

**ANNUAL STATEMENT
OF THE
Cooperative Group Benefits Plan**

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in the state of Ohio

**to the Insurance Department
of the state of Ohio**

**For the Year Ended
December 31, 2013**

2013

HEALTH

201320100100*

ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

Cooperative Group Benefits Plan

NAIC Group Code.N/A.... (Current Period) (Prior Period)	NAIC Company Code.N/A....	Employer's ID Number..... 31-1306485
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile USA
Licensed as Business Type.MEWA....	Is HMO Federally Qualified? Yes [] No [] [N/A]	
Incorporated/Organized.1987....	Commenced Business1987....	
Statutory Home Office	...4789 Rings Road... ..Dublin... ..OH... ...43017-1599. (Street and Number)	
Main Administrative Office	...Same. (Street and Number)	614-766-5800 (Area Code) (Telephone Number)
Mail Address	...Same. (Street and Number or P. O. Box)	
Primary Location of Books and Records	...Same. (Street and Number)	614-766-5800 (Area Code) (Telephone Number)
Internet Web Site Address		
Statutory Statement Contact	Dan Brown (Name) dbrown@ebmconline.com (E-Mail Address)	614-766-5800 ext 595 (Area Code) (Telephone Number) (Extension) 614-766-0901 (Fax Number)

OFFICERS

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

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DIRECTORS OR TRUSTEES

Ed Harra	Ron Sibert
Mike Hurt	Jeff Troike
Louis McIntire	
Roger Nicol	
George Secor	

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.

(Signature)	(Signature)	(Signature)
1. (Printed Name) Trustee	2. (Printed Name) Trustee	3. (Printed Name) Trustee
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 24 day of MARCH 2014
Donna M. Nicol

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

Yes [X] No []



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ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....				.C
2. Stocks (Schedule D):				.C
2.1 Preferred stocks.....				.C
2.2 Common stocks.....				.C
3. Mortgage loans on real estate (Schedule B):				.C
3.1 First liens.....				.C
3.2 Other than first liens.....				.C
4. Real estate (Schedule A):				.C
4.1 Properties occupied by the company (less \$.....0 encumbrances).....				.C
4.2 Properties held for the production of income (less \$.....0 encumbrances).....				.C
4.3 Properties held for sale (less \$.....0 encumbrances).....				.C
5. Cash (\$....4,539,984, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	4,539,984		4,539,984	5,817,443
6. Contract loans (including \$.....0 premium notes).....				.C
7. Derivatives (Schedule DB).....				.C
8. Other invested assets (Schedule BA).....				.C
9. Receivables for securities.....				.C
10. Securities lending reinvested collateral assets (Schedule DL).....				.C
11. Aggregate write-ins for invested assets.....	C	C	C	.C
12. Subtotals, cash and invested assets (Lines 1 to 11).....	4,539,984	.C	4,539,984	5,817,443
13. Title plants less \$.....0 charged off (for Title insurers only).....				.C
14. Investment income due and accrued.....				.C
15. Premiums and considerations:				.C
15.1 Uncollected premiums and agents' balances in the course of collection.....				.C
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....				.C
15.3 Accrued retrospective premiums.....				.C
16. Reinsurance:				.C
16.1 Amounts recoverable from reinsurers.....	862,233		862,233	99,514
16.2 Funds held by or deposited with reinsured companies.....				.C
16.3 Other amounts receivable under reinsurance contracts.....				.C
17. Amounts receivable relating to uninsured plans.....				.C
18.1 Current federal and foreign income tax recoverable and interest thereon.....				.C
18.2 Net deferred tax asset.....				.C
19. Guaranty funds receivable or on deposit.....				.C
20. Electronic data processing equipment and software.....				.C
21. Furniture and equipment, including health care delivery assets (\$.....0).....				.C
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				.C
23. Receivables from parent, subsidiaries and affiliates.....				.C
24. Health care (\$.....0) and other amounts receivable.....	187,000		187,000	228,000
25. Aggregate write-ins for other than invested assets.....	C	C	C	.C
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	5,589,217	.C	5,589,217	6,144,957
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				.C
28. TOTALS (Lines 26 and 27).....	5,589,217	.C	5,589,217	6,144,957

DETAILS OF WRITE-INS

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,770,000		2,770,000	2,344,000
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....	177,000		177,000	150,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....0) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	96,058	C	96,058	61,371
24. Total liabilities (Lines 1 to 23).....	3,043,058	C	3,043,058	2,555,371
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	XXX	XXX
26. Common capital stock.....	XXX	XXX	XXX	XXX
27. Preferred capital stock.....	XXX	XXX	XXX	XXX
28. Gross paid in and contributed surplus.....	XXX	XXX	XXX	XXX
29. Surplus notes.....	XXX	XXX	XXX	XXX
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	XXX	XXX
31. Unassigned funds (surplus).....	XXX	XXX	XXX	XXX
32. Less treasury stock at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX	XXX	XXX
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX	XXX	XXX
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	XXX	XXX
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	XXX	XXX

DETAILS OF WRITE-INS

2301. Accounts Payable.....	96,058		96,058	61,371
2302.				C
2303.				C
2398. Summary of remaining write-ins for Line 23 from overflow page.....	..C	..C	..C	C
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	96,058	C	96,058	61,371
2501.	XXX	XXX	XXX	XXX
2502.	XXX	XXX	XXX	XXX
2503.	XXX	XXX	XXX	XXX
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	XXX	C
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	XXX	C
3001.	XXX	XXX	XXX	XXX
3002.	XXX	XXX	XXX	XXX
3003.	XXX	XXX	XXX	XXX
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	XXX	C
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	XXX	C

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	28,565	27,121
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	26,601,555	24,608,169
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.....		
7. Aggregate write-ins for other non-health revenues.....	XXX.....		
8. Total revenues (Lines 2 to 7).....	XXX.....	26,601,555	24,608,169
Hospital and Medical:			
9. Hospital/medical benefits.....		22,699,717	19,093,738
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		3,943,938	3,479,856
14. Aggregate write-ins for other hospital and medical.....	C.....	426,000	(256,000)
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	C.....	27,069,655	22,317,594
Less:			
17. Net reinsurance recoveries.....		1,364,645	111,753
18. Total hospital and medical (Lines 16 minus 17).....	C.....	25,705,010	22,205,841
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$....351,475 cost containment expenses.....		1,776,652	1,442,788
21. General administrative expenses.....		175,009	148,873
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).....	C.....	27,656,671	23,797,502
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(1,055,116)	810,667
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		11,689	14,095
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	C.....	11,689	14,095
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.....	C.....	C.....	C.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(1,043,427)	824,762
31. Federal and foreign income taxes incurred.....	XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(1,043,427)	824,762

DETAILS OF WRITE-INS

0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	C.....	C.....
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	C.....	C.....
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	C.....	C.....
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	C.....	C.....
1401. Increase (decrease) in IBNR.....		426,000	(256,000)
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	C.....	C.....	C.....
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	C.....	426,000	(256,000)
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	C.....	C.....	C.....
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	C.....	C.....	C.....

Cooperative Group Benefits Plan
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	3,589,586	2,764,824
34. Net income or (loss) from Line 32.....	(1,043,427)	824,762
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (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.....	(1,043,427)	824,762
48. Net change in capital and surplus (Lines 34 to 47).....		
49. Capital and surplus end of reporting period (Line 33 plus 48).....	2,546,159	3,589,586

DETAILS OF WRITE-INS

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

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	26,601,555	24,608,169
2. Net investment income.....	12,335	14,095
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	26,613,890	24,622,264
5. Benefit and loss related payments.....	27,891,349	24,084,994
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).....	27,891,349	24,084,994
11. Net cash from operations (Line 4 minus Line 10).....	(1,277,459)	537,270
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		
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).....	C	C
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		
13.2 Stocks.....		
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).....	C	C
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	C	C
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 to 16.4 minus Line 16.5 plus Line 16.6).....	C	C
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(1,277,459)	537,270
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	5,817,443	5,280,173
19.2 End of year (Line 18 plus Line 19.1).....	4,539,984	5,817,443

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income.....	26,601,555	26,601,555								
2. Change in unearned premium reserves and reserve for rate credit.....	C									
3. Fee-for-service (net of \$.....0 medical expenses).....	C									XXX.
4. Risk revenue.....	C									XXX.
5. Aggregate write-ins for other health care related revenues.....	C.....0	C.....0								XXX.
6. Aggregate write-ins for other non-health care related revenues.....	C	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0
7. Total revenues (Lines 1 to 6).....	26,601,555	26,601,555								0.....0
8. Hospital/medical benefits.....	22,699,717	22,699,717								XXX.
9. Other professional services.....	C									XXX.
10. Outside referrals.....	C									XXX.
11. Emergency room and out-of-area.....	C									XXX.
12. Prescription drugs.....	3,943,938	3,943,938								XXX.
13. Aggregate write-ins for other hospital and medical.....	426,000	426,000								XXX.
14. Incentive pool, withhold adjustments and bonus amounts.....	C									XXX.
15. Subtotal (Lines 8 to 14).....	27,069,655	27,069,655								XXX.
16. Net reinsurance recoveries.....	1,364,645	1,364,645								XXX.
17. Total hospital and medical (Lines 15 minus 16).....	25,705,010	25,705,010								XXX.
18. Non-health claims (net).....	C.....XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	
19. Claims adjustment expenses including \$....351,475 cost containment expenses.....	1,776,652	1,776,652								
20. General administrative expenses.....	175,009	175,009								
21. Increase in reserves for accident and health contracts.....	C									XXX.
22. Increase in reserve for life contracts.....	C	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	XXX.....0	
23. Total underwriting deductions (Lines 17 to 22).....	27,656,671	27,656,671								0.....0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	(1,055,116)	(1,055,116)								0.....0

DETAILS OF WRITE-INS

0501.....	C									XXX.
0502.....	C									XXX.
0503.....	C									XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0.....C.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	XXX.
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0.....C.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	XXX.
0601.....	C.....XXX.....0	XXX.....0	XXX.							
0602.....	C.....XXX.....0	XXX.....0	XXX.							
0603.....	C.....XXX.....0	XXX.....0	XXX.							
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0.....XXX.....0	XXX.....0	0.....0							
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0.....XXX.....0	XXX.....0	XXX.							
1301. Change in IBNR.....	426,000	426,000								XXX.
1302.....	C									XXX.
1303.....	C									XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0.....C.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	XXX.
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above).....	426,000	426,000								XXX.

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UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	27,473,169		871,614	26,601,555
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 through 8).....	27,473,169	0	871,614	26,601,555
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	27,473,169	0	871,614	26,601,555

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct.....	26,643,655	26,643,655								
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	601,926	601,926								
1.4 Net.....	26,041,729	26,041,729	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	2,770,000	2,770,000								
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	2,770,000	2,770,000	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	862,233	862,233	0							
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	2,344,000	2,344,000								
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	2,344,000	2,344,000	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	99,514	99,514	0							
12. Incurred benefits:										
12.1 Direct.....	27,069,655	27,069,655	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	1,364,645	1,364,645	0	0	0	0	0	0	0	0
12.4 Net.....	25,705,010	25,705,010	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

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

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	827,000	827,000								
1.2 Reinsurance assumed.....	..C									
1.3 Reinsurance ceded.....	..C									
1.4 Net.....	827,000	827,000	..C	..C	..C	..C	..C	..C	..C	..C
2. Incurred but unreported:										
2.1 Direct.....	1,943,000	1,943,000								
2.2 Reinsurance assumed.....	..C									
2.3 Reinsurance ceded.....	..C									
2.4 Net.....	1,943,000	1,943,000	..C	..C	..C	..C	..C	..C	..C	..C
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	..C									
3.2 Reinsurance assumed.....	..C									
3.3 Reinsurance ceded.....	..C									
3.4 Net.....	..C	..C	..C	..C	..C	..C	..C	..C	..C	..C
4. Totals:										
4.1 Direct.....	2,770,000	2,770,000	..C	..C	..C	..C	..C	..C	..C	..C
4.2 Reinsurance assumed.....	..C	..C	..C	..C	..C	..C	..C	..C	..C	..C
4.3 Reinsurance ceded.....	..C	..C	..C	..C	..C	..C	..C	..C	..C	..C
4.4 Net.....	2,770,000	2,770,000	..C	..C	..C	..C	..C	..C	..C	..C

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	2,528,285	22,750,725		2,770,000	2,528,285	2,344,000
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).....	2,528,285	22,750,725	0	2,770,000	2,528,285	2,344,000
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).....	2,528,285	22,750,725	0	2,770,000	2,528,285	2,344,000

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

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....	2,712				
2. 2009.....	15,823	2,062			
3. 2010.....	XXX	17,554	2,102		
4. 2011.....	XXX	XXX	21,338	2,396	
5. 2012.....	XXX	XXX	XXX	20,065	2,528
6. 2013.....	XXX	XXX	XXX	XXX	22,751

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....	2,712				
2. 2009.....	16,273	2,062			
3. 2010.....	XXX	17,403	2,102		
4. 2011.....	XXX	XXX	21,637	2,396	
5. 2012.....	XXX	XXX	XXX	19,810	2,528
6. 2013.....	XXX	XXX	XXX	XXX	23,177

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6	7	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)		Percent (Col. 5/1)	Claims Unpaid			
1. 2009.....	20,593	15,823	1,407	8.9	17,230	83.7	2,450	184	19,864	96.5
2. 2010.....	21,268	17,554	1,465	8.3	19,019	89.4	2,300	173	21,492	101.1
3. 2011.....	24,699	21,338	1,525	7.1	22,863	92.6	2,600	196	25,659	103.9
4. 2012.....	24,608	20,065	1,489	7.4	21,554	87.6	2,344	150	24,048	97.7
5. 2013.....	26,602	25,279	1,750	6.9	27,029	101.6	2,770	177	29,976	112.7

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	1 2008		2 2010		3 2011		4 2012		5 2013	
		Claim Payments	Claim Adjustment Expenses Payments								
1. Prior				2,712							
2. 2009				15,823							
3. 2010				XXX							
4. 2011				XXX							
5. 2012				XXX							
6. 2013				XXX							
											22,751

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	1 2009		2 2010		3 2011		4 2012		5 2013	
		Sum of Cumulative Net Amount Paid and Claim Liability	Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year	Sum of Cumulative Net Amount Paid and Claim Liability	Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year	Sum of Cumulative Net Amount Paid and Claim Liability	Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year	Sum of Cumulative Net Amount Paid and Claim Liability	Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year	Sum of Cumulative Net Amount Paid and Claim Liability	Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year
1. Prior		2,712									
2. 2009		18,273									
3. 2010		XXX									
4. 2011		XXX									
5. 2012		XXX									
6. 2013		XXX									
											23,177

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

	Years in Which Premiums were Earned and Claims were Incurred	1 2009		2 2010		3 2011		4 2012		5 2013		10 Percent (Col. 9/1)	
		Premiums Earned	Claim Payments	Premiums Earned	Claim Payments	Premiums Earned	Claim Payments	Premiums Earned	Claim Payments	Premiums Earned	Claim Payments	Claim and Claim Adjustment Expenses Payments (Col. 2-3)	Percent (Col. 5/1)
1. 2009		20,593	15,823	1,407	8,9	17,230	83.7					2,450	184
2. 2010		21,268	17,554	1,465	8.3	19,019	86.4					2,300	173
3. 2011		24,699	21,388	1,525	7.1	22,863	82.6					2,600	196
4. 2012		24,608	20,065	1,489	7.4	21,554	87.6					2,344	150
5. 2013		26,602	25,276	1,750	6.9	27,029	101.6					2,770	177
													29,976
													112.7

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Year in Which Losses Were Incurred			Cumulative Net Amounts Paid			2012	2013
		1 2009	2 2010	3 2011	4			
1. Prior.....
2. 2008.....
3. 2010.....
4. 2011.....
5. 2012.....
6. 2013.....

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Year in Which Losses Were Incurred			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year			2012	2013
		1 2009	2 2010	3 2011	4			
1. Prior.....
2. 2009.....
3. 2010.....
4. 2011.....
5. 2012.....
6. 2013.....

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

	Years in Which Premiums were Earned and Claims were Incurred			6 Claim and Claim Adjustment Expenses (Col. 5+3)			7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expenses Incurred (Col. 5 + 7 - 8)	10 Percent (Col. 9/1)
		1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expenses Payments (Col. 3/2)	4 Percent (Col. 5/1)	5 Percent (Col. 5/1 + 3)				
1. 2009.....	0.0	0.0	0.0	.....	.....	0	0.0
2. 2010.....	0.0	0.0	0.0	.....	.....	0	0.0
3. 2011.....	0.0	0.0	0.0	.....	.....	0	0.0
4. 2012.....	0.0	0.0	0.0	.....	.....	0	0.0
5. 2013.....	0.0	0.0	0.0	.....	.....	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX.....				
4. 2011.....	XXX.....	XXX.....			
5. 2012.....	XXX.....	XXX.....	XXX.....		
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX.....				
4. 2011.....	XXX.....	XXX.....			
5. 2012.....	XXX.....	XXX.....	XXX.....		
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009.....				0.0	0.0	0.0			0.....	0.0.....
2. 2010.....				0.0	0.0	0.0			0.....	0.0.....
3. 2011.....				0.0	0.0	0.0			0.....	0.0.....
4. 2012.....				0.0	0.0	0.0			0.....	0.0.....
5. 2013.....				0.0	0.0	0.0			0.....	0.0.....

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UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX.....				
4. 2011.....	XXX.....	XXX.....			
5. 2012.....	XXX.....	XXX.....	XXX.....		
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2008	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX.....				
4. 2011.....	XXX.....	XXX.....			
5. 2012.....	XXX.....	XXX.....	XXX.....		
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009.....				0.0	0.0	0.0			0	0.0
2. 2010.....				0.0	0.0	0.0			0	0.0
3. 2011.....				0.0	0.0	0.0			0	0.0
4. 2012.....				0.0	0.0	0.0			0	0.0
5. 2013.....				0.0	0.0	0.0			0	0.0

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Statement as of December 31, 2013 of the Cooperative Group Benefits Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX				
4. 2011.....	XXX	XXX			
5. 2012.....	XXX	XXX	XXX		
6. 2013.....	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX				
4. 2011.....	XXX	XXX			
5. 2012.....	XXX	XXX	XXX		
6. 2013.....	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009.....				0.0	0	0.0			0	0.0
2. 2010.....				0.0	0	0.0			0	0.0
3. 2011.....				0.0	0	0.0			0	0.0
4. 2012.....				0.0	0	0.0			0	0.0
5. 2013.....				0.0	0	0.0			0	0.0

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX				
4. 2011.....	XXX	XXX			
5. 2012.....	XXX	XXX	XXX		
6. 2013.....	XXX	XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX				
4. 2011.....	XXX	XXX			
5. 2012.....	XXX	XXX	XXX		
6. 2013.....	XXX	XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009.....				0.0	0.0	0.0			0.0	0.0
2. 2010.....				0.0	0.0	0.0			0.0	0.0
3. 2011.....				0.0	0.0	0.0			0.0	0.0
4. 2012.....				0.0	0.0	0.0			0.0	0.0
5. 2013.....				0.0	0.0	0.0			0.0	0.0

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Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior...					
2. 2009...					
3. 2010...	XXX				
4. 2011...	XXX	XXX			
5. 2012...	XXX	XXX	XXX		
6. 2013...	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior...					
2. 2009...					
3. 2010...	XXX				
4. 2011...	XXX	XXX			
5. 2012...	XXX	XXX	XXX		
6. 2013...	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6	7	8	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Percent (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2009...				0.0	0	0.0			0	0.0
2. 2010...				0.0	0	0.0			0	0.0
3. 2011...				0.0	0	0.0			0	0.0
4. 2012...				0.0	0	0.0			0	0.0
5. 2013...				0.0	0	0.0			0	0.0

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Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX				
4. 2011.....	XXX	XXX			
5. 2012.....	XXX	XXX	XXX		
6. 2013.....	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX				
4. 2011.....	XXX	XXX			
5. 2012.....	XXX	XXX	XXX		
6. 2013.....	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009.....				0.0	0.0	0.0			0	0.0
2. 2010.....				0.0	0.0	0.0			0	0.0
3. 2011.....				0.0	0.0	0.0			0	0.0
4. 2012.....				0.0	0.0	0.0			0	0.0
5. 2013.....				0.0	0.0	0.0			0	0.0

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
2. Additional policy reserves (a).....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
3. Reserve for future contingent benefits.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
5. Aggregate write-ins for other policy reserves.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
6. Totals (gross).....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
7. Reinsurance ceded.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
8. Totals (net) (Page 3, Line 4).....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
9. Present value of amounts not yet due on claims.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
10. Reserve for future contingent benefits.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
11. Aggregate write-ins for other claim reserves.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
12. Totals (gross).....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
13. Reinsurance ceded.....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C
14. Totals (net) (Page 3, Line 7).....	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C	.....C

DETAILS OF WRITE-INS

0501.....C								
0502.....C								
0503.....C								
0598. Summary of remaining write-ins for Line 5 from overflow page.....C								
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....C								
1101.....C								
1102.....C								
1103.....C								
1198. Summary of remaining write-ins for Line 11 from overflow page.....C								
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....C								

(a) Includes \$.....0 premium deficiency reserve.

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					.0
2. Salaries, wages and other benefits.....					.0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....					.0
4. Legal fees and expenses.....			73,276		73,276
5. Certifications and accreditation fees.....					.0
6. Auditing, actuarial and other consulting services.....			34,904	7,091	41,995
7. Traveling expenses.....			2,274		2,274
8. Marketing and advertising.....					.0
9. Postage, express and telephone.....					.0
10. Printing and office supplies.....					.0
11. Occupancy, depreciation and amortization.....					.0
12. Equipment.....					.0
13. Cost or depreciation of EDP equipment and software.....					.0
14. Outsourced services including EDP, claims, and other services.....	351,475	1,425,177			1,776,652
15. Boards, bureaus and association fees.....					.0
16. Insurance, except on real estate.....			18,114		18,114
17. Collection and bank service charges.....			23,519		23,519
18. Group service and administration fees.....					.0
19. Reimbursements by uninsured plans.....					.0
20. Reimbursements from fiscal intermediaries.....					.0
21. Real estate expenses.....					.0
22. Real estate taxes.....					.0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					.0
23.2 State premium taxes.....					.0
23.3 Regulatory authority licenses and fees.....			22,922		22,922
23.4 Payroll taxes.....					.0
23.5 Other (excluding federal income and real estate taxes).....					.0
24. Investment expenses not included elsewhere.....					.0
25. Aggregate write-ins for expenses.....	.0	.0	.0	.0	.0
26. Total expenses incurred (Lines 1 to 25).....	351,475	1,425,177	.175,009	7,091	(a).....1,958,752
27. Less expenses unpaid December 31, current year.....	20,250	223,922	28,240	646	.273,058
28. Add expenses unpaid December 31, prior year.....	22,537	158,000	30,246	588	.211,371
29. Amounts receivable relating to uninsured plans, prior year.....					.0
30. Amounts receivable relating to uninsured plans, current year.....					.0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	353,762	1,359,255	177,015	7,033	.1,897,065

DETAILS OF WRITE-INS

2501. ....					.0
2502. ....					.0
2503. ....					.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0	.0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0	.0

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....	18,780.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....	.....
10. Total gross investment income.....	.....	18,780.....
11. Investment expenses.....	.....	(g).....7,091.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....
15. Aggregate write-ins for deductions from investment income.....	.....	.....
16. Total deductions (Lines 11 through 15).....	.....	7,091.....
17. Net investment income (Line 10 minus Line 16).....	.....	11,689.....

DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....	.....
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....	.....
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....
1.1 Bonds exempt from U.S. tax.....
1.2 Other bonds (unaffiliated).....
1.3 Bonds of affiliates.....
2.1 Preferred stocks (unaffiliated).....
2.11 Preferred stocks of affiliates.....
2.2 Common stocks (unaffiliated).....
2.21 Common stocks of affiliates.....
3. Mortgage loans.....
4. Real estate.....
5. Contract loans.....
6. Cash, cash equivalents and short-term investments.....
7. Derivative instruments.....
8. Other invested assets.....
9. Aggregate write-ins for capital gains (losses).....
10. Total capital gains (losses).....

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....	.....	.....	.....	.....
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

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

DETAILS OF WRITE-INS

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

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....	2,258	2,344	2,284	2,339	2,578	28,565
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	2,258	2,344	2,284	2,339	2,578	28,565

DETAILS OF WRITE-INS

0601.....						
0602.....						
0603.....						
17 0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted

EXHIBIT 3 - HEALTH CARE RECEIVABLES

Name of Debtor	1	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted	
Pharmaceutical Rebate Receivables							
Catalyst Rx, Formulary Rebate Receivable.....	46,000	46,000	46,000	47,000	48,000	48,000	187,000
01969699, Total Pharmaceutical Receivables.....	46,000	46,000	46,000	47,000	48,000	48,000	187,000
07969699, Gross Health Care Receivables.....	46,000	46,000	46,000	47,000	48,000	48,000	187,000

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	172,425			187,000	172,425	228,000
2. Claim overpayment receivables.....					(
3. Loans and advances to providers.....					(
4. Capitation arrangement receivables.....					(
5. Risk sharing receivables.....					(
6. Other health care receivables.....					(
7. Totals (Lines 1 through 6).....	172,425	(	(	187,000	172,425	228,000

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Current		8 Admitted Non-Current	
						7 Current	8 Admitted Non-Current		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	0	0.0				
4. Total capitation payments.....	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service.....	26,643,655	100.0	XXX	XXX		26,643,655
6. Contractual fee payments.....	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	26,643,655	100.0	XXX	XXX	0	26,643,655
13. Total (Line 4 plus Line 12).....	26,643,655	100.0	XXX	XXX	0	26,643,655

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....					
2. Medical furniture, equipment and fixtures.....					
3. Pharmaceuticals and surgical supplies.....					
4. Durable medical equipment.....					
5. Other property and equipment.....					
6. Total.....

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

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

Valuation of investments

The statement of admitted assets, liabilities and surplus – statutory basis includes investments valued as follows: investments in common stocks traded on a national securities exchange are valued at the last reported sales price at the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid price. Bonds and fixed income securities are valued at amortized cost. Any discounts or premiums are amortized over the remaining life of the underlying debt instrument. Short term commercial paper is valued at cost. Interest earned from 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 investments in common stocks and mutual funds. The unrealized gain (loss) on these investments represents the change in the difference between cost and market at the beginning and end of the year.

2. Accounting Changes and Corrections of Errors -- None

3. Business Combinations and Goodwill -- N/A

4. Discontinued Operations -- N/A

5. Investments

The following table presents the fair values of the Plan's investments at December 31, 2013 and 2012 valued in accordance with number one above.

	<u>2013</u>	<u>2012</u>
Cash:		
Checking - Huntington National Bank	\$ (1,880,171)	\$ (124,933)
Bank Midwest, NA	249,546	249,271
CAT floating demand rate note	149,449	149,449
Columbus First Bank	249,375	249,221
Commerce National Bank	249,250	0
Everbank	249,474	249,317
Federally Insured Cash Act - US Bank	2,425,616	3,665,564
GE floating rate demand note	149,527	149,526
Huntington National Bank	27,839	18,764
Invesco	1,672,692	712,701
Metro City Bank	249,497	0
Mid America Bank	0	249,208
Nationwide Bank	249,127	249,355
Plaza Bank	249,458	0
TD Bank	<u>249,305</u>	<u>0</u>
 Total	 <u>\$ 4,539,984</u>	 <u>\$ 5,817,443</u>

6. Joint Ventures, Partnerships and Limited Liability Companies -- N/A

7. Investment Income -- N/A

8. Derivative Instruments -- N/A

9. Income Taxes

The trust established under the Plan is qualified pursuant to Section 501(c)(3) of the Internal Revenue Code, and accordingly the Plan's net income is exempt from income taxes. The Plan has obtained a favorable tax determination.

NOTES TO FINANCIAL STATEMENTS

letter from the Internal Revenue Service and the trustees believe that the Plan, as amended, continues to qualify and to operate as designed.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

The Plan paid its sponsoring organization, Land O' Lakes, Inc. record administration fees of \$0 in 2013 and \$95,000 in 2012.

11. Debt -- N/A

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans -- N/A

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations -- N/A

14. Contingencies -- None

15. Leases -- N/A

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk -- N/A

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities -- N/A

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (N/A - Title) -- N/A

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (N/A - Title) -- N/A

20. Other Items -- N/A

21. Events Subsequent -- None

22. Reinsurance

A stop loss insurance policy is carried by the Plan for claims incurred during the year and paid by June 30th of the following year on a claimant in excess of \$375,000 annually less a corridor or reduction of \$66,000 (\$60,000 in 2011) on the first claim(s) in excess of this amount. If a claim exceeds \$375,000 and the corridor amount has been met the carrier reimburses the Plan for the excess. In addition to stop loss coverage for specific claims, the Plan also carries aggregate stop loss coverage. This coverage reimburses the Plan if total claims exceed a specified amount.

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination (N/A - Title) -- N/A

24. Change in Incurred Claims and Claim Adjustment Expenses

The amount of incurred but unpaid claims reserve as of December 31, 2013 and 2012, was based on a study completed by the Plan's actuary and include estimated loss adjustment expenses of \$177,000 for 2013 and \$150,000 for 2012.

25. Intercompany Pooling Arrangements -- N/A

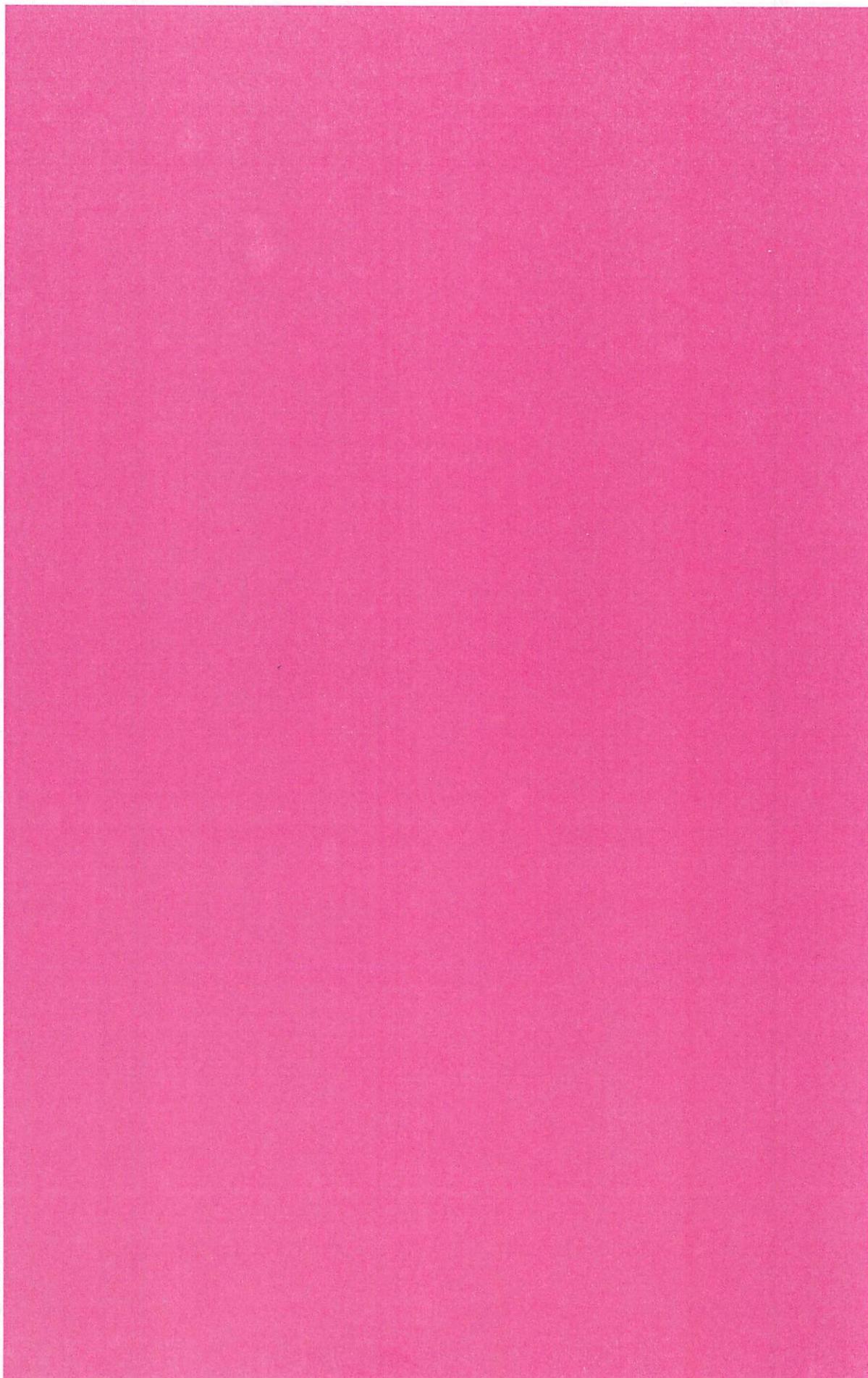
26. Structured Settlements -- N/A

27. Participating Policies -- N/A

28. Premium Deficiency Reserves -- N/A

29. Anticipated Salvage & Subrogation -- N/A

NOTES TO FINANCIAL STATEMENTS



GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES - GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes []	No [X]												
If yes, complete Schedule Y, Parts 1, 1A and 2.															
1.2	Did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes []	No [] N/A []												
1.3	State regulating?														
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	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2011													
3.2	State 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.	12/31/2011													
3.3	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).	10/15/2013													
3.4	By what department or departments? <u>Ohio Dept of Insurance</u>														
3.5	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 []												
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [X]	No [] N/A []												
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Yes []	No [X]												
4.11	sales of new business?	Yes []	No [X]												
4.12	renewals?	Yes []	No [X]												
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Yes []	No [X]												
4.21	sales of new business?	Yes []	No [X]												
4.22	renewals?	Yes []	No [X]												
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes []	No [X]												
5.2	If yes, provide the name of the 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.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33.33%;">1 Name of Entity</td> <td style="text-align: center; width: 33.33%;">2 NAIC Co. Code</td> <td style="text-align: center; width: 33.33%;">3 State of Domicile</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	1 Name of Entity	2 NAIC Co. Code	3 State of Domicile											
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile													
6.1	Has the 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]												
6.2	If yes, give full information.														
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes []	No [X]												
7.2	If yes,														
7.21	State the percentage of foreign control%													
7.22	State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">1 Nationality</td> <td style="text-align: center; width: 50%;">2 Type of Entity</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	1 Nationality	2 Type of Entity												
1 Nationality	2 Type of Entity														
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 response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 16.66%;">1 Affiliate Name</td> <td style="text-align: center; width: 16.66%;">2 Location (City, State)</td> <td style="text-align: center; width: 16.66%;">3 FRB</td> <td style="text-align: center; width: 16.66%;">4 OCC</td> <td style="text-align: center; width: 16.66%;">5 FDIC</td> <td style="text-align: center; width: 16.66%;">6 SEC</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC								
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC										
9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>Hirth Noms & Garrison, LLP Grove City, OH 43123</u>														
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes []	No [X]												
10.2	If the response to 10.1 is yes, provide information related to this exemption:														
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?	Yes []	No [X]												
10.4	If the response to 10.3 is yes, provide information related to this exemption:														

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES - GENERAL**

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Harry Don Incine Village, NV 89450

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved
12.13 Total book/adjusted carrying value
12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
14.1 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?

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.

14.11 If the response to 14.1 is no, please explain.

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other

PART 1 - COMMON INTERROGATORIES - FINANCIAL

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

- 22.21 Amount paid as losses or risk adjustment
- 22.22 Amount paid as expenses
- 22.23 Other amounts paid

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103 Total payable for securities lending reported on the liability page.

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Pledged as collateral

25.26 Placed under option agreements

25.27 Letter stock or securities restricted as to sale

25.28 On deposit with state or other regulatory body

25.29 Other

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year:

28. 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 [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
Meeder Asset Management	Dublin, OH 43017

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]

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

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

28.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

Cooperative Group Benefits Plan**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29,299. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from the above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	.....	.....	0
30.2 Preferred stocks.....	.....	.....	0
30.3 Totals.....	0	0	0

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

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

Yes No

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid

Land O Lakes

\$.....0

34.1 Amount of payments for legal expenses, if any?

\$.....73,276

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

Baker & Hostetler

\$.....0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X] _____

1.2 If yes, indicate premium earned on U.S. business only _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31 Reason for excluding _____

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. _____

1.5 Indicate total incurred claims on all Medicare Supplement insurance. _____

1.6 Individual policies:
Most current three years:
1.61 Total premium earned _____
1.62 Total incurred claims _____
1.63 Number of covered lives _____
All years prior to most current three years:
1.64 Total premium earned _____
1.65 Total incurred claims _____
1.66 Number of covered lives _____

1.7 Group policies:
Most current three years:
1.71 Total premium earned _____
1.72 Total incurred claims _____
1.73 Number of covered lives _____
All years prior to most current three years:
1.74 Total premium earned _____
1.75 Total incurred claims _____
1.76 Number of covered lives _____

2. Health test:

1 Current Year	2 Prior Year
2.1 Premium Numerator.....	.....
2.2 Premium Denominator.....	.....
2.3 Premium Ratio (2.1/2.2).....	.....0.0.....0.0
2.4 Reserve Numerator.....	.....
2.5 Reserve Denominator.....	.....
2.6 Reserve Ratio (2.4/2.5).....	.....0.0.....0.0

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits? Yes [] No [X] _____

3.2 If yes, give particulars: _____

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [] _____

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [] _____

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [] _____

5.2 If no, explain: _____

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical	\$.....375,000
5.32 Medical only	\$.....
5.33 Medicare supplement	\$.....
5.34 Dental and vision	\$.....
5.35 Other limited benefit plan	\$.....
5.36 Other	\$.....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: _____

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [] _____

7.2 If no, give details: _____

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....
8.2 Number of providers at end of reporting year	.....

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X] _____

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....
9.22 Business with rate guarantees over 36 months	.....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [] No [X] _____

10.2 If yes:

10.21 Maximum amount payable bonuses	.....
10.22 Amount actually paid for year bonuses	.....
10.23 Maximum amount payable withholds	.....
10.24 Amount actually paid for year withholds	.....

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,
 11.13 An Individual Practice Association (IPA), or
 11.14 A Mixed Model (combination of above)?

Yes [] No [X]
 Yes [] No [X]
 Yes [] No [X]
 Yes [X] No []

11.2. Is the reporting entity subject to Minimum Net Worth Requirements?

11.3. If yes, show the name of the state requiring such net worth.

\$.....C

11.4. If yes, show the amount required.

11.5. Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [X] No []

11.6. If the amount is calculated, show the calculation:

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
OH, IN

13.1. Do you act as a custodian for health savings account?

Yes [] No [X]

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

13.3. Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4. If yes, please provide the balance of the funds administered as of the reporting date.

FIVE-YEAR HISTORICAL DATA

	1 2013	2 2012	3 2011	4 2010	5 2009
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	5,589,217	6,144,957	5,280,173	6,027,353	6,003,519
2. Total liabilities (Page 3, Line 24).....	3,043,058	2,555,371	2,852,740	2,522,963	2,684,951
3. Statutory surplus.....	2,546,159	3,589,586	2,764,824	3,504,390	3,318,568
4. Total capital and surplus (Page 3, Line 33).....	2,546,159	3,589,586	2,764,824	3,504,390	3,318,568
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	26,601,555	24,608,169	24,696,054	21,268,119	20,592,834
6. Total medical and hospital expenses (Line 18).....	25,705,010	22,205,841	23,739,386	19,465,367	18,077,221
7. Claim adjustment expenses (Line 20).....	1,776,652	1,442,788	1,548,014	1,453,775	1,372,275
8. Total administrative expenses (Line 21).....	175,009	148,873	172,091	183,998	225,721
9. Net underwriting gain (loss) (Line 24).....	(1,055,116)	810,667	(760,845)	164,979	917,617
10. Net investment gain (loss) (Line 27).....	11,689	14,095	21,280	20,842	56,696
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(1,043,427)	824,762	(739,565)	185,821	974,313
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(1,277,459)	537,270	197,875	(346,216)	128,285
Risk-Based Capital Analysis					
14. Total adjusted capital.....	2,546,159	3,589,586	2,764,824	3,504,390	3,318,568
15. Authorized control level risk-based capital.....	1,875,914	1,665,675	1,781,173	1,459,549	1,356,043
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	2,578	2,258	2,255	2,354	2,231
17. Total member months (Column 6, Line 7).....	28,565	27,121	28,906	26,701	27,417
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....	96.6	90.2	96.1	91.5	87.8
20. Cost containment expenses.....	1.3	1.3	1.3	1.5	1.2
21. Other claims adjustment expenses.....	5.3	4.5	4.9	5.4	5.4
22. Total underwriting deductions (Line 23).....	103.9	96.7	(1.0)	99.2	95.5
23. Total underwriting gain (loss) (Line 24).....	(3.9)	3.2	(0.3)	0.8	4.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	2,528,285	2,396,439	2,101,538	2,061,720	2,712,146
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	2,344,000	2,600,000	2,300,000	2,450,000	2,908,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA). Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION.....Cooperative Group Benefits Plan

2.,

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....0

NAIC Company Code.....0

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,258	2,258								
2. First quarter.....	2,344	2,344								
3. Second quarter.....	2,284	2,284								
4. Third quarter.....	2,339	2,339								
5. Current year.....	2,578	2,578								
6. Current year member months.....	28,565	28,565								
Total Member Ambulatory Encounters for Year:										
7. Physician.....	C									
8. Non-physician.....	C									
9. Totals.....	C	C	C	C	C	C	C	C	C	C
10. Hospital patient days incurred.....	C									
11. Number of inpatient admissions.....	C									
12. Health premiums written (b).....	26,601,555	26,601,555								
13. Life premiums direct.....	C									
14. Property/casualty premiums written.....	C									
15. Health premiums earned.....	26,601,555	26,601,555								
16. Property/casualty premiums earned.....	C									
17. Amount paid for provision of health care services.....	27,891,349	27,891,349								
18. Amount incurred for provision of health care services.....	27,656,671	27,656,671								

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

30

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Uneamed Premiums	9 Reserve Liability Other Than for Uneamed Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
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SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
26921.....	22-2005057....	01/01/2013	Everest Reinsurance.....	PA.....	.502,412	.862,233
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.502,412	.862,233
2199999.	Total - Accident and Health Non-Affiliates.....				.502,412	.862,233
2299999.	Total - Accident and Health.....				.502,412	.862,233
2399999.	Total U.S.....				.502,412	.862,233
9999999.	Total.....				.502,412	.862,233

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

4				5				6				7				8				9				10				11				12				13							
1	2	3	4	Name of Company				Domiciliary Jurisdiction				Type				Premiums				Unearned Premiums (estimated)				Reserve Credit Taken Other Than for Unearned Premiums				Outstanding Surplus Relief				Prior Year				Modified Consurance Reserve				Funds Withheld Under Consurance			
NAIC Company Code	ID Number	Effective Date																																									

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
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SCHEDULE S - PART 5

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurers	5 Dom- estic Jurs- isdiction (1 thru 6)	6 Cert- ified Rein- surer Rating	7 Effective Date of Certified Reinsurer	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 8, not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance with Certified Reinsurer Due to Collateral Deficiency (Col. 14 - Col. 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)					

SCHEDULE S - PART 6**Five-Year Exhibit of Reinsurance Ceded Business**
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....			XXX.....	XXX.....	XXX.....
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....			XXX.....	XXX.....	XXX.....
18. Funds deposited by and withheld from (F).....			XXX.....	XXX.....	XXX.....
19. Letters of credit (L).....			XXX.....	XXX.....	XXX.....
20. Trust agreements (T).....			XXX.....	XXX.....	XXX.....
21. Other (O).....			XXX.....	XXX.....	XXX.....

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....			(
2. Accident and health premiums due and unpaid (Line 15).....			(
3. Amounts recoverable from reinsurers (Line 16.1).....			(
4. Net credit for ceded reinsurance.....	XXX.		(
5. All other admitted assets (balance).....			(
6. Totals assets (Line 28).....	(((
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....			(
8. Accrued medical incentive pool and bonus payments (Line 2).....			(
9. Premiums received in advance (Line 8).....			(
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			(
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			(
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			(
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			(
14. All other liabilities (balance).....			(
15. Total liabilities (Line 24).....	(((
16. Total capital and surplus (Line 33).....		XXX.	(
17. Total liabilities, capital and surplus (Line 34).....	(((
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....			(
19. Accrued medical incentive pool.....			(
20. Premiums received in advance.....			(
21. Reinsurance recoverable on paid losses.....			(
22. Other ceded reinsurance recoverables.....			(
23. Total ceded reinsurance recoverables.....	((
24. Premiums receivable.....			(
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....			(
26. Unauthorized reinsurance.....			(
27. Reinsurance with certified reinsurers.....			(
28. Funds held under reinsurance treaties with certified reinsurers.....			(
29. Other ceded reinsurance payables/offsets.....			(
30. Total ceded reinsurance payables/offsets.....	((
31. Total net credit for ceded reinsurance.....	((

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & 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.....	H ..N.								.0
13. Idaho.....	ID ..N.								.0
14. Illinois.....	IL ..N.								.0
15. Indiana.....	IN ..L.	13,215,653						13,215,653	
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.....	M ..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.....	N ..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.	13,385,902						13,385,902	
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.....	W ..N.								.0
51. Wyoming.....	WY ..N.								.0
52. American Samoa.....	AS ..N.								.0
53. Guam.....	GL ..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.....	XXX.	26,601,555	0	0	C	0	0	26,601,555	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX.		0	0	C	0	0	26,601,555	0
61. Total (Direct Business).....	(a) ..2	26,601,555							

DETAILS OF WRITE-INS

58001.....									.0
58002.....									.0
58003.....									.0
58998. Summary of remaining write-ins for line 58.....	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998).....	0	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer.
 (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

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

SCHEDULE T - PART 2**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL					0
2. Alaska.....	AL					0
3. Arizona.....	AZ					0
4. Arkansas.....	AR					0
5. California.....	CA					0
6. Colorado.....	CO					0
7. Connecticut.....	CT					0
8. Delaware.....	DE					0
9. District of Columbia.....	DC					0
10. Florida.....	FL					0
11. Georgia.....	GA					0
12. Hawaii.....	HI					0
13. Idaho.....	ID					0
14. Illinois.....	IL					0
15. Indiana.....	IN					0
16. Iowa.....	IA					0
17. Kansas.....	KS					0
18. Kentucky.....	KY					0
19. Louisiana.....	LA					0
20. Maine.....	ME					0
21. Maryland.....	MD					0
22. Massachusetts.....	MA					0
23. Michigan.....	MI					0
24. Minnesota.....	MN					0
25. Mississippi.....	MS					0
26. Missouri.....	MO					0
27. Montana.....	MT					0
28. Nebraska.....	NE					0
29. Nevada.....	NV					0
30. New Hampshire.....	NH					0
31. New Jersey.....	NJ					0
32. New Mexico.....	NM					0
33. New York.....	NY					0
34. North Carolina.....	NC					0
35. North Dakota.....	ND					0
36. Ohio.....	OH					0
37. Oklahoma.....	OK					0
38. Oregon.....	OR					0
39. Pennsylvania.....	PA					0
40. Rhode Island.....	RI					0
41. South Carolina.....	SC					0
42. South Dakota.....	SD					0
43. Tennessee.....	TN					0
44. Texas.....	TX					0
45. Utah.....	UT					0
46. Vermont.....	VT					0
47. Virginia.....	VA					0
48. Washington.....	WA					0
49. West Virginia.....	WV					0
50. Wisconsin.....	WI					0
51. Wyoming.....	WY					0
52. American Samoa.....	AS					0
53. Guam.....	GU					0
54. Puerto Rico.....	PR					0
55. US Virgin Islands.....	VI					0
56. Northern Mariana Islands.....	NM					0
57. Canada.....	CAN					0
58. Aggregate Other Alien.....	OI					0
59. Totals.....	..0	..0	..0	..0	..0	..0

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(ies)/Person(s)	15
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
------------------------------	------------------------------	---	-------------------------------	-------------------------------	--	--	--	--	---------	--	--------------	---

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses
WAIVED
WAIVED
WAIVED
WAIVED

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
WAIVED
NO

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
YES

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

YES

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.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

NO
NO
NO
YES
YES

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**
Overflow Page for Write-Ins

Overflow Page for Write-Ins

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....		0.0			0	0.0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0	0.0
1.43 Revenue and assessment obligations.....		0.0			0	0.0
1.44 Industrial development and similar obligations.....		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0	0.0
1.513 All other.....		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0	0.0
1.523 All other.....		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....		0.0			0	0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0	0.0
2.3 Affiliated securities.....		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds.....		0.0			0	0.0
3.2 Preferred stocks:						
3.21 Affiliated.....		0.0			0	0.0
3.22 Unaffiliated.....		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....		0.0			0	0.0
3.32 Unaffiliated.....		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated.....		0.0			0	0.0
3.42 Unaffiliated.....		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....		0.0			0	0.0
3.52 Unaffiliated.....		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development.....		0.0			0	0.0
4.2 Agricultural.....		0.0			0	0.0
4.3 Single family residential properties.....		0.0			0	0.0
4.4 Multifamily residential properties.....		0.0			0	0.0
4.5 Commercial loans.....		0.0			0	0.0
4.6 Mezzanine real estate loans.....		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company.....		0.0			0	0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0	0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0	0.0
6. Contract loans.....		0.0			0	0.0
7. Derivatives.....		0.0			0	0.0
8. Receivables for securities.....		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX	XXX..
10. Cash, cash equivalents and short-term investments.....	4,539,984	100.0	4,539,984		4,539,984	100.0
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	4,539,984	100.0	4,539,984	0	4,539,984	100.0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....
2. Cost of acquired:
 - 2.1 Actual cost at time of acquisition (Part 2, Column 6).....
 - 2.2 Additional investment made after acquisition (Part 2, Column 9).....
3. Current year change in encumbrances:
 - 3.1 Totals, Part 1, Column 13.....
 - 3.2 Totals, Part 3, Column 11.....
4. Total gain (loss) on disposals, Part 3, Column 18.....
5. Deduct amounts received on disposals, Part 3, Column 15.....
6. Total foreign exchange change in book/adjusted carrying value:
 - 6.1 Totals, Part 1, Column 15.....
 - 6.2 Totals, Part 3, Column 13.....
7. Deduct current year's other-than-temporary impairment recognized:
 - 7.1 Totals, Part 1, Column 12.....
 - 7.2 Totals, Part 3, Column 10.....
8. Deduct current year's depreciation:
 - 8.1 Totals, Part 1, Column 11.....
 - 8.2 Totals, Part 3, Column 9.....
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....
10. Deduct total nonadmitted amounts.....
11. Statement value at end of current period (Line 9 minus Line 10).....

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recording investment excluding accrued interest, December 31 of prior year.....
2. Cost of acquired:
 - 2.1 Actual cost at time of acquisition (Part 2, Column 7).....
 - 2.2 Additional investment made after acquisition (Part 2, Column 8).....
3. Capitalized deferred interest and other:
 - 3.1 Totals, Part 1, Column 12.....
 - 3.2 Totals, Part 3, Column 11.....
4. Accrual of discount.....
5. Unrealized valuation increase (decrease):
 - 5.1 Totals, Part 1, Column 9.....
 - 5.2 Totals, Part 3, Column 8.....
6. Total gain (loss) on disposals, Part 3, Column 18.....
7. Deduct amounts received on disposals, Part 3, Column 15.....
8. Deduct amortization of premium and mortgage interest points and commitment fees.....
9. Total foreign exchange change in book value/recording investment excluding accrued interest:
 - 9.1 Totals, Part 1, Column 13.....
 - 9.2 Totals, Part 3, Column 13.....
10. Deduct current year's other-than-temporary impairment recognized:
 - 10.1 Totals, Part 1, Column 11.....
 - 10.2 Totals, Part 3, Column 10.....
11. Book value/recording investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....
12. Total valuation allowance.....
13. Subtotal (Line 11 plus Line 12).....
14. Deduct total nonadmitted amounts.....
15. Statement value at end of current period (Line 13 minus Line 14).....

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....	_____	_____	_____
2. Cost of acquired:	_____	_____	0
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	_____	_____	0
2.2 Additional investment made after acquisition (Part 2, Column 9).....	_____	_____	0
3. Capitalized deferred interest and other:	_____	_____	0
3.1 Totals, Part 1, Column 16.....	_____	_____	0
3.2 Totals, Part 3, Column 12.....	_____	_____	0
4. Accrual of discount.....	_____	_____	0
5. Unrealized valuation increase (decrease):	_____	_____	0
5.1 Totals, Part 1, Column 13.....	_____	_____	0
5.2 Totals, Part 3, Column 9.....	_____	_____	0
6. Total gain (loss) on disposals, Part 3, Column 19.....	_____	_____	0
7. Deduct amounts received on disposals, Part 3, Column 16.....	_____	_____	0
8. Deduct amortization of premium and depreciation.....	_____	_____	0
9. Total foreign exchange change in book/adjusted carrying value:	_____	_____	0
9.1 Totals, Part 1, Column 17.....	_____	_____	0
9.2 Totals, Part 3, Column 14.....	_____	_____	0
10. Deduct current year's other-than-temporary impairment recognized:	_____	_____	0
10.1 Totals, Part 1, Column 15.....	_____	_____	0
10.2 Totals, Part 3, Column 11.....	_____	_____	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____	_____	0
12. Deduct total nonadmitted amounts.....	_____	_____	0
13. Statement value at end of current period (Line 11 minus Line 12).....	_____	_____	0

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year.....	_____	_____	_____
2. Cost of bonds and stocks acquired, Part 3, Column 7.....	_____	_____	0
3. Accrual of discount.....	_____	_____	0
4. Unrealized valuation increase (decrease):	_____	_____	0
4.1 Part 1, Column 12.....	_____	_____	0
4.2 Part 2, Section 1, Column 15.....	_____	_____	0
4.3 Part 2, Section 2, Column 13.....	_____	_____	0
4.4 Part 4, Column 11.....	_____	_____	0
5. Total gain (loss) on disposals, Part 4, Column 19.....	_____	_____	0
6. Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....	_____	_____	0
7. Deduct amortization of premium.....	_____	_____	0
8. Total foreign exchange change in book/adjusted carrying value:	_____	_____	0
8.1 Part 1, Column 15.....	_____	_____	0
8.2 Part 2, Section 1, Column 19.....	_____	_____	0
8.3 Part 2, Section 2, Column 16.....	_____	_____	0
8.4 Part 4, Column 15.....	_____	_____	0
9. Deduct current year's other-than-temporary impairment recognized:	_____	_____	0
9.1 Part 1, Column 14.....	_____	_____	0
9.2 Part 2, Section 1, Column 17.....	_____	_____	0
9.3 Part 2, Section 2, Column 14.....	_____	_____	0
9.4 Part 4, Column 13.....	_____	_____	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8-9).....	_____	_____	0
11. Deduct total nonadmitted amounts.....	_____	_____	0
12. Statement value at end of current period (Line 10 minus Line 11).....	_____	_____	0

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States.....				
Governments (Including all obligations guaranteed by governments)	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	..C	..C	..C	..C
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....				
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....				
Industrial and Miscellaneous and Hybrid Securities (Unaffiliated)	8. United States.....				
	9. Canada.....				
	10. Other Countries.....				
	11. Totals.....	..C	..C	..C	..C
Parent, Subsidiaries and Affiliates	12. Totals.....				
	13. Total Bonds.....	..C	..C	..C	..C
PREFERRED STOCKS	14. United States.....				
Industrial and Miscellaneous (Unaffiliated)	15. Canada.....				
	16. Other Countries.....				
	17. Totals.....	..C	..C	..C	..C
Parent, Subsidiaries and Affiliates	18. Totals.....				
	19. Total Preferred Stocks.....	..C	..C	..C	..C
COMMON STOCKS	20. United States.....				
Industrial and Miscellaneous (Unaffiliated)	21. Canada.....				
	22. Other Countries.....				
	23. Totals.....	..C	..C	..C	..C
Parent, Subsidiaries and Affiliates	24. Totals.....				
	25. Total Common Stocks.....	..C	..C	..C	..C
	26. Total Stocks.....	..C	..C	..C	..C
	27. Total Bonds and Stocks....	..C	..C	..C	..C

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 NAIC 1.....						.C	0.0		0.0		
1.2 NAIC 2.....						.C	0.0		0.0		
1.3 NAIC 3.....						.C	0.0		0.0		
1.4 NAIC 4.....						.C	0.0		0.0		
1.5 NAIC 5.....						.C	0.0		0.0		
1.6 NAIC 6.....						.C	0.0		0.0		
1.7 Totals.....	0	.C	0	C	0	C	0.0	C	0.0	C	0
2. All Other Governments											
2.1 NAIC 1.....						.C	0.0		0.0		
2.2 NAIC 2.....						.C	0.0		0.0		
2.3 NAIC 3.....						.C	0.0		0.0		
2.4 NAIC 4.....						.C	0.0		0.0		
2.5 NAIC 5.....						.C	0.0		0.0		
2.6 NAIC 6.....						.C	0.0		0.0		
2.7 Totals.....	0	.C	0	C	0	C	0.0	C	0.0	C	0
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 NAIC 1.....						.C	0.0		0.0		
3.2 NAIC 2.....						.C	0.0		0.0		
3.3 NAIC 3.....						.C	0.0		0.0		
3.4 NAIC 4.....						.C	0.0		0.0		
3.5 NAIC 5.....						.C	0.0		0.0		
3.6 NAIC 6.....						.C	0.0		0.0		
3.7 Totals.....	0	.C	0	C	0	C	0.0	C	0.0	C	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 NAIC 1.....						.C	0.0		0.0		
4.2 NAIC 2.....						.C	0.0		0.0		
4.3 NAIC 3.....						.C	0.0		0.0		
4.4 NAIC 4.....						.C	0.0		0.0		
4.5 NAIC 5.....						.C	0.0		0.0		
4.6 NAIC 6.....						.C	0.0		0.0		
4.7 Totals.....	0	.C	0	C	0	C	0.0	C	0.0	C	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 NAIC 1.....						.C	0.0		0.0		
5.2 NAIC 2.....						.C	0.0		0.0		
5.3 NAIC 3.....						.C	0.0		0.0		
5.4 NAIC 4.....						.C	0.0		0.0		
5.5 NAIC 5.....						.C	0.0		0.0		
5.6 NAIC 6.....						.C	0.0		0.0		
5.7 Totals.....	0	.C	0	C	0	C	0.0	C	0.0	C	0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 NAIC 1.....						..C	..0.0		0.0		
6.2 NAIC 2.....						..C	..0.0		0.0		
6.3 NAIC 3.....						..C	..0.0		0.0		
6.4 NAIC 4.....						..C	..0.0		0.0		
6.5 NAIC 5.....						..C	..0.0		0.0		
6.6 NAIC 6.....						..C	..0.0		0.0		
6.7 Totals.....	0	..C	..0	..C	0	..C	..0.0	..C	0.0	..C	..0
7. Hybrid Securities											
7.1 NAIC 1.....						..C	..0.0		0.0		
7.2 NAIC 2.....						..C	..0.0		0.0		
7.3 NAIC 3.....						..C	..0.0		0.0		
7.4 NAIC 4.....						..C	..0.0		0.0		
7.5 NAIC 5.....						..C	..0.0		0.0		
7.6 NAIC 6.....						..C	..0.0		0.0		
7.7 Totals.....	0	..C	..0	..C	0	..C	..0.0	..C	0.0	..C	..0
8. Parent, Subsidiaries and Affiliates											
8.1 NAIC 1.....						..C	..0.0		0.0		
8.2 NAIC 2.....						..C	..0.0		0.0		
8.3 NAIC 3.....						..C	..0.0		0.0		
8.4 NAIC 4.....						..C	..0.0		0.0		
8.5 NAIC 5.....						..C	..0.0		0.0		
8.6 NAIC 6.....						..C	..0.0		0.0		
8.7 Totals.....	0	..C	..0	..C	0	..C	..0.0	..C	0.0	..C	..0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 NAIC 1.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.2 NAIC 2.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.3 NAIC 3.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.4 NAIC 4.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.5 NAIC 5.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.6 NAIC 6.....	(d).....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.8 Line 9.7 as a % of Col. 6.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	XXX.....	XXX.....	.....0.0	.....0.0
10. Total Bonds Prior Year											
10.1 NAIC 1.....							.....0.0	.....0.0	.....0.0		
10.2 NAIC 2.....							.....0.0	.....0.0	.....0.0		
10.3 NAIC 3.....							.....0.0	.....0.0	.....0.0		
10.4 NAIC 4.....							.....0.0	.....0.0	.....0.0		
10.5 NAIC 5.....							.....0.0	.....0.0	.....0.0		
10.6 NAIC 6.....							.....0.0	.....0.0	.....0.0		
10.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		
10.8 Line 10.7 as a % of Col. 8.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0		
11. Total Publicly Traded Bonds											
11.1 NAIC 1.....							.....0.0	.....0.0	.....0.0	.....0	.....0
11.2 NAIC 2.....							.....0.0	.....0.0	.....0.0	.....0	.....0
11.3 NAIC 3.....							.....0.0	.....0.0	.....0.0	.....0	.....0
11.4 NAIC 4.....							.....0.0	.....0.0	.....0.0	.....0	.....0
11.5 NAIC 5.....							.....0.0	.....0.0	.....0.0	.....0	.....0
11.6 NAIC 6.....							.....0.0	.....0.0	.....0.0	.....0	.....0
11.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0
11.8 Line 11.7 as a % of Col. 6.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0	.....0
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0	.....0
12. Total Privately Placed Bonds											
12.1 NAIC 1.....							.....0.0	.....0.0	.....0.0	.....0	.....0
12.2 NAIC 2.....							.....0.0	.....0.0	.....0.0	.....0	.....0
12.3 NAIC 3.....							.....0.0	.....0.0	.....0.0	.....0	.....0
12.4 NAIC 4.....							.....0.0	.....0.0	.....0.0	.....0	.....0
12.5 NAIC 5.....							.....0.0	.....0.0	.....0.0	.....0	.....0
12.6 NAIC 6.....							.....0.0	.....0.0	.....0.0	.....0	.....0
12.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0
12.8 Line 12.7 as a % of Col. 6.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0	.....0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0	.....0

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
 (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insuree's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) 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.

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SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations							0.0		0.0		
1.2 Residential Mortgage-Backed Securities							0.0		0.0		
1.3 Commercial Mortgage-Backed Securities							0.0		0.0		
1.4 Other Loan-Backed and Structured Securities							0.0		0.0		
1.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. All Other Governments											
2.1 Issuer Obligations							0.0		0.0		
2.2 Residential Mortgage-Backed Securities							0.0		0.0		
2.3 Commercial Mortgage-Backed Securities							0.0		0.0		
2.4 Other Loan-Backed and Structured Securities							0.0		0.0		
2.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations							0.0		0.0		
3.2 Residential Mortgage-Backed Securities							0.0		0.0		
3.3 Commercial Mortgage-Backed Securities							0.0		0.0		
3.4 Other Loan-Backed and Structured Securities							0.0		0.0		
3.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations							0.0		0.0		
4.2 Residential Mortgage-Backed Securities							0.0		0.0		
4.3 Commercial Mortgage-Backed Securities							0.0		0.0		
4.4 Other Loan-Backed and Structured Securities							0.0		0.0		
4.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations							0.0		0.0		
5.2 Residential Mortgage-Backed Securities							0.0		0.0		
5.3 Commercial Mortgage-Backed Securities							0.0		0.0		
5.4 Other Loan-Backed and Structured Securities							0.0		0.0		
5.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous (unaffiliated)											
6.1 Issuer Obligations							0.0		0.0		
6.2 Residential Mortgage-Backed Securities							0.0		0.0		
6.3 Commercial Mortgage-Backed Securities							0.0		0.0		
6.4 Other Loan-Backed and Structured Securities							0.0		0.0		
6.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Hybrid Securities											
7.1 Issuer Obligations							0.0		0.0		
7.2 Residential Mortgage-Backed Securities							0.0		0.0		
7.3 Commercial Mortgage-Backed Securities							0.0		0.0		
7.4 Other Loan-Backed and Structured Securities							0.0		0.0		
7.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations							0.0		0.0		
8.2 Residential Mortgage-Backed Securities							0.0		0.0		
8.3 Commercial Mortgage-Backed Securities							0.0		0.0		
8.4 Other Loan-Backed and Structured Securities							0.0		0.0		
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. Total Bonds Current Year											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Totals	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.6 Line 9.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	0.0
10. Total Bonds Prior Year											
10.1 Issuer Obligations						XXX	XXX	0	0.0		
10.2 Residential Mortgage-Backed Securities						XXX	XXX	0	0.0		
10.3 Commercial Mortgage-Backed Securities						XXX	XXX	0	0.0		
10.4 Other Loan-Backed and Structured Securities						XXX	XXX	0	0.0		
10.5 Totals	0	0	0	0	0	XXX	XXX	0	100.0	0	0
10.6 Line 10.5 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations						0	0.0	0	0.0	0	XXX
11.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
11.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	XXX
11.6 Line 11.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
12. Total Privately Placed Bonds											
12.1 Issuer Obligations						0	0.0	0	0.0	0	XXX
12.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
12.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
12.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Line 12.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....(.....(.....(.....(.....(
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).....(.....(.....(.....(.....(
11. Deduct total nonadmitted amounts.....(.....(.....(.....(.....(
12. Statement value at end of current period (Line 10 minus Line 11).....(.....(.....(.....(.....(

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment.....

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SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS**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:
 - 2.1 Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12.....
 - 2.2 Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14..... 0
3. Unrealized valuation increase/(decrease):
 - 3.1 Section 1, Column 17.....
 - 3.2 Section 2, Column 19..... 0
4. Total gain (loss) on termination recognized, Section 2, Column 22.....
5. Considerations received/(paid) on terminations, Section 2, Column 15.....
6. Amortization:
 - 6.1 Section 1, Column 19.....
 - 6.2 Section 2, Column 21..... 0
7. Adjustment to the Book/Adjusted Carrying Value of hedged item:
 - 7.1 Section 1, Column 20.....
 - 7.2 Section 2, Column 23..... 0
8. Total foreign exchange change in Book/Adjusted Carrying Value:
 - 8.1 Section 1, Column 18.....
 - 8.2 Section 2, Column 20..... 0
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 BETWEEN YEARS**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 minus.....
 - 3.12 Section 1, Column 15, prior year..... 0

Change in the valuation margin on open contracts - all other:

 - 3.13 Section 1, Column 18, current year minus.....
 - 3.14 Section 1, Column 18, prior year..... 0 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 0
- 3.3 Subtotal (Line 3.1 minus Line 3.2)..... 0
- 4.1 Cumulative variation margin on terminated contracts during the year (Section 2, Column 15).....
- 4.2 Less:
 - 4.21 Amount used to adjust basis of hedged item (Section 2, Column 17)....
 - 4.22 Amount recognized (Section 2, Column 16)..... 0
- 4.3 Subtotal (Line 4.1 minus Line 4.2)..... 0
5. Disposition 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 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 December 31 of Current Year

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 Destination or Other Description	National Amount	Book/Adjusted Carrying Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Desig. or Other Description	Book/Adjusted Carrying Value	Fair Value	

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

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory.....				0		0		0		0
2. Add: Opened or Acquired Transactions.....										0
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value.....	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions.....										0
5. Less: Positions Disposed of for Failing Effectiveness Criteria.....										0
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value.....	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory.....	0	0	0	0	0	0	0	0	0	0

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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. Subtotal (Line 1 plus Line 2).....
4. Part D, Section 1, Column 5.....
5. Part D, Section 1, Column 6.....
6. Total (Line 3 minus Line 4 minus Line 5).....

Fair Value Check

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

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).....

SCHEDULE E - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....
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).....
11. Deduct total nonadmitted amounts.....
12. Statement value at end of current period (Line 10 minus Line 11).....

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment.....

SCHEDULE A - PART 3

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

Description of Property	City	State	Disposition Date	Name of Purchaser	Actual Cost	Actual Cost	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
							1	2	3	4	5	Change in Book/Adjusted Carrying Value Less Encumbrances	Boot/Adjusted Carrying Value Less Encumbrances	Boot/Adjusted Carrying Value Less Encumbrances	Total Foreign Exchange Gain (Loss) on Disposal	Rebased Gen (Loss) on Disposal	Total Gen (Loss) on Disposal	Carries Income Exempt from Interest Encumbrances	Taxes, Rent, and Expenses Incurred		

SCHEDULE B - PART 1

Showing all Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	3 City	4 State	5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book Value/ Recorded Investment Excluding Accrued Interest	9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other-Than-Temporary Impairment Recognized	Change in Book Value/Recorded Investment			14 Total Foreign Exchange Change in Book Value	15 Value of Land and Buildings
											12 Capitalized Deferred Interest and Other	13 Capitalized Deferred Interest and Other	15 Date of Last Appraisal or Valuation		

General Intergroupby

1. Mortgages in good standing \$ 0 unpaid taxes \$ 0 interest due and unpaid.
2. Restructured mortgages \$ 0 unpaid taxes \$ 0 interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$ 0 unpaid taxes \$ 0 interest due and unpaid.
4. Mortgages in process of foreclosure \$ 0 unpaid taxes \$ 0 interest due and unpaid.

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1 Description of Property	2 Code	Location		5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	11 Current Year's Depreciation	Change in Book/Adjusted Carrying Value Less Encumbrances			16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs, and Expenses Incurred	
		3 City	4 State								12 Current Year's Other-Than- Temporary Impairment Recognized	13 Current Year's Change in Encumbrances	14 Total Change in B.A.C.V (13 - 11 - 12)			

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SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

Description of Property	Location			Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
	2	3	4					

SCHEDULE B - PART 2

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

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

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

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

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1 CUSIP Identification	2 Name or Description	3 Location Code City State	6		7 NAIC Designa- tion	8 Date Originally Acquired	9 Type and Strategy	10 Actual Cost	11 Fair Value	12 Book/Adjusted Carrying Value Less Encumbrances	Change in Book/Adjusted Carrying Value			16 Capitalized Deferred Interest and Other	17 Total Foreign Exchange Change in B/A.C.V.	18 Investment Income	19 Commitment for Additional Investment	20 Percentage of Ownership
			4	5							13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation) or (Amortization) /Accretion	15 Current Year's Other-Than- Temporary Impairment Recognized					

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SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Identification	2 Name or Description	3 Location	4 City State	5 Name of Vendor or General Partner	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 Percentage of Ownership
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SCHEDULE BA - PART 3

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

1 CUSIP Identification	2 Name of Description	3 Location	4 City State	5 Name of Purchaser or Nature of Disposal	Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year										
					6 Book/Adjusted Carrying Value	7 Less Encumbrances, Prior Year	8 Book/Adjusted Carrying Value Less Encumbrances, Pro' Year	9 Unadjusted Valuation Increase (Decrease)	10 Current Year's (Disposition) or (Amortization)/ Acretion	11 Other Than Temporary Impairment Recognized	12 Capitalized Interest and Other and Other Recognized	13 Total	14 Total Foreign Exchange Change in B.A.C.V. (9+10+11+12)	15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Investment Income	20

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		6 NAIC Designa- tion	7 Actual Cost	Fair Value		10 Par Value	11 Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				Interest				Dates	
		3 Code	4 Bond Char- acter- istic Code			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in B/A.C.V.	16 Rate of Effective Rate of	17 When Paid	18 Interest Rate of	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Stated Contractual Maturity Date

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes 3 4 F o r e e i g h	5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Values 9 Rate Per Share Used to Obtain Fair Value		11	Dividends 12 Declared but Unpaid			13 Amount Received During Year	14 Nonadmitted Declared but Unpaid	Change in Book/Adjusted Carrying Value 15 Unrealized Valuation Increase/ (Decrease)			16 Current Year's (Amortization)/ Accretion	17 Current Year's Other- Than- Temporary Impairment Recognized	18 Total Change in B/A.C.V. (15+16-17)	19 Total Foreign Exchange Change in B/A.C.V.	20 NAIC Design- ation	21 Date Acquired
								10 Fair Value	Actual Cost														

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SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	Dividends			13	14	15	16	17	18
									Fair Value	Rate Per Share Used to Obtain Fair Value	Actual Cost						
												Nonadmitted Demand but Unpaid	Unrealized Valuation Increase/ (Decrease)	Total Change in B/A/C.V. in B/A/C.V. (13-14)	Total Foreign Exchange Change in B/A/C.V. in B/A/C.V. (13-14)	NASC Market Indicator (b)	Date Acquired
CUSIP Identification	Description	Number of Shares	Code n	Bois/Adjusted Carrying Value													
988999	Total Common and Preferred Stock			0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For all common stocks bearing the NAC market indicator "U" provide the number of such issues.....0, the total \$ value (included in Column 8) of all such issues \$.....0.

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	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

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A.C.V.						

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

CUSIP Identification	Description	Name of Vendor	Name of Purchaser	Disposed Date	Actual Cost	Consideration	Boot/ Adjusted Carrying Value at Disposed	Unrealized Valuation Increase/ (Decrease)	Current Year's Temporary Impairment Recognized	Current Year's (Amortization)/ (Accretion)	Total Change in B/A.C.V. (12+13+14)	Total Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends	21

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identifi- cation	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures Manual)	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book/Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$.....0.

2. Total amount of intangible assets nonadmitted \$.....0.

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identifi- cation	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding

Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes 3 4 F o r e i g n Code n	5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book/ Adjusted Carying Value	Change in Book/Adjusted Carrying Value			13 Par Value	14 Actual Cost	Interest					21 Paid for Accrued Interest
							9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other-Than- Temporary Impairment Recognized			15 Amount Due and Accrued December 31 of Current Year on Bond Not in Default	16 Non- Admitted Due and Accrued	17 Rate of Interest	18 Effective Rate of Interest	19 When Paid	20 Amount Received During Year

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Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE DB - PART A - SECTION 1

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

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule Exhibit Identifier	4 Type(s) of Risk (a)	5 Exchange, Counterparty/ or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Strike Price, Rate of Indexed Received (Paid)	11 Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	12 Current Year Initial Cost of Premium (Received) Paid	13 Current Year Income	14 Book/ Adjusted Carrying Value	15 Code	16 Fair Value	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 Potential Exposure	22 Credit Quality of Reference Entity	23 Hedge Effectiveness at Inception and at Year-end (b)
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Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

SCHEDULE DB - PART A - SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule Exhibit Number	4 Type(s) of Rate(s) (a)	5 Exchange, Counterparty or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Termination Date	9 Indicate Exercise, Expiration, Maturity or Sale	10 Number of Contracts	11 Notional Amount	12 Strike Price, Rate of Index Received (Paid)	13 Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	14 Current Year Initial Cost of Premium (Received) Paid	15 Consideration Received (Paid) on Termination	16 Current Year Income	17 Book/ Adjusted Carrying Value	18 Unrealized Valuation Increase (Decrease) Code	19 Total Foreign Exchange Change in B.A.C.V.	20 Current Year's (Amortization) Accretion	21 Gain (Loss) on Termination Recognized	22 Adjustment to Carrying Value of Hedged Item	23 Gain (Loss) on Termination Deferred	24 Gain (Loss) on Termination Deferred	25 Hedge Effectiveness at Inception and at Termination (b)
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SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open as of the Current Statement Date

1 Filer Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Benefit(s) Hedged Used for Income Generation or Speculated	6 Schedule/ End Date Identifier	7 Type(s) of Rate Identifier	8 Date of Measure or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Data Price	13 Fair Value	14 Hedge/ Effective Hedges	15 Change in Margin Gain (Loss) to Adjust Basis of Hedged Item	16 Cumulative Variation Margin	17 Cumulative Margin Used to Adjust Basis of Hedged Item	18 All Other	19 Change in Margin Gain (Loss)	20 Cumulative Margin	21 Hedge Effectiveness at Inception and at Year-End (b)	22 Value of One (1) Part
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Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Brokers			
Total Net Cash Deposits	0	0	0

SCHEDULE DB - PART B - SECTION 2

Futures Contracts Terminated December 31 of Current Year

1 Title Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged (Used for Income Generation or Replicated)	6 Schedule Exhibit Identifier	7 Type(s) of Rate(s) (s)	8 Date of Maturity or Expiration	9 Futures Contracts	10 Trade Date	11 Transaction Price	12 Termination Date	13 Termination Price	14 Forwards Exercise, Expiration, Maturity or Sale	15 Cumulative Variation Margin at Termination	16 Gain (Loss) Used in Current Year	17 Gain (Loss) Used to Adjusted Basis of Hedged Item	18 Deferred	19 Hedge Effectiveness at Inception and at Termination (b)	20 Value of One (1) Point
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Statement as of December 31, 2013 of the **Cooperative Group Benefits Plan**

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			Fair Value			11 Off-Balance Sheet Exposure	12 Potential Exposure	
				5 Contracts With Book Adjusted Carrying Value > 0	6 Contracts With Book Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0	10 Exposure Net of Collateral			

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SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

1 Exchange Counterparty or Central Clearinghouse	2 Type of Asset Placed	3 CUSIP Identification	4 Collateral for Derivative Instruments Open December 31 of Current Year	5 Description	6 Fair Value	7 Book Adjusted Carrying Value	8 Par Value	9 Type of Margin (L vs N)	10 Maturity Date

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

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

1. The activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year 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 December 31 Current Year

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

1. The activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
Open Depositories						
Huntington National Bank.....					.....(1,880,171)	XXX
Bank Midwest, NA.....		varies.....	1,622		249,546	XXX
CAT floating rate demand note.....		varies.....	.698		149,449	XXX
Columbus First Bank.....		varies.....	1,136		249,375	XXX
Commerce National Bank.....		varies.....	310		249,250	XXX
Everbank.....		varies.....	1,687		249,474	XXX
Federally Insured Cash Act - US Bank.....		varies.....	7,053		2,425,616	XXX
GE floating rate demand note.....		varies.....	1,047		149,527	XXX
Huntington National Bank.....		varies.....	.13		27,838	XXX
Invesco.....		varies.....	.992		1,672,692	XXX
Metro City Bank.....		varies.....	.497		249,497	XXX
Nationwide Bank.....		varies.....	1,647		249,127	XXX
Plaza Bank.....		varies.....	.894		249,450	XXX
TD Bank.....		varies.....	.303		249,305	XXX
0199999. Total - Open Depositories.....	XXX.....	XXX.....	18,099	.0	4,539,984	XXX..
0399999. Total Cash on Deposit.....	XXX.....	XXX.....	18,099	.0	4,539,984	XXX..
0599999. Total Cash.....	XXX.....	XXX.....	18,099	.0	4,539,984	XXX..

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1 January.....	5,594,372	4 April.....	5,613,103	7 July.....	.6,305,185	10 October.....	5,287,302
2 February.....	6,144,795	5 May.....	6,391,590	8 August.....	6,463,670	11 November.....	5,327,450
3 March.....	5,884,936	6 June.....	6,327,031	9 September.....	5,821,036	12 December.....	4,539,984

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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

Cooperative Group Benefits Plan**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	Type of Deposit	Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama.....	AL					
2. Alaska.....	AK					
3. Arizona.....	AZ					
4. Arkansas.....	AR					
5. California.....	CA					
6. Colorado.....	CO					
7. Connecticut.....	CT					
8. Delaware.....	DE					
9. District of Columbia.....	DC					
10. Florida.....	FL					
11. Georgia.....	GA					
12. Hawaii.....	HI					
13. Idaho.....	ID					
14. Illinois.....	IL					
15. Indiana.....	IN					
16. Iowa.....	IA					
17. Kansas.....	KS					
18. Kentucky.....	KY					
19. Louisiana.....	LA					
20. Maine.....	ME					
21. Maryland.....	MD					
22. Massachusetts.....	MA					
23. Michigan.....	MI					
24. Minnesota.....	MN					
25. Mississippi.....	MS					
26. Missouri.....	MO					
27. Montana.....	MT					
28. Nebraska.....	NE					
29. Nevada.....	NV					
30. New Hampshire.....	NH					
31. New Jersey.....	NJ					
32. New Mexico.....	NM					
33. New York.....	NY					
34. North Carolina.....	NC					
35. North Dakota.....	ND					
36. Ohio.....	OH					
37. Oklahoma.....	OK					
38. Oregon.....	OR					
39. Pennsylvania.....	PA					
40. Rhode Island.....	RI					
41. South Carolina.....	SC					
42. South Dakota.....	SD					
43. Tennessee.....	TN					
44. Texas.....	TX					
45. Utah.....	UT					
46. Vermont.....	VT					
47. Virginia.....	VA					
48. Washington.....	WA					
49. West Virginia.....	WV					
50. Wisconsin.....	WI					
51. Wyoming.....	WY					
52. American Samoa.....	AS					
53. Guam.....	GU					
54. Puerto Rico.....	PR					
55. US Virgin Islands.....	VI					
56. Northern Mariana Islands.....	MP					
57. Canada.....	CAN					
58. Aggregate Alien and Other.....	OT	XXX..	XXX	.0	.0	0
59. Total.....		XXX..	XXX	.0	.0	0

DETAILS OF WRITE-INS

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