.....	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months.....	8,815	8,815	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician.....	0	0	0	0	0	0	0	0	0	0
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions.....	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a).....	7,654,216	7,654,216	0	0	0	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. PropertyCasually Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	7,635,334	7,635,334	0	0	0	0	0	0	0	0
16. PropertyCasually Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	7,001,157	7,001,157	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services.....	6,681,667	6,681,667	0	0	0	0	0	0	0	0

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

Statement as of June 30, 2013 of the **Ohio Bankers Benefits Trust**

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Unpaid - Prior Year - Net of Reinsurance			Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 Claims Paid Year to Date 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		
1. Comprehensive (hospital and medical).....	954,310	5,394,722	968,690	633,310	1,923,000
2. Medicare Supplement.....					0
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).....	954,310	5,394,722	968,690	633,310	1,923,000
10. Healthcare receivables (a).....					0
11. Other non-health.....					0
12. Medical incentive pools and bonus amounts.....					0
13. Totals (Lines 9-10+11+12).....	954,310	5,394,722	968,690	633,310	1,923,000
(a) Excludes \$.....0 loans or advances to providers not yet expensed.					

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Basis of Accounting

These financial statements have been prepared on the statutory basis of accounting as prescribed by the state of Ohio Department of Insurance. Purchases and sales of securities 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 investments from the date of purchase through 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 investment 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 (\$277,266) and Federal government and Federally guaranteed agency bonds (\$2,561,708).

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.

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

None

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

See Note 1.

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 25 - Change in Incurred Claims and Claim Adjustment Expenses

The amount of incurred but unpaid claims reserve as of June 30, 2013, is based on a study completed by the Plan's actuary and includes estimated IBNR of \$1,602,000 and \$128,000 for LAE.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

No significant change.

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 [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:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.2 If the response to 3.1 is yes, provide a brief description of those changes.

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 [] N/A [X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2009.....

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. 5/31/2010.....

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). 5/31/2010.....

6.4 By what department or departments?

Ohio Dept of Insurance

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]

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 [X]

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 [X]

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 [X]

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 [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$.....0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
16.3 Total payable for securities lending reporting on the liability page:	\$.....0

17. 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 [X]

17.1 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
First Merit	Akron, OH 44308

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No []

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

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

17.5 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

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

Yes [X] No []

18.2 If no, list exceptions:

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

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						
78700.....	06-8776836.....	01/01/2013	Aetna Life Insurance Company.....	CT.....	stop loss.....	YES.....

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	7,635,334							7,635,334
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.....	CAN N								.0
58. Aggregate Other alien.....	OT XXX	0	0	0	0	0	0	0	0
59. Subtotal.....		7,635,334		0	0	0	0	0	7,635,334
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								0
61. Total (Direct Business).....	(a) 1	7,635,334		0	0	0	0	0	7,635,334

DETAILS OF WRITE-INS

58001.....									0
58002.....									0
58003.....									0
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

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

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



* 0 2 0 1 3 3 6 5 0 0 0 0 2 *

Statement as of June 30, 2013 of the **Ohio Bankers Benefits Trust**
Overflow Page for Write-Ins

Statement as of June 30, 2013 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.....	2,813,148	3,487,687
2. Cost of bonds and stocks acquired.....	734,793	2,729,987
3. Accrual of discount.....	71	121
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	706,034	3,399,327
7. Deduct amortization of premium.....	3,004	5,320
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).....	2,838,974	2,813,148
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	2,838,974	2,813,148

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

Showing the Acquisitions, Dispositions and Non-Trading Activity								
During the Current Quarter for all Bonds and Preferred Stock by Rating Class								
	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	2,563,179			(1,471)	2,563,179	2,561,708		2,564,439
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	2,563,179	0	0	(1,471)	2,563,179	2,561,708	0	2,564,439
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	2,563,179	0	0	(1,471)	2,563,179	2,561,708	0	2,564,439

07/24/2013 11:17:11 AM

(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.

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.....	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 (Line 6, prior year).....	.....
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column).....	.....
3.1 Add:	
Change in variation margin on open contracts - Highly Effective Hedges:	
3.11 Section 1, Column 15, current year to date minus.....	.....
3.12 Section 1, Column 15, prior year.....	0
Change in variation margin on open contracts - All Other:	
3.13 Section 1, Column 18, current year to date minus.....	.....
3.14 Section 1, Column 18, prior year.....	0
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 19, current year to date minus.....	.....
3.24 Section 1, Column 19, prior year.....	0
3.3 Subtotal (Line 3.1 minus Line 3.2).....	0
4.1 Cumulative 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 Total gain (loss) recognized for terminations in prior year.....	.....
5.2 Total gain (loss) adjusted into the hedged item(s) for the terminations in prior year.....	.....
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				Derivative Instruments Open				Components of the Replication (Synthetic Asset) Transactions					
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	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions	11 Number of Positions	12 Total Replication (Synthetic Asset) Transactions		
1. Beginning Inventory.....			0	0	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or acquired transactions.....														0
3. Add: Increases in replication (synthetic asset) transactions statement value.....		XXX		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) transactions statement value.....		XXX		XXX		XXX		XXX		XXX		XXX		0
7. Ending Inventory.....		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 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance.....	.....
3. Total (Line 1 plus Line 2).....	..... 0
4. Part D, Section 1, Column 5.....	.....
5. Part D, Section 1, 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, Section 1, Column 8.....	.....
11. Part D, Section 1, 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 20.....	.....
15. Part D, Section 1, 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

SCHEDULE A - PART 2

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

1	2 Location	3	4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value less Encumbrances	9 Additional Investment Made After Acquisition

QE01

SCHEDULE A - PART 3

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

1	2 Location	3	4	5	6 Expenditure for Additions, Permanent Improvements and Changes	7 Book/Adjusted Carrying Value less Encumbrances	8 Current Years Other Than Temporary Impairment Recognized	9 Current Years Change in Encumbrances	10 Current Years Change in Encumbrances	11 Total Change in B/A.C.V.	12 Foreign Exchange Change in B/A.C.V.	13 Carrying Value less Encumbrances on Disposal	14 Book/Adjusted Depreciation	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest and Expenses Incurred on Disposal	20 Taxes, Repairs, and Expenses Incurred on Disposal

07/24/2013 11:17:54 AM

SCHEDULE B - PART 2
Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Loan Number	2 Location	3	4	5	6	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings

QEO2

SCHEDULE B - PART 3
Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1 Loan Number	2 Location	3	4	5	6	7 Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	8 Unrealized Valuation Increase (Decrease)	9 Current Year's Years (Amortization)/ Accretion	10 Other Than Temporary Impairment Recognized	11 Change in Book Value/ Recorded Investment	12	13 Total Foreign Exchange Change in Book Value	14 Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	15	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal

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

QE03

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 Name of Purchaser or Disposal Description	5 Date Originally Acquired	6 Date Disposal	7 Book/Adjusted Carrying Value Less Encumbrances, Increase (Decrease)	8 Unadjusted Current Year's Depreciation or Temporary Interest and Other	9 Current Year's Other Than Capitalized Deferred Interest and Other	10 Capitalized Change in B/A.C.V.	11 Total Foreign Exchange Change in B/A.C.V.	12 Book/Adjusted Carrying Value Less Encumbrances on Disposal	13 Total Foreign Exchange Change in B/A.C.V.	14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Foreign Exchange Gain (Loss)	17 Realized Gain (Loss)	18 Total Gain (Loss)	19 Investment Income	20
		City	State																	

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter									
1 CUSIP Identification	2 Description	3 Foreign Acquired	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
	Common Stocks - Money Market Mutual Funds								
366954 12 9	First Merit Wealth Management-Cash Account.....			Various First Merit.....		23,295.000	23,295	XXX	..
9399999.	Total- Common Stocks - Money Market Mutual Funds.....					23,295	XXX	0	XXX
9799997.	Total- Common Stocks - Part 3.....					23,295	XXX	0	XXX
9799999.	Total- Common Stocks.....					23,295	XXX	0	XXX
9899999.	Total - Preferred and Common Stocks.....					23,295	XXX	0	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....					23,295	XXX	0	XXX
(a) For all common stock bearing the NAC market indicator "U" provide: the number of such issues:.....	0					23,295	XXX	0	XXX

SCHEDULED - PART 4

QE05

07/24/2013 11:17:55 AM

(a) For all common stock bearing the NATC 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 Item(s) Hedged Used for Income Generation or Replicated	3	4	5	6	7	8	9	10	11 Strike Price, Rate of Index(es)	12 Cumulative Prior Year(s) Initial Cost of Premium (Received)	13 Current Year Expirations (Received)	14 Book/ Adjusted Carrying Value	15	16	17 Unrealized Valuation Increase (Decrease)	18 Total Foreign Exchange Change in B/A/C.V.	19 Current Years (Amortization) Accretion	20 Adjustment to Carrying Value of Hedged Items	21	22 Credit Quality of Reference Entity	23 Hedge Effectiveness at Inception and at Quarter-end (b)
Description	Schedule Type(s) /Exhibit (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Number of Contracts	Notional Amount	Received (Paid)	(Received) Paid	Paid	Code	Fair Value	Potential Exposure	Entity										

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Broker Name	Item(s) Hedged, Used for Income General or Replicated	Schedule/Exhibit Identifier	Type(s) of Risk	Date of Expiration	Trade Date	Transaction Price	Reporting Date	Fair Value	Book/Adjusted Carrying Value	Cumulative Variation	Deferred Variation	Cumulative Variation	Change in Margin (Loss) Used to Adjust Basis of Hedged Item	Change in Margin (Loss) Recognized in Current Year	Hedge Effectiveness at Inception and at Quarter-end (b)	Value of One (1) Point					
Brokers																					
Total Net Cash Deposits.....	0	.....	.....	.....	.....	.....	.....	.....	.....	0				

QE07

07/24/2013 11:17:55 AM

Broker Name	Beginning Cash Balance	Cumulative Cash Balance	Ending Cash Balance
Brokers
Total Net Cash Deposits.....	0

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book Adjusted Carrying Value	8 Type of Margin (I, V or IV)	9 Maturity Date
---	-------------------------------	------------------------------	------------------	-----------------	----------------	--------------------------------------	-------------------------------------	--------------------

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
------------------------------	------------------	-----------	--	--------------------	--------------------------------------	------------------------

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

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
------------------------------	------------------	-----------	--	--------------------	--------------------------------------	------------------------

General Interrogatory:

1. Total 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

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.....	.223	0	1,644,293	1,793,257	1,868,924	XXX..
Ally Bank.....	Horsham, PA.....	.....1.250	1,550	505	250,000	250,000	250,000	XXX..
American Express Centurion.....	Midvale, UT.....	.....1.550	1,932	924	250,000	250,000	250,000	XXX..
BMW Bank of NA.....	Hilliard, OH.....	.....0.950	1,178	384	250,000	250,000	250,000	XXX..
Discover Bank.....	Greenwood, DL.....	.....0.950	.....	657	250,000	250,000	250,000	XXX..
GE Capital Bank.....	Fairfield, CT.....	.....1.150	.....	1,150	250,000	250,000	250,000	XXX..
GE Money Bank.....	Fairfield, CT.....	.....1.250	.....	967	250,000	250,000	250,000	XXX..
Goldman Sachs Bank.....	New York, NY.....	.....1.000	.....	877	250,000	250,000	250,000	XXX..
Safra National Bank.....	New York, NY.....	.....0.600	.....	505	250,000	250,000	250,000	XXX..
Sallie Mae Bank.....	Wilkes Barre, PA.....	.....1.300	.....	1,026	225,000	225,000	225,000	XXX..
Sovereign Bank.....	Boston, MA.....	.....0.750	.....935	344	250,000	250,000	250,000	XXX..
Synovus Bank of GA.....	Columbus, GA.....	.....0.400	.....	337	250,000	250,000	250,000	XXX..
0199999. Total Open Depositories.....	....XXX.....	....XXX.....	5,818	7,676	4,369,293	4,518,257	4,593,924	XXX..
0399999. Total Cash on Deposit.....	....XXX.....	....XXX.....	5,818	7,676	4,369,293	4,518,257	4,593,924	XXX..
0599999. Total Cash.....	....XXX.....	....XXX.....	5,818	7,676	4,369,293	4,518,257	4,593,924	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

These RBC pages are provided as an analysis feature only. They are using the 2012 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, 2013

(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..... OH

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..... 614-340-7599

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

(O) Date Prepared.....

July 24, 2013

(P) Preparer (if different than Contact).....

Hirth, Norris & Garrison, LLP

First

Middle

Last

XRO01

(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).....

YES

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

YES

Officers: Name.....

Title.....

Trustee

Title.....

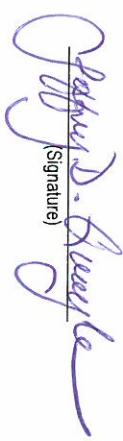
Trustee

Title.....

Trustee

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.

07/24/2013 10:42:24 AM



(Signature)



(Signature)

(Signature)

AFFILIATED COMPANIES RISK - DETAILS

1	2	3	4	5	6	7	8	9	10	11	12	13
Affiliated Investments	Name of Affiliate	NAC 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	Total Value of Affiliate's Outstanding Common Stock	Total Book/ Adjusted Carrying Value of Affiliate's Common Stock A - All Other Common Stock	Total Statutory Surplus of Affiliate Subject to RBC	Total Value of Affiliate's Outstanding Preferred Stock	Percent Owned (Cols. 5 + 9) / (Cols. 7 + 10)	H0 Component (RBC Required)	H1 Component (RBC Required)
1. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999. Total	XXX.	XXX.	0	0	XXX.	0	0	0	0	100.0	0	0

Logic

If Col(6) = F and Col(4) > 0, do calculation

Calculation

Col(12) = Min [Col(8) x Col(11), Col(4) x Col(11)]

If [Col(4) x Col(11)] > [Col(5) + Col(9)] then

Col(13) = [Col(5) + Col(9)] - Col(12)

If [Col(4) x Col(11)] <= [Col(5) + Col(9)] then

Col(13) = Max {[Col(5) + Col(9) - Col(8) x Col(11)] x .225, [(Col(4) x Col(11)) - Col(12)]}

Col(13) cannot be less than 0

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

XR003

* Capped at carrying value on the parent's statement

CROSS-CHECKING FOR AFFILIATED INVESTMENTS

Schedule D, Part 6, Section 1

	Annual Statement Line Number	1 Annual Stmt Total Preferred Stock	2 Total Stmt Total From RBC Report	3 Difference
1 Parent	0199999	0	0	0
2 U.S. P&C Insurers	0299999	XXX	XXX	XXX
3 U.S. Life Insurers	0399999	XXX	XXX	XXX
4 U.S. Health Entity	0499999	XXX	XXX	XXX
5 Total P&C, Life and Health Insurers		0	0	0
6 Alien Insurer	0599999	0	0	0
7 Non-Insurer Which controls Insurers	0699999	0	0	0
8 Investment Subsidiary	0799999	0	0	0
9 Other Affiliates	0899999	0	0	0
10 Subtotal	0999999	0	0	0

XR004

Common Stock				
	Annual Statement Line Number	1 Annual Stmt Total Common Stock	2 Total Stmt Total From RBC Report	3 Difference
11 Parent	1099999	0	0	0
12 U.S. P&C Insurers	1199999	XXX	XXX	XXX
13 U.S. Life Insurers	1299999	XXX	XXX	XXX
14 U.S. Health Entity	1399999	XXX	XXX	XXX
15 Total P&C, Life and Health Insurers		0	0	0
16 Alien Insurer	1499999	0	0	0
17 Non-Insurer Which controls Insurers	1599999	0	0	0
18 Investment Subsidiary	1699999	0	0	0
19 Other Affiliates	1799999	0	0	0
20 Subtotal	1899999	0	0	0

OFF-BALANCE SHEET AND OTHER ITEMS

Non-controlled Assets	Annual Statement Source	1	2	3	4
		Book/Adjusted Carrying Value	Factor	RBC Requirement	Yes/No Response
(1) Loaned to Others - Conforming Securities Lending Program.....	General Interrogatories Part 1 Lines 24.05.....	0.002	0.002	0	0
(2) Loaned to Others - Securities Lending Programs - Other.....	General Interrogatories Part 1 Lines 24.06.....	0.010	0.010	0	0
(3) Subject to Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.21.....	0.010	0.010	0	0
(4) Subject to Reverse Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.22.....	0.010	0.010	0	0
(5) Subject to Dollar Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.23.....	0.010	0.010	0	0
(6) Subject to Reverse Dollar Repurchase Agreements.....	General Interrogatories Part 1 Lines 25.24.....	0.010	0.010	0	0
(7) Pledged as Collateral.....	Company Records.....	0.010	0.010	0	0
(8) Assets Placed Under Option Agreements.....	General Interrogatories Part 1 Lines 25.26.....	0.010	0.010	0	0
(9) Letter Stock or Other Securities Restricted.....	General Interrogatories Part 1 Lines 25.27.....	0.010	0.010	0	0
(10) On Deposit with State or Other Regulatory Body.....	General Interrogatories Part 1 Lines 25.28.....	0.010	0.010	0	0
(11) Other.....	General Interrogatories Part 1 Lines 25.29.....	0.010	0.010	0	0
(12) Total Non-Controlled Assets.....	Sum of Lines (1) through (11).....	0	0	0	0
(13) Guarantees for Affiliates.....	Notes to Financial Statements 14A(03c1).....	0.010	0.010	0	0
(14) Contingent Liabilities.....	Notes to Financial Statements 14A(1).....	0.010	0.010	0	0
(15) Is the entity responsible for filing the U.S. Federal income tax return for the reporting insurer a regulated insurance company?.....	"Yes", "No" or "N/A" in Column (4).....	.....	.....	.....	.....
(16) SSAP No. 101 Paragraph 11a Deferred Tax Assets.....	Notes to Financial Statements Item 9A2(a).....	.....	.....	.....	.....
(17) SSAP No. 101 Paragraph 11b Deferred Tax Assets.....	Notes to Financial Statements Item 9A2(b).....	.....	.....	.....	.....
(18) Total Miscellaneous Off-Balance Sheet and Other Items.....	L(12) + L(13) + L(14) + L(16) + L(17).....	† 0.000	0.010	0	0

If Line (15) Column (4) is "Yes", then the factor is 0.005. If Line (15) Column (4) is "No", then the factor is 0.010. If Line (15) Column (4) is "N/A", then the factor is 0.000.

†

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

XR006

		Annual Statement Source	Off-Balance Sheet Collateral Book/Adjusted Carrying Value	Schedule DL, Part 1, Book/Adjusted Carrying Value	3	4	
Asset Category					Subtotal	Factor	RBC Requirement
	Fixed Income Assets						
	Bonds						
(1)	Class 01 - U.S. Government - Direct and Guaranteed.....	Company Records.....	.....	.....	0	0.000	0
(2)	Other Class 01 Bonds.....	Company Records.....	.....	.....	0	0.003	0
(3)	Total Class 0 Bonds.....	Line (1) + Line (2).....	0	0	0	0.010	0
(4)	Total Class 02 Bonds.....	Company Records.....	.....	.....	0	0.020	0
(5)	Total Class 03 Bonds.....	Company Records.....	.....	.....	0	0.045	0
(6)	Total Class 04 Bonds.....	Company Records.....	.....	.....	0	0.100	0
(7)	Total Class 05 Bonds.....	Company Records.....	.....	.....	0	0.300	0
(8)	Total Class 06 Bonds.....	Company Records.....	.....	.....	0	0	
(9)	Total Bonds.....	L(3)+L(4)+L(5)+L(6)+L(7)+L(8).....	0	0	0	0	
	Equity Assets						
	Preferred Stock - Unaffiliated						
(10)	Class 01 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	0	0.003	0
(11)	Class 02 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	0	0.010	0
(12)	Class 03 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	0	0.020	0
(13)	Class 04 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	0	0.045	0
(14)	Class 05 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	0	0.100	0
(15)	Class 06 Unaffiliated Preferred Stock.....	Company Records.....	.....	.....	0	0.300	0
(16)	Total Unaffiliated Preferred Stock.....	L(10)+L(11)+L(12)+L(13)+L(14)+L(15).....	0	0	0	0	
(17)	Common Stock.....	Company Records.....	.....	.....	0	0.150	0
(18)	Real Estate and Property & Equipment Assets.....	Company Records.....	.....	.....	0	0.100	0
(19)	Other Invested Assets.....	Company Records.....	.....	.....	0	0.200	0
(20)	Mortgage Loans on Real Estate.....	Company Records.....	.....	.....	0	0.050	0
(21)	Cash, Cash Equivalents and Short-Term Investments.....	Company Records.....	.....	.....	0	0.003	0
(22)	Total.....	L(9)+L(16)+L(17)+L(18)+L(19)+L(20)+L(21).....	0	0	0	0	0

07/24/2013 10:42:25 AM

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	2,561,708		
(2) Total Class 01 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.1 - Line 7.1	2,561,708		
(3) Other Class 01 Bonds.....	L(2) - L(1).....	0		0.003
(4) Total Class 02 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.2 - Line 7.2	0		0.010
(5) Total Class 03 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.3 - Line 7.3	0		0.020
(6) Total Class 04 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.4 - Line 7.4	0		0.045
(7) Total Class 05 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.5 - Line 7.5	0		0.100
(8) Total Class 06 Bonds.....	Sch D, Pt 1A, Sn 1, Col 6, Line 9.6 - Line 7.6	0		0
(9) Total Bonds.....	.....	2,561,708		0

	Annual Statement Source	1 Book/Adjusted Carrying Value	2
XRO07			
MISCELLANEOUS FIXED INCOME ASSETS			
(10) Cash.....	Page 2, Line 5, inside amount 1	4,593,924	0.003
(11) Cash Equivalents.....	Page 2, Line 5, inside amount 2	0	0.003
(12) Less: Cash Equivalents, Bonds included in Schedule D, Part 1A	Sch E, Pt 2, C6 Line 8399999 in part	0	0.003
(13) Net Cash Equivalents.....	L(11) - L(12)	0	0.003
(14) Short-Term Investments.....	Page 2, Line 5, inside amount 3	0	0.003
(15) Short-Term Bonds*.....	Sch DA, Pt 1, Col 8, Line 8399999	0	0.003
(16) Exempt Money Market Mutual Funds*.....	Sch DA, Pt 1, Col 8, Line 8899999	0	0.003
(17) Class One Money Market Mutual Funds*.....	Sch DA, Pt 1, Col 8, Line 8999999	0	0.003
(18) Total Short-Term Investments.....	L(14) - L(15) - L(16) - L(17)	0	0.003
(19) Mortgage Loans - First Liens.....	Page 2, Col 3, Line 3.1	0	0.050
(20) Mortgage Loans - Other Than First Liens.....	Page 2, Col 3, Line 3.2	0	0.050
(21) Receivable for Securities.....	Page 2, Col 3, Line 9	0	0.050
(22) Aggregate Write-Ins for Invested Assets.....	Page 2, Col 3, Line 11	0	0.050
(23) Collateral Loans.....	Included in Page 2, Col 3, Line 8	0	0.050
(24) Other Long-Term Invested Assets.....	Included in Page 2, Col 3, Line 8	0	0.050
(25) Total Other Long-Term Invested Assets (Page 2, Col 3, Line 7).....	L(23)+L(24)	0	0.200
(26) Derivatives.....	Page 2, Col 3, Line 7	0	0.050
(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)	0	13,782

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

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORILY CONVERTIBLE SECURITIES

Replication Transactions	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
1.	0	0
9999999. Total							

XR008

07/24/2013 10:42:25 AM

EQUITY ASSETS

	Annual Statement Source	1 Book/Adjusted Carrying Value	2 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	.....C
(2) Class 02 Unaffiliated Preferred Stock (excluding Hybrids).....	Included in Sch. D, Part 2, Sn 1.....	.....	0.01C	.....C
(3) Class 03 Unaffiliated Preferred Stock (excluding Hybrids).....	Included in Sch. D, Part 2, Sn 1.....	.....	0.02C	.....C
(4) Class 04 Unaffiliated Preferred Stock (excluding Hybrids).....	Included in Sch. D, Part 2, Sn 1.....	.....	0.04C	.....C
(5) Class 05 Unaffiliated Preferred Stock (excluding Hybrids).....	Included in Sch. D, Part 2, Sn 1.....	.....	0.10C	.....C
(6) Class 06 Unaffiliated Preferred Stock (excluding Hybrids).....	Included in Sch. D, Part 2, Sn 1.....	.....	0.30C	.....C
(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).....	.....C	.....C	.....C
HYBRID SECURITIES - UNAFFILIATED				
(8) Class 01 Hybrids Securities.....	Sch D, Pt 1A, Sn 1, Col 6, Line 7.1.....	.....	0.003	.....C
(9) Class 02 Hybrids Securities.....	Sch D, Pt 1A, Sn 1, Col 6, Line 7.2.....	.....	0.01C	.....C
(10) Class 03 Hybrids Securities.....	Sch D, Pt 1A, Sn 1, Col 6, Line 7.3.....	.....	0.02C	.....C
(11) Class 04 Hybrids Securities.....	Sch D, Pt 1A, Sn 1, Col 6, Line 7.4.....	.....	0.04C	.....C
(12) Class 05 Hybrids Securities.....	Sch D, Pt 1A, Sn 1, Col 6, Line 7.5.....	.....	0.10C	.....C
(13) Class 06 Hybrids Securities.....	Sch D, Pt 1A, Sn 1, Col 6, Line 7.6.....	.....	0.30C	.....C
(14) Subtotal - Hybrid Securities.....	Sum of Lines (8) through (13).....	.....C	.....C	.....C
(15) Total Unaffiliated Preferred Stock and Hybrids.....	Line (7) + Line (14).....	.....C	.....C	.....C
COMMON STOCK - UNAFFILIATED				
(16) Federal Home Loan Bank stock.....	Company Records.....	.....	0.023	.....C
(17) Non-government money market funds.....	Sch D Pt 2 Sn 2 Col 6 Line 93999999.....	.....	0.003	.....C
(18) Total Common Stock.....	Sch D, Summary, Col 1, Line 25.....	.....	277,266	.....
(19) Affiliated Common Stock.....	Sch D, Summary, Col 1, Line 24.....	.....	.....	.....
(20) Other Unaffiliated Common Stock.....	L(18) - L(16) - L(17) - L(19).....	.....	277,266	.....
(21) Total Unaffiliated Common Stock.....	L(16) + L(17) + L(20).....	.....	277,266	.....
		.....	0.15C	.....
		.....	41,590	.....
		.....	41,590	.....

PROPERTY & EQUIPMENT ASSETS

	Annual Statement Source	1 Book/Adjusted Carrying Value	2 Factor	2 RBC Requirement
(1)	Properties occupied by the company.....	.....	0.100	0
(2)	Encumbrances (Property occupied by the company).....	Page 2, Col 3, Line 4.1.....	0.100	0
(3)	Properties held for the production of income.....	Page 2, Line 4.1, inside amount.....	0.100	0
(4)	Encumbrances (Property held for production of income).....	Page 2, Col 3, Line 4.2.....	0.100	0
(5)	Properties held for sale.....	Page 2, Line 4.2, inside amount.....	0.100	0
(6)	Encumbrances (Property held for sale).....	Page 2, Col 3, Line 4.3.....	0.100	0
(7)	Furniture and equipment.....	Page 2, Line 4.3, inside amount.....	0.100	0
(7.1)	HC delivery subject to statutory accdg depreciation limits.....	L(7.1) + L(7.2) (should equal Page 2, Col 3, Line 21).....	0	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).....	0.100	0
		0	0	0

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ASSET CONCENTRATION

	1	2	3
	Book/Adjusted Carrying Value	Factor	Additional RBC
ISSUER NAME #1			
(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	0

ASSET CONCENTRATION

1 ISSUER NAME #2.....	2 Book/Adjusted Carrying Value	3 Factor	3 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

ISSUER NAME #3.....	1	2	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	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	0

ASSET CONCENTRATION

ISSUER NAME #5.....	1	2 Book/Adjusted Carrying Value	3 Factor	3 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 ISSUER NAME #6.....	2 Book/Adjusted Carrying Value	3 Factor	3 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 ISSUER NAME #7	2 Book/Adjusted Carrying Value	3 Factor	3 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	0

ASSET CONCENTRATION

ISSUER NAME #8.....	1	2	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 ISSUER NAME #9	2 Book/Adjusted Carrying Value	3 Factor	3 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	.....0

ASSET CONCENTRATION

ISSUER NAME #10.....	1	2 Book/Adjusted Carrying Value	3 Factor	3 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	Factor
(1) Class 2 Unaffiliated Bonds.....	0	0.010
(2) Class 3 Unaffiliated Bonds.....	0	0.020
(3) Class 4 Unaffiliated Bonds.....	0	0.045
(4) Class 5 Unaffiliated Bonds.....	0	0.100
(5) Collateral Loans.....	0	0.050
(6) Mortgages.....	0	0.050
(7) Class 2 Preferred Stock.....	0	0.010
(8) Class 3 Preferred Stock.....	0	0.020
(9) Class 4 Preferred Stock.....	0	0.045
(10) Class 5 Preferred Stock.....	0	0.100
(11) Class 2 Hybrids Securities.....	0	0.010
(12) Class 3 Hybrids Securities.....	0	0.020
(13) Class 4 Hybrids Securities.....	0	0.045
(14) Class 5 Hybrids Securities.....	0	0.100
(15) Other Long-Term Invested Assets.....	0	0.100
(16) Unaffiliated Common Stock.....	0	0.150
(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) †	Line of Business						
(2) †	Premium.....	7,635,334					7,635,334
(2) †	Title XVIII - Medicare.....	XXX.....	XXX.....	XXX.....	XXX.....		0
(3) †	Title XIX - Medicaid.....	XXX.....	XXX.....	XXX.....	XXX.....		0
(4) †	Other Health Risk Revenue.....	XXX.....	XXX.....	XXX.....	XXX.....		0
(5)	Underwriting Risk Revenue = L(1) + L(2) + L(3) + L(4).....	7,635,334	0	0	0		7,635,334
(6) †	Net Incurred Claims.....	6,028,032					6,028,032
(7) †	Fee-for-Service Offset.....	XXX.....					0
(8)	Underwriting Risk Incurred Claims = L(6) - L(7).....	6,028,032	0	0	0		6,028,032
(9)	Underwriting Risk Claims Ratio = L(8) / L(5).....	0.789	0.000	0.000	0.000		XXX.....
(10)	Underwriting Risk Factor *.....	0.150	0.105	0.120	0.251		0.130
(11)	Base Underwriting Risk RBC = L(5) x L(9) x (L10).....	903,642	0	0	0		903,642
(12)	Managed Care Discount Factor.....	1,000	1,000	1,000	1,000		XXX.....
(13)	RBC After Managed Care Discount = L(1) x L(12).....	903,642	0	0	0		903,642
(14) †	Maximum Per-Individual Risk After Reinsurance.....	235,000					XXX.....
(15)	Alternate Risk Charge **.....	470,000	0	0	0		XXX.....
(16)	Alternate Risk Adjustment.....	0	0	0	0		XXX.....
(17)	Net Alternate Risk Charge ***.....	470,000	0	0	0		470,000
(18)	Net Underwriting Risk RBC (Max(L(13), L(17))).....	903,642	0	0	0		903,642

* 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	\$150,000 or 6 x Maximum Individual Risk	\$50,000 or 2 x Maximum Individual Risk
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[†] 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.

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	6 Other 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 P12.5.31 + 5.32	Gen Int P12.5.33	Gen Int P12.5.34	Manual Input	Manual Input	XXX

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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 Pt 2, Line 9.21.....	0.024	0	0
(20) Business with Rate Guarantees Over 36 Months - Direct Premium Earned.....	Gen Int Pt 2, Line 9.22.....	0.064	0	0
(21) FEHBP and TRICARE Claims Incurred.....	UI Pt2, Col 6, Line 12.4.....	0.020	0	0
(22) Stop Loss and Minimum Premium.....	Company Records.....	0.250	0	0
(22.1) Supplemental Benefits within Stand-Alone Medicare Part D Coverage.....	Company Records.....	0.350	0	0
(22.2) Total Other Underwriting Risk.....	Sum of lines (19) through (22.1).....	0	0	0
Disability Income Premium				
(23) Noncancelable Disability Income - Individual Morbidity.....	Company Records.....	0	0	0
(23.1) First \$50 Million Earned Premium of L(23).....	0	0.350	0	0
(23.2) Over \$50 Million Earned Premium of L(23).....	0	0.150	0	0
(23.3) Total Noncancelable Disability Income - Individual Morbidity.....	L(23.1) + L(23.2).....	0	0	0
(24) Other Disability Income - Individual Morbidity.....	Company Records.....	0	0	0
(24.1) Earned premium in L(24) [up to \$50 million less premium in L(23.1)].....	0	0.250	0	0
(24.2) Earned Premium in L(24) Not Included in L(24.1).....	0	0.070	0	0
(24.3) Total Other Disability Income - Individual Morbidity.....	L(24.1) + L(24.2).....	0	0	0
(25) Disability Income - Credit Monthly Balance Plans.....	Company Records.....	0	0	0
(25.1) First \$50 Million Earned Premium of L(25).....	0	0.200	0	0
(25.2) Over \$50 Million Earned Premium of L(25).....	0	0.030	0	0
(25.3) Total Disability Income - Credit Monthly.....	L(25.1) + L(25.2).....	0	0	0
(26) Disability Income - Group Long-term.....	Company Records.....	0	0	0
(26.1) Earned Premium in L(26) [up to \$50 million less premium in L(25.1)].....	L(26.1) + L(26.2).....	0	0	0
(26.2) Earned Premium in L(26) Not Included in L(26.1).....	Company Records.....	0	0.150	0
(26.3) Total Disability Income - Group Long-term.....	L(26.1) + L(26.2).....	0	0.030	0
(27) Disability Income - Credit Single Premium with Additional Reserves.....	Company Records.....	0	0	0
(27.1) Additional Reserves for Credit Disability Plans.....	Company Records.....	0	0	0
(27.2) Additional Reserves for Credit Disability Plans, prior year.....	Company Records.....	0	0	0
(27.3) Subtotal Disability Income - Credit Single Premium with Additional Reserves.....	L(27) - L(27.1) + (L27.2).....	0	0	0
(27.4) Earned Premium in L(27.3) [up to \$50 million less premium in L(25.1)+(26.1)].....	Company Records.....	0	0	0
(27.5) Earned Premium in L(27.3) Not Included in L(27.4).....	L(27.4) + L(27.5).....	0	0.100	0
(27.6) Total Disability Income - Credit Single Premium with Additional Reserves.....	Company Records.....	0	0.030	0
(27.7) Disability Income - Credit Single Premium without Additional Reserves.....	Company Records.....	0	0	0
(27.8) Total Disability Income - Credit Single Premium with Additional Reserves.....	L(27.4) + L(27.5).....	0	0.100	0
(27.9) Disability Income - Group Short-term.....	Company Records.....	0	0.030	0
(28) Total Disability Income - Credit Single Premium without Additional Reserves.....	L(28.1) + (L28.2).....	0	0.150	0
(28.1) Earned Premium in L(28) [up to \$50 million less prem in L(25.1)+(26.1)].....	Company Records.....	0	0.030	0
(28.2) Earned Premium in L(28) not included in L(28.1).....	Company Records.....	0	0	0
(28.3) Total Disability Income - Credit Single Premium without Additional Reserves.....	L(28.1) + (L28.2).....	0	0.050	0
(29) Disability Income - Group Short-term.....	Company Records.....	0	0.030	0
(29.1) Earned Premium in L(29) [up to \$50 million less prem in L(25.1)+(26.1)].....	Company Records.....	0	0	0
(29.2) Earned Premium in L(29) not included in L(29.1).....	Company Records.....	0	0	0
(29.3) Total Disability Income - Group Short-term.....	L(29.1) + L(29.2).....	0	0	0

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UNDERWRITING RISK

	Annual Statement Source	1 Amount	2 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		

	1 Annual Statement Source	2 Premiums	2 Incurred Claims	3 Col. (2)/Col. 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).....	.....	.....	.....0.000	
(35.1) Claims (to \$35 million) - Morbidity Risk.....	Lower of Col. (2), Line (35) and \$35 million.....	.....0	.....0	.....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	†.....0.000	.....0	
(37) Claims-based RBC.....	Col. (4), Line (35.1) + Line (35.2).....	.....0.000	.....0.000	.....0	
(38) LTC RBC.....	Col. (2), Line (33) + Col. (4), Line (36) + Line (37).....	.....0	.....0	.....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.

07/24/2013 10:42:26 AM

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	0
(39.1) 50,000 if L(39) is greater than zero.....	.....	0	0	0
(39.2) Total Hospital Indemnity and Specified Disease.....	L(39) + L(39.1).....	.....	0	0
(40) Accidental Death & Dismemberment.....	Included in Page 7, Col 9, Line 1 and 2, in part.....	0	0.055	0
(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.....	0	0	0
(40.4) Three times L(40.3).....	.....	0	0	0
(40.5) Lesser of L(40.4) or \$300,000.....	.....	0	0	0
(40.6) Total AD&D.....	L(40.1) + L(40.2) + L(40.5).....	.....	0	0
(41) Other Accident.....	Included in Page 7, Col 9, Line 1 and 2, in part.....	0.050	0	0
(42) Premium Stabilization Reserves.....	Included in U&I, Part 2D, Col 1, Line 4.....	0	0	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
XR016				

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

07/24/2013 10:42:26 AM

† 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	1 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 [$L(18)/L(19)$].....	.....	.....
(21) Withholds & bonuses available, prior year.....	Company Records.....	.....
(22) Claims payments subject to withhold, prior year.....	Company Records.....	.....
(23) Average withhold rate, prior year [$L(21)/L(22)$].....	.....	.....
(24) MCC Discount Factor, Category 2 $\text{Min}[.25, L(20) \times L(23)]$.....	.....	.....
		0.000

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

CREDIT RISK

	Annual Statement Source	1 Amount	2 Factor	RBC Requirement
Reinsurance Ceded				
(1) Recoverables on Paid Losses - 100% owned affiliates.....	Included in Sch S, Pt 2, Col 6, Line 1099999.....	.....	.....	0
(2) Recoverables on Paid Losses - other affiliates.....	Included in Sch S, Pt 2, Col 6, Line 1099999.....	.....	.....	0
(3) Recoverables on Paid Losses - Non-affiliates.....	Sch S, Pt 2, Col 6, Line 1399999.....	.....	.....	0
(4) Total Recoverables on Paid Losses.....	Lines (1) + (2) + (3) (Sch S, Pt 2, Col 6, Line 1499999).....	0	0.005	0
(5) Recoverables on Unpaid Losses - 100% owned affiliates.....	Included in Sch S, Pt 2, Col 7, Line 1099999.....	.....	.....	0
(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 + Line 1799999.....	.....	.....	0
(10) Unearned premiums - other affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0399999 + Line 1099999 + Line 1799999.....	.....	.....	0
(11) Unearned premiums - Non-affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 8, Line 0699999 + Line 1099999 + Line 1799999.....	.....	0.005	0
(12) Total unearned premiums.....	Lines (9) + (10) + (11).....	0	0.005	0
(13) Other Reserve Credits - 100% owned affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0399999 + Line 1099999 + Line 1799999.....	.....	.....	0
(14) Other Reserve Credits - other affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0399999 + Line 1099999 + Line 1799999.....	.....	0.005	0
(15) Other Reserve Credits - Non-affiliates.....	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0699999 + Line 1099999 + Line 2099999.....	.....	0.005	0
(16) Total Other Reserve Credits.....	Lines (13) + (14) + (15).....	0	0.005	0
(17) Total Reinsurance RBC.....	L(4) + L(6) + L(12) + L(16).....	0	0	0
Capitations to Intermediaries				
(18) Total Capitations Paid Directly to Providers.....	XR017, Col (2), Line (5).....	.....	.....	0
(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).....	.....	.....	0
(22) Less Secured Capitations to Intermediaries.....	Company Records.....	0	0	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	0	0

07/24/2013 10:42:26 AM

CREDIT RISK

	Annual Statement Source	1 Amount	2 Factor	2 RBC Requirement
Other Receivables				
(25) Investment Income Receivable.....	Page 2, Col 3, Line 14.....	15,557	0.010	156
(26) Health Care Receivables.....	Exhibit 3, Col 7, Line 0799999.....	0	0.050	0
(26.1) Pharmaceutical Rebate Receivables.....	Exhibit 3, Col 7, Line 0199999.....			
(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) Capitalization 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.....		0.050	0
(27) Amounts Receivable Relating to Uninsured A&H Plans.....	Included in Page 2, Col 3, Line 17.....			
(28) Amounts Due From Parents, 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.....	L(25) + Sum L(26.1) through L(29).....	0.050	0	156
(31) TOTAL CREDIT RBC.....	L(17) + L(24) + L(30).....			156

BUSINESS RISK

Administrative Expense Risk		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
(1)	Claims Adjustment Expenses.....	Page 4, Col 2, Line 20.....	584,921		
(2)	General Administrative Expenses.....	Page 4, Col 2, Line 21.....	68,714		
(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.....	Company Records.....	.....	
(7)	Proration of Admin Expense to Experience Fluctuation Risk.....	L(1) + (2) - L(3) - L(4) - L(5).....	655,635	*	0.070
Non-Underwritten and Limited-Risk		L(6) * L(20) / (L(21) + L(22)).....	.....		45,754
(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		Included in Sch T - Company Records.....	.....	0.005	0
(12)	Premiums Subject to Guaranty Fund Assessment.....	.....	.....	.....	0
Excessive Growth Risk		.....	.....	.....	0
(13)	Underwriting Risk Revenue, Prior Year.....	2012 XR012 Col (6) Line (5) (manual entry).....	7,649,167		
(14)	Underwriting Risk Revenue, Current Year.....	2013 XR012 Col (6) Line (5).....	7,635,334		
(15)	Net Underwriting Risk RBC, Prior Year.....	2012 XR012 Col (6) Line (18) (manual entry).....	921,342		
(16)	Net Underwriting Risk RBC, Current Year.....	2013 XR012 Col (6) Line (18).....	903,642		
(17)	RBC Growth Safe Harbor.....	L(14) / L(13) + 0.10 * L(15).....	0		
(18)	Excess of RBC Growth Over Safe Harbor.....	Max(0, L(16) - L(17)).....	0		
(19)	Excessive Growth Risk RBC.....	0.5 * L(18).....	0		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).....	7,635,334		
(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).....	.....	7,635,334		
(24)	Tier 2 - Amount over \$25 Million of Line (20).....	0.....	0.070		534,473
(25)	Total Experience Fluctuation Risk Revenue.....	L(23) + L(24).....	0		0
(26)	Administrative Expenses Base RBC Factor.....	Col (2, Line (25) / Col (1), Line (25)).....	7,635,334		0.070

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

	1 RBC Amount
H0 - ASSET RISK - AFFILIATES W/RBC	
(1) Off-Balance Sheet Items.....	XR005, Off-Balance Sheet Page - L(18).....
(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).....
(15) Replication & Mandatorily Convertible Securities.....	XR008, Replication/MCS Page - L(9999999).....
(16) Unaffiliated Preferred Stock and Hybrid Securities.....	XR005, 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(17).....
(18) Property & Equipment.....	XR006, Off-Balance Sheet Collateral L(18) + XR010, Prop/Equip Assets Page - L(9).....
(19) Asset Concentration.....	XR011, Grand Total, Asset Concentration Page - L(17).....
(20) Total H1.....	Sum L(9) through L(19).....
H2 - UNDERWRITING RISK	
(21) Net Underwriting Risk.....	XR012, Underwriting Risk Page - L(18).....
(22) Other Underwriting Risk.....	903,642
(23) Disability Income.....	XR014, Underwriting Risk Page - L(22,2).....
(24) Long-Term Care.....	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).....
(25) Limited Benefit Plans.....	XR015, Underwriting Risk Page - L(38).....
(26) Premium Stabilization Reserve.....	XR016, Underwriting Risk Page - L(39,2) + L(40,6) + L(44).....
(27) Total H2.....	XR016, Underwriting Risk Page - L(42).....
	Sum L(21) through L(26).....
	903,642

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

1	
	RBC Amount
H3 - CREDIT RISK	
(28) Total Reinsurance RBC.....	XR019, Credit Risk Page - L(17).....
(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).....
H4 - BUSINESS RISK	
(32) Administrative Expense RBC.....	XR021, Business Risk Page - L(7).....
(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).....
(37) RBC After Covariance.....	$H0 + \text{Square Root of } (H1^2 + H2^2 + H3^2 + H4^2).....$ 905,337
(38) Authorized Control Level RBC.....	0.50 * RBC AFTER COVARIANCE..... 455,666

CALCULATION OF TOTAL ADJUSTED CAPITAL

	Annual Statement Source	1 Amount	2 Factor	2 Adjusted Capital
Company Amounts				
(1) Capital and Surplus.....	Page 3, Col 3, Line 33.....	.....5,686,195	.....1.000	.....5,686,195
Subsidiary Adjustments				
(2) AVR - Life Subsidiaries.....	Affiliate's statement.....	.....1.000	.....0	.....0
(3) Dividend Liability - Life Subsidiaries.....	Affiliate's statement.....	.....0.500	.....0	.....0
(4) Tabular Discounts - P&C Subsidiaries.....	Affiliate's statement.....	.....(1.000)	.....0	.....0
(5) Non-Tabular Discounts - P&C Subsidiaries.....	Affiliate's statement.....	.....(1.000)	.....0	.....0
(6) Total Adjusted Capital, Post-Deferred Tax.....				.....5,686,195
Sensitivity Test				
(7) DTA Value for Company.....	Page 2, Col 3, Line 18.2.....	.....1.000	.....0	.....0
(8) DTL Value for Company.....	Page 3, Col 3, Line 10.2.....	.....1.000	.....0	.....0
(9) DTA Value for Insurance Subsidiaries.....	Company Records.....	.....1.000	.....0	.....0
(10) DTL Value for Insurance Subsidiaries.....	Company Records.....	.....1.000	.....0	.....0
(11) Total Adjusted Capital, Pre-Deferred Tax (Sensitivity).....	L(6) - L(7) + L(8) - L(9) + L(10).....			.....5,686,195
Ex DTA ACL RBC Ratio Sensitivity Test				
(12) Deferred Tax Asset.....	Page 2 Column 3 Line 18.2.....	.....1.000	.....0	.....0
(13) Total Adjusted Capital Less Deferred Tax Asset.....	Line (6) less Line (12).....			.....5,686,195
(14) Authorized Control Level RBC.....	XR025 Comparison of Total Adjusted Capital to RBC Line (4).....			.....452,669
(15) Ex DTA ACL RBC Ratio.....	Line (13) / Line (14).....			.....1,256,149
07/24/2013 10:42:26 AM				

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

	Abbreviation	1 Amount
(1) Total Adjusted Capital Post-Tax.....		5,686,195
(2) Company Action Level=200% of Authorized Control Level.....	CAL	905,338
(3) Regulatory Action Level=150% of Authorized Control Level.....	RAL	679,004
(4) Authorized Control Level=100% of Authorized Control Level.....	ACL	452,668
(5) Mandatory Control Level=70% of Authorized Control Level.....	MCL	316,868
(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.....		5,686,195
Authorized Control Level Risk-Based Capital on Line 15 of the Five Year Historical Data Page.....		452,668

XRO25

TREND TEST

	Annual Statement Source	Amount	Result
(7) Total Revenue.....	Page 4, Line 8.....	15,270.66 ⁱ	
(8) Underwriting Deductions.....	Page 4, Line 23.....	13,363.33	
(9) Combined Ratio.....	Line (8)/Line (7).....	.87.50	
(10) RBC Ratio.....	Line (1)/Line (4).....	1,256.10	
(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.....		

07/24/2013 10:42:26 AM