

**ANNUAL STATEMENT**  
**OF THE**  
**Ohio Funeral Directors**  
**Association Benefit Trust**

**RECEIVED** Of

MAR 20 2014

BY \_\_\_\_\_

**in the state of Ohio**

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

For the Year Ended  
December 31, 2013

**2013**



# ANNUAL STATEMENT

For the Year Ended December 31, 2013  
of the Condition and Affairs of the

## Ohio Funeral Directors Association Benefit Trust

NAIC Group Code.N/A.... (Current Period) (Prior Period)  
 Organized under the Laws of Ohio  
 Licensed as Business Type.MEWA....  
 Incorporated/Organized.1957....  
 Statutory Home Office  
 Main Administrative Office  
 Mail Address  
 Primary Location of Books and Records  
 Internet Web Site Address  
 Statutory Statement Contact

NAIC Company Code.N/A....  
 State of Domicile or Port of Entry OH  
 Is HMO Federally Qualified? Yes [ ] No [ ] [N/A]  
 Commenced Business..1957....  
 ...2501 North Star Road.. ..Columbus... ..OH.... 43221....  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 ...Same.. .....  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 ...Same.. .....  
 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)  
 ...Same.. .....  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 Rebecca Reuwee  
 (Name)  
 becky@ofdaonline.org  
 (E-Mail Address)

Employer's ID Number..... 31-6247579  
 Country of Domicile USA  
 614-486-5339  
 (Area Code) (Telephone Number)  
 614-486-5339  
 (Area Code) (Telephone Number)  
 614-486-5339  
 (Area Code) (Telephone Number) (Extension)  
 614-486-5358  
 (Fax Number)

### OFFICERS

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

### OTHER

# RECEIVED

MAR 20 2014

BY \_\_\_\_\_

### DIRECTORS OR TRUSTEES

JoAnn Hartley  
 Gary Heller  
 Sue Jones  
 Walt Lindsey  
 Terry Palmer

Terry Reardon  
 Mark Schneider

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.

Walter H Lindsey  
 (Signature)  
 WALTER H LINDSEY  
 1. (Printed Name)  
 Trustee  
 (Title)

\_\_\_\_\_  
 (Signature)  
 2. (Printed Name)  
 Trustee  
 (Title)

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

Subscribed and sworn to before me

This 18 day of MARCH 2014

Rebecca E Reuwee

a. Is this an original filing?

Yes [X] No [ ]

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached



REBECCA E. REUWEE  
 NOTARY PUBLIC, STATE OF OHIO  
 MY COMMISSION EXPIRES AUGUST 30, 2016

**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).....			0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....2,345,859, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	2,345,859		2,345,859	1,855,769
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,345,859	0	2,345,859	1,855,769
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	49,198		49,198	52,155
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	79,788		79,788	206,549
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....	51,668		51,668	91,000
25. Aggregate write-ins for other than invested assets.....	36,034	36,034	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,562,547	36,034	2,526,513	2,205,473
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	2,562,547	36,034	2,526,513	2,205,473

**DETAILS OF WRITE-INS**

1101. ....			0	
1102. ....			0	
1103. ....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid stop loss insurance premiums.....	36,034	36,034	0	
2502. ....			0	
2503. ....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	36,034	36,034	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	651,800		651,800	606,300
2. Accrued medical incentive pool and bonus amounts.....			.C	
3. Unpaid claims adjustment expenses.....	88,900		88,900	82,700
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			.C	
5. Aggregate life policy reserves.....			.C	
6. Property/casualty unearned premium reserve.....			.C	
7. Aggregate health claim reserves.....			.C	
8. Premiums received in advance.....	356,225		356,225	260,885
9. General expenses due or accrued.....			.C	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			.C	
10.2 Net deferred tax liability.....			.C	
11. Ceded reinsurance premiums payable.....			.C	
12. Amounts withheld or retained for the account of others.....			.C	
13. Remittances and items not allocated.....			.C	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.C	
15. Amounts due to parent, subsidiaries and affiliates.....			.C	
16. Derivatives.....			.C	
17. Payable for securities.....			.C	
18. Payable for securities lending.....			.C	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized and \$.....0 certified reinsurers).....			.C	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.C	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.C	
22. Liability for amounts held under uninsured plans.....			.C	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	20,459	.C	20,459	39,550
24. Total liabilities (Lines 1 to 23).....	1,117,384	.C	1,117,384	989,435
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.C	.0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.C	.0
31. Unassigned funds (surplus).....	XXX	XXX	1,445,163	1,216,038
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,445,163	1,216,038
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	2,562,547	2,205,473

**DETAILS OF WRITE-INS**

2301. Accounts Payable.....	20,459		20,459	39,550
2302. ....			.C	
2303. ....			.C	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.C	.C	.C	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	20,459	.C	20,459	39,550
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.C	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	.C	.0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.C	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.C	.0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	4,484	5,097
2. Net premium income (including \$.....0 non-health premium income).....	XXX	5,340,138	5,839,098
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	C	C
7. Aggregate write-ins for other non-health revenues.....	XXX	C	C
8. Total revenues (Lines 2 to 7).....	XXX	5,340,138	5,839,098
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		3,172,980	3,750,127
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		1,495,995	1,259,420
14. Aggregate write-ins for other hospital and medical.....	C	C	C
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	C	4,668,975	5,009,547
<b>Less:</b>			
17. Net reinsurance recoveries.....		79,788	352,262
18. Total hospital and medical (Lines 16 minus 17).....	C	4,589,187	4,657,285
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....22,753 cost containment expenses.....		489,986	700,434
21. General administrative expenses.....		37,954	30,994
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	5,117,127	5,388,713
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	223,011	450,385
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		6,114	8,105
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	C	6,114	8,105
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	229,125	458,490
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX	229,125	458,490

## 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. Change in IBNR.....			
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	C	C
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

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

<b>CAPITAL AND SURPLUS ACCOUNT</b>		<b>1</b>	<b>2</b>
		<b>Current Year</b>	<b>Prior Year</b>
33. Capital and surplus prior reporting period.....		1,216,038	757,548
34. Net income or (loss) from Line 32.....		229,125	458,490
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.....		C	C
48. Net change in capital and surplus (Lines 34 to 47).....		229,125	458,490
49. Capital and surplus end of reporting period (Line 33 plus 48).....		1,445,163	1,216,038

**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

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	5,402,401	5,748,856
2. Net investment income.....	6,114	8,105
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	5,408,515	5,756,961
5. Benefit and loss related payments.....	4,918,425	5,603,229
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).....	4,918,425	5,603,229
11. Net cash from operations (Line 4 minus Line 10).....	490,090	153,732
<b>CASH FROM INVESTMENTS</b>		
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
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	C	C
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	490,090	153,732
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,855,769	1,702,037
19.2 End of year (Line 18 plus Line 19.1).....	2,345,859	1,855,769

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	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	5,340,138	5,340,138								
2. Change in unearned premium reserves and reserve for rate credit.....	.0									
3. Fee-for-service (net of \$.00 medical expenses).....	.0									.XXX
4. Risk revenue.....	.0									.XXX
5. Aggregate write-ins for other health care related revenues.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX
6. Aggregate write-ins for other non-health care related revenues.....	.0	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
7. Total revenues (Lines 1 to 6).....	5,340,138	5,340,138	.0	.0	.0	.0	.0	.0	.0	.0
8. Hospital/medical benefits.....	3,172,980	3,172,980								.XXX
9. Other professional services.....	.0									.XXX
10. Outside referrals.....	.0									.XXX
11. Emergency room and out-of-area.....	.0									.XXX
12. Prescription drugs.....	1,495,995	1,495,995								.XXX
13. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	.0									.XXX
15. Subtotal (Lines 8 to 14).....	4,668,975	4,668,975	.0	.0	.0	.0	.0	.0	.0	.XXX
16. Net reinsurance recoveries.....	79,788	79,788								.XXX
17. Total hospital and medical (Lines 15 minus 16).....	4,589,187	4,589,187	.0	.0	.0	.0	.0	.0	.0	.XXX
18. Non-health claims (net).....	.0	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
19. Claims adjustment expenses including \$.22,753 cost containment expenses.....	489,986	489,986								
20. General administrative expenses.....	37,954	37,954								
21. Increase in reserves for accident and health contracts.....	.0									.XXX
22. Increase in reserve for life contracts.....	.0	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	
23. Total underwriting deductions (Lines 17 to 22).....	5,117,127	5,117,127	.0	.0	.0	.0	.0	.0	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	223,011	223,011	.0	.0	.0	.0	.0	.0	.0	.0

**DETAILS OF WRITE-INS**

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1	2	3	4
	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....	5,715,368		375,230	5,340,138
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).....	5,715,368	0	375,230	5,340,138
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	5,715,368	0	375,230	5,340,138

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	4,668,975	4,668,975								
1.2 Reinsurance assumed.....	C									
1.3 Reinsurance ceded.....	79,788	79,788								
1.4 Net.....	4,589,187	4,589,187	C	C	0	C	0	C	C	0
2. Paid medical incentive pools and bonuses.....	C									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	651,800	651,800								
3.2 Reinsurance assumed.....	C									
3.3 Reinsurance ceded.....	C									
3.4 Net.....	651,800	651,800	C	C	C	C	C	C	C	C
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	C									
4.2 Reinsurance assumed.....	C									
4.3 Reinsurance ceded.....	C									
4.4 Net.....	0	0	C	C	0	0	0	C	C	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	C									
7. Amounts recoverable from reinsurers December 31, current year.....	79,788	79,788								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	606,300	606,300								
8.2 Reinsurance assumed.....	C									
8.3 Reinsurance ceded.....	C									
8.4 Net.....	606,300	606,300	C	C	C	C	C	C	C	C
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	C									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	C									
9.4 Net.....	C	0	C	C	0	0	C	C	C	0
10. Accrued medical incentive pools and bonuses, prior year.....	C									
11. Amounts recoverable from reinsurers December 31, prior year.....	206,549	206,549								
12. Incurred benefits:										
12.1 Direct.....	4,714,475	4,714,475	C	C	C	C	C	C	C	C
12.2 Reinsurance assumed.....	C	C	C	C	C	C	C	C	C	C
12.3 Reinsurance ceded.....	(46,973)	(46,973)	C	C	C	C	C	C	C	C
12.4 Net.....	4,761,448	4,761,448	C	C	0	C	0	C	C	C
13. Incurred medical incentive pools and bonuses.....	C	C	C	C	0	C	0	C	C	0

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	110,000	110,000								
1.2 Reinsurance assumed.....	C									
1.3 Reinsurance ceded.....	C									
1.4 Net.....	110,000	110,000	C	C	C	C	C	C	C	C
2. Incurred but unreported:										
2.1 Direct.....	541,800	541,800								
2.2 Reinsurance assumed.....	C									
2.3 Reinsurance ceded.....	C									
2.4 Net.....	541,800	541,800	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.....	651,800	651,800	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.....	651,800	651,800	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	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	Claims Paid During the Year	Claim Reserve and Claim Liability December 31 of Current Year				
1. Comprehensive (hospital and medical)	527,278	4,016,409		651,800	527,278	606,300
2. Medicare supplement						
3. Dental only						
4. Vision only						
5. Federal employees health benefits plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	527,278	4,016,409	0	651,800	527,278	606,300
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	527,278	4,016,409	0	651,800	527,278	606,300

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

**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.....	603				
2. 2009.....	5,254	547			
3. 2010.....	XXX	4,993	642		
4. 2011.....	XXX	XXX	5,002	501	
5. 2012.....	XXX	XXX	XXX	4,156	527
6. 2013.....	XXX	XXX	XXX	XXX	4,016

**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. 2009.....	6,022				
3. 2010.....	XXX	5,682			
4. 2011.....	XXX	XXX	5,608		
5. 2012.....	XXX	XXX	XXX	4,762	
6. 2013.....	XXX	XXX	XXX	XXX	4,668

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

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 Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2009.....	6,544	5,857	856	14.6	6,713	102.6	768	130	7,611	116.3
2. 2010.....	6,058	5,540	666	12.0	6,206	102.4	689	94	6,989	115.4
3. 2011.....	5,901	5,644	864	15.3	6,508	110.3	606	83	7,197	122.0
4. 2012.....	5,839	4,156	700	16.8	4,856	83.2	606	83	5,545	95.0
5. 2013.....	5,340	4,544	484	10.7	5,028	94.2	652	89	5,769	108.0

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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	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....	.....603	.....	.....	.....	.....
2. 2009.....	.....5,254	.....547	.....	.....	.....
3. 2010.....	.....XXX	.....4,993	.....642	.....	.....
4. 2011.....	.....XXX	.....XXX	.....5,002	.....501	.....
5. 2012.....	.....XXX	.....XXX	.....XXX	.....4,156	.....527
6. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....4,016

**SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL**

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.....	.....6,022	.....	.....	.....	.....
3. 2010.....	.....XXX	.....5,682	.....	.....	.....
4. 2011.....	.....XXX	.....XXX	.....5,608	.....	.....
5. 2012.....	.....XXX	.....XXX	.....XXX	.....4,762	.....
6. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....4,668

**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 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.....	.....6,544	.....5,857	.....856	.....14.6	.....6,713	.....102.6	.....768	.....130	.....7,611	.....116.3
2. 2010.....	.....6,058	.....5,540	.....666	.....12.0	.....6,206	.....102.4	.....689	.....94	.....6,989	.....115.4
3. 2011.....	.....5,901	.....5,644	.....864	.....15.3	.....6,508	.....110.3	.....606	.....83	.....7,197	.....122.0
4. 2012.....	.....5,839	.....4,156	.....700	.....16.8	.....4,856	.....83.2	.....606	.....83	.....5,545	.....95.0
5. 2013.....	.....5,340	.....4,544	.....484	.....10.7	.....5,028	.....94.2	.....652	.....89	.....5,769	.....108.0

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**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				
	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 - 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				
	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 - MEDICARE SUPPLEMENT**

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 - DENTAL ONLY**

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 - 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	

**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
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 - VISION ONLY**

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 - 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 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 - 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
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 - 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	

**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	

**SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - 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
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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Year in Which Losses Were Incurred		1	2	3	4	5
1. Prior						
2. 2009						
3. 2010						
4. 2011						
5. 2012						
6. 2013						
Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year						

## SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

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

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

SECTION 3 - INDEMNITY PAYMENTS AND CLAIM ADJUSTMENTS - LIFE, ACCIDENT AND SICKNESS BENEFITS									
Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Unpaid Claims	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjusted (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2009				0.00	0.00			0.00	0.00
2. 2010				0.00	0.00			0.00	0.00
3. 2011				0.00	0.00			0.00	0.00
4. 2012				0.00	0.00			0.00	0.00
5. 2013				0.00	0.00			0.00	0.00

**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
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 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	C								
2. Additional policy reserves (a).....	C								
3. Reserve for future contingent benefits.....	C								
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income.....	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								
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.....	651,800	651,800							
10. Reserve for future contingent benefits.....	C								
11. Aggregate write-ins for other claim reserves.....	C	C	C	C	C	C	C	C	C
12. Totals (gross).....	651,800	651,800	C	C	C	C	C	C	C
13. Reinsurance ceded.....	C								
14. Totals (net) (Page 3, Line 7).....	651,800	651,800	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	C	C	C	C	C	C	C	C
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	C	C	C	C	C	C	C	C	C
1101. ....	C								
1102. ....	C								
1103. ....	C								
1198. Summary of remaining write-ins for Line 11 from overflow page.....	C	C	C	C	C	C	C	C	C
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	C	C	C	C	C	C	C	C	C

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

## 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.....					0
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			17,768	4,348	22,116
7. Traveling expenses.....					0
8. Marketing and advertising.....					0
9. Postage, express and telephone.....					0
10. Printing and office supplies.....			64		64
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.....	22,753	467,233			489,986
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....					0
17. Collection and bank service charges.....			2,111		2,111
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.....			16,495		16,495
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	1,516	0	1,516
26. Total expenses incurred (Lines 1 to 25).....	22,753	467,233	37,954	4,348	(a) 532,288
27. Less expenses unpaid December 31, current year.....	600	103,759	5,000		109,359
28. Add expenses unpaid December 31, prior year.....	1,100	116,150	5,000		122,250
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).....	23,253	479,624	37,954	4,348	545,179

## DETAILS OF WRITE-INS

2501. Miscellaneous.....			1,516		1,516
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	1,516	0	1,516

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

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**  
**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).....10,462	.....10,462
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....C	.....C
10. Total gross investment income.....	.....10,462	.....10,462
11. Investment expenses.....	.....	(g).....4,348
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).....C
15. Aggregate write-ins for deductions from investment income.....	.....	.....C
16. Total deductions (Lines 11 through 15).....	.....	.....4,348
17. Net investment income (Line 10 minus Line 16).....	.....	.....6,114

**DETAILS OF WRITE-INS**

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

- (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.....	.....	.....	.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	.....0	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....C	.....	.....
3. Mortgage loans.....	.....	.....	.....C	.....	.....
4. Real estate.....	.....	.....	.....C	.....	.....
5. Contract loans.....	.....	.....	.....C	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....C	.....	.....
7. Derivative instruments.....	.....	.....	.....C	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....C	.....0	.....0	.....C
10. Total capital gains (losses).....	.....0	.....C	.....0	.....0	.....C

**DETAILS OF WRITE-INS**

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....C	.....	.....
0903. ....	.....	.....	.....C	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....C	.....C	.....C	.....C	.....C
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....C	.....C	.....C	.....C	.....C

**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):.....			.....C
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.....C
2.2 Common stocks.....			.....C
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.....C
3.2 Other than first liens.....			.....C
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.....C
4.2 Properties held for the production of income.....			.....C
4.3 Properties held for sale.....			.....C
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.....C
6. Contract loans.....			.....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.....	36,034	.....C	.....(36,034)
12. Subtotals, cash and invested assets (Lines 1 to 11).....	36,034	.....C	.....(36,034)
13. Title plants (for Title insurers only).....			.....C
14. Investment income due and accrued.....			.....C
15. Premiums and considerations:			
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.....			.....C
15.3 Accrued retrospective premiums.....			.....C
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.....C
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.....			.....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 and other amounts receivable.....			.....C
25. Aggregate write-ins for other than invested assets.....	.....C	.....C	.....C
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	36,034	.....C	.....(36,034)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....C
28. TOTALS (Lines 26 and 27).....	36,034	.....C	.....(36,034)

**DETAILS OF WRITE-INS**

1101. Prepaid stop loss insurance premiums.....	36,034		.....(36,034)
1102. ....			.....C
1103. ....			.....C
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....C	.....C	.....C
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	36,034	.....C	.....(36,034)
2501. ....			.....C
2502. ....			.....C
2503. ....			.....C
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....C	.....C	.....C
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....C	.....C	.....C

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					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.....	403	382	374	370	364	4,484
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	403	382	374	370	364	4,484
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0688. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0688) (Line 6 above).....	0	0	0	0	0	0

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

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

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Calamarian RX rebate receivable	17,223	17,223	17,222			51,668
0199999. Total Pharmaceutical Rebate Receivables	17,223	17,223	17,222			51,668
0799999. Gross Health Care Receivables	17,223	17,223	17,222			51,668

**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.....	91,000			51,666	91,000	91,000
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).....	91,000			51,666	91,000	91,000

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)**

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

**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	Admitted	
						7 Current	8 Non-Current

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
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**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.....	0	0.0	XXX	XXX		
6. Contractual fee payments.....	4,668,975	100.0	XXX	XXX		4,668,975
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.....	4,668,975	100.0	XXX	XXX	0	4,668,975
13. Total (Line 4 plus Line 12).....	4,668,975	100.0	XXX	XXX	0	4,668,975

**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
-------------------	------------------------------	-------------------------	---------------------------------------	--	--

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 on short term investments 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**

	<u>2013</u>	<u>2012</u>
Cash:		
Checking – JP Morgan Chase Bank	\$ 298,383	\$ 103,753
Bank Midwest, NA	249,142	249,271
CAT floating rate demand note	60,300	289,188
Columbus First Bank	249,373	99,164
Commerce National Bank	124,223	0
Everbank	249,512	249,317
GE floating rate demand note	60,354	366,513
Huntington National Ban	62,739	0
Metro City Bank	249,505	0
Mid America Bank	0	249,208
Nationwide Bank	249,500	249,355
Plaza Bank	249,346	0
TD Bank	243,482	0
Total	<u>\$ 2,345,859</u>	<u>\$ 1,855,769</u>

**6. Joint Ventures, Partnerships and Limited Liability Companies -- N/A****7. Investment Income -- No investment income excluded.****8. Derivative Instruments -- N/A****9. Income Taxes -- N/A****10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

The Plan paid its sponsoring organization, the Ohio Funeral Directors Association, administrative fees of \$160,000 in 2013 and \$160,000 in 2012.

**11. Debt -- None**

**NOTES TO FINANCIAL STATEMENTS**

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 -- N/A
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 paid in excess of \$175,000. If a claim exceeds this amount 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 amounts of unpaid claims and claim adjustment expense as of December 31, 2013 and 2012, were based on studies completed by the Plan's actuary and include estimated loss adjustment expenses of \$88,900 for 2013 and \$82,700 for 2012.
25. Intercompany Pooling Arrangements -- N/A
26. Structured Settlements -- N/A
27. Health Care Receivables:
 

	<u>2013</u>	<u>2012</u>
RX rebate receivables	\$ 51,668	\$ 91,000
28. Participating Policies -- N/A
29. Premium Deficiency Reserves -- N/A
30. Anticipated Salvage & Subrogation -- N/A

**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 ☒  
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, 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? OH
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☒
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 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 the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 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). 04/15/2013
- 3.4 By what department or departments?  
Ohio Dept of Insurance
- 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 ☐ No ☐ N/A ☒
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☐ 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:
- 4.11 sales of new business? Yes ☐ No ☒
- 4.12 renewals? Yes ☐ No ☒
- 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:
- 4.21 sales of new business? Yes ☐ No ☒
- 4.22 renewals? Yes ☐ No ☒
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒
- 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.
- | 1<br>Name of Entity | 2<br>NAIC Co. Code | 3<br>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 ☒
- 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 ☒
- 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)
- | 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ☐ No ☒
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. \_\_\_\_\_
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ☐ No ☒
- 8.4 If 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.
- | 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Hirth Norris & Garrison, LLP Grove City, OH 43123
- 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 ☒
- 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 ☒
- 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 ☒ 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 Incline 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 ☒  
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.

**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? Yes ☒ No ☐

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.

- 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 ☒

- 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 ☒

- 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 ☒

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

- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....C

20.12 To stockholders not officers \$.....C

20.13 Trustees, supreme or grand (Fraternal only) \$.....C

- 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 \$.....C

20.22 To stockholders not officers \$.....C

20.23 Trustees, supreme or grand (Fraternal only) \$.....C

- 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 ☒

- 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 ☒
- 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 ☒
- 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 ☒ 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 ☒

- 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? Yes ☐ No ☐ N/A ☐

- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ☐ No ☐ N/A ☐

- 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? Yes ☐ No ☐ N/A ☐

- 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) Yes ☐ No ☒

- 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? Yes ☐ No ☒

- 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 ☒

- 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 ☒ 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 & Associates	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 ☒

- 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 ☒

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**  
**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
29.2999. 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	2	3
	Statement (Admitted) Value	Fair Value	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:  
 listed market price

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 [ X ] 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 [ X ] 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 [ X ] 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? \$.....160,000

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
Ohio Funeral Directors Association	160,000

34.1 Amount of payments for legal expenses, if any? \$.....0

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

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

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 ☒
- 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 ☒
- 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 ☐ 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 ☒ No ☐
- 5.2 If no, explain: .....

- 5.3 Maximum retained risk (see instructions):
- 5.31 Comprehensive medical \$.....175,000
- 5.32 Medical only \$.....0
- 5.33 Medicare supplement \$.....0
- 5.34 Dental and vision \$.....0
- 5.35 Other limited benefit plan \$.....0
- 5.36 Other \$.....0

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 ☒ 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 .....C
- 8.2 Number of providers at end of reporting year .....C
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes ☐ No ☒
- 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 ☒
- 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 .....

**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
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
60895		01/01/2013	Symetra Life Insurance Company	OH		79,788
1999999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				0	79,788
2199999	Total - Accident and Health Non-Affiliates				0	79,788
2299999	Total - Accident and Health				0	79,788
2399999	Total U.S.				0	79,788
9999999	Total				0	79,788

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance 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  Type	7  Premiums	8  Unearned Premiums (estimated)	9  Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12  Modified Coinsurance Reserve	13  Funds Withheld Under Coinsurance
									10  Current Year	11  Prior Year		

**SCHEDULE S - PART 4**

Reinsurance Ceded To Unauthorized Companies

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

SCHEDULE S - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domestic Jurisdiction	Certified Reinsurer Rating (1 thru 5)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	16	17	18	19	20	21	22	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
															Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	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
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....					
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
<b>B. BALANCE SHEET ITEMS</b>					
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....			..C
2. Accident and health premiums due and unpaid (Line 15).....			..C
3. Amounts recoverable from reinsurers (Line 16.1).....			..C
4. Net credit for ceded reinsurance.....	XXX		..C
5. All other admitted assets (balance).....			..C
6. Totals assets (Line 28).....	..C	..C	..C
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....			..C
8. Accrued medical incentive pool and bonus payments (Line 2).....			..C
9. Premiums received in advance (Line 8).....			..C
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			..C
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			..C
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			..C
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			..C
14. All other liabilities (balance).....			..C
15. Total liabilities (Line 24).....	..C	..C	..C
16. Total capital and surplus (Line 33).....		XXX	..C
17. Total liabilities, capital and surplus (Line 34).....	..C	..C	..C
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	..C		
19. Accrued medical incentive pool.....	..C		
20. Premiums received in advance.....	..C		
21. Reinsurance recoverable on paid losses.....	..C		
22. Other ceded reinsurance recoverables.....	..C		
23. Total ceded reinsurance recoverables.....	..C		
24. Premiums receivable.....	..C		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	..C		
26. Unauthorized reinsurance.....	..C		
27. Reinsurance with certified reinsurers.....	..C		
28. Funds held under reinsurance treaties with certified reinsurers.....	..C		
29. Other ceded reinsurance payables/offsets.....	..C		
30. Total ceded reinsurance payables/offsets.....	..C		
31. Total net credit for ceded reinsurance.....	..C		

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1	Direct Business Only							9
		2	3	4	5	6	7	8	
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama.....AL	N							0	
2. Alaska.....AK	N							0	
3. Arizona.....AZ	N							0	
4. Arkansas.....AR	N							0	
5. California.....CA	N							0	
6. Colorado.....CO	N							0	
7. Connecticut.....CT	N							0	
8. Delaware.....DE	N							0	
9. District of Columbia.....DC	N							0	
10. Florida.....FL	N							0	
11. Georgia.....GA	N							0	
12. Hawaii.....HI	N							0	
13. Idaho.....ID	N							0	
14. Illinois.....IL	N							0	
15. Indiana.....IN	N							0	
16. Iowa.....IA	N							0	
17. Kansas.....KS	N							0	
18. Kentucky.....KY	N							0	
19. Louisiana.....LA	N							0	
20. Maine.....ME	N							0	
21. Maryland.....MD	N							0	
22. Massachusetts.....MA	N							0	
23. Michigan.....MI	N							0	
24. Minnesota.....MN	N							0	
25. Mississippi.....MS	N							0	
26. Missouri.....MO	N							0	
27. Montana.....MT	N							0	
28. Nebraska.....NE	N							0	
29. Nevada.....NV	N							0	
30. New Hampshire.....NH	N							0	
31. New Jersey.....NJ	N							0	
32. New Mexico.....NM	N							0	
33. New York.....NY	N							0	
34. North Carolina.....NC	N							0	
35. North Dakota.....ND	N							0	
36. Ohio.....OH	L	5,340,138						5,340,138	
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.....GU	N							0	
54. Puerto Rico.....PR	N							0	
55. U.S. Virgin Islands.....VI	N							0	
56. Northern Mariana Islands.....MP	N							0	
57. Canada.....CAN	N							0	
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....XXX		5,340,138	0	0	0	0	0	5,340,138	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX								0	
61. Total (Direct Business).....(a)	1	5,340,138	0	0	0	0	0	5,340,138	0

**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
58999. Total (Lines 58001 thru 58003 + 58998).....		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.....	Co					0
8. Delaware.....	De					0
9. District of Columbia.....	Dc					0
10. Florida.....	Fl					0
11. Georgia.....	Ge					0
12. Hawaii.....	Hi					0
13. Idaho.....	Id					0
14. Illinois.....	Il					0
15. Indiana.....	Ind					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.....	Mich					0
24. Minnesota.....	Mn					0
25. Mississippi.....	Ms					0
26. Missouri.....	Mo					0
27. Montana.....	Mont					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.....	Wis					0
51. Wyoming.....	Wy					0
52. American Samoa.....	As					0
53. Guam.....	Gu					0
54. Puerto Rico.....	Pf					0
55. US Virgin Islands.....	V					0
56. Northern Mariana Islands.....	Mf					0
57. Canada.....	Can					0
58. Aggregate Other Alien.....	OT					0
59. Totals.....		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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*

**SCHEDULE Y**

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

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

## 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 ]
- 11.2. Is the reporting entity subject to Minimum Net Worth Requirements? Yes [ X ]      No [ ]
- 11.3. If yes, show the name of the state requiring such net worth. \_\_\_\_\_
- 11.4. If yes, show the amount required. \$.....0
- 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 |
| Ohio                 |
- 13.1. Do you act as a custodian for health savings account?

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?

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

Yes [ ]      No [ X ]

.....

Yes [ ]      No [ X ]

.....

**FIVE-YEAR HISTORICAL DATA**

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Balance Sheet Items (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....	2,526,513	2,126,151	1,825,983	2,497,818	2,743,513
2. Total liabilities (Page 3, Line 24).....	1,117,384	989,435	1,068,435	1,191,336	1,357,792
3. Statutory surplus.....	1,409,129	1,216,038	757,548	1,306,482	1,385,721
4. Total capital and surplus (Page 3, Line 33).....	1,445,163	1,216,038	757,548	1,306,482	1,385,721
<b>Income Statement Items (Page 4)</b>					
5. Total revenues (Line 8).....	5,340,138	5,839,098	5,901,338	6,057,632	6,544,179
6. Total medical and hospital expenses (Line 18).....	4,589,187	4,657,285	5,560,385	5,461,881	5,821,557
7. Claims adjustment expenses (Line 20).....	489,986	700,434	864,216	665,584	856,482
8. Total administrative expenses (Line 21).....	37,954	30,994	36,447	39,537	38,736
9. Net underwriting gain (loss) (Line 24).....	223,011	450,385	(559,710)	(109,370)	(172,596)
10. Net investment gain (loss) (Line 27).....	6,114	8,105	10,776	30,131	60,401
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	229,125	458,490	(548,934)	(79,239)	(112,195)
<b>Cash Flow (Page 5)</b>					
13. Net cash from operations (Line 11).....	490,090	153,732	(715,289)	(97,578)	(164,911)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	1,445,163	1,216,038	757,548	1,306,482	1,385,721
15. Authorized control level risk-based capital.....	344,066	345,010	422,686	417,990	461,371
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....	367	403	480	535	606
17. Total member months (Column 6, Line 7).....	4,484	5,097	5,981	6,676	7,571
<b>Operating Percentage (Page 4)</b> (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).....	85.9	79.8	94.2	90.2	89.0
20. Cost containment expenses.....	0.4	0.5	0.5	0.7	7.3
21. Other claims adjustment expenses.....	8.7	11.5	14.0	10.3	5.8
22. Total underwriting deductions (Line 23).....	95.8	92.3	109.4	101.2	102.6
23. Total underwriting gain (loss) (Line 24).....	4.2	7.7	(9.4)	(1.2)	(2.6)
<b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 13 Col. 5).....	527,278	501,471	641,538	546,618	602,518
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	606,300	606,300	689,400	767,600	802,400
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
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.....Ohio Funeral Directors Association Benefit Trust      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							
<b>Total Members at end of:</b>										
1. Prior year.....	403	403								
2. First quarter.....	382	382								
3. Second quarter.....	374	374								
4. Third quarter.....	370	370								
5. Current year.....	364	364								
6. Current year member months.....	4,484	4,484								
<b>Total Member Ambulatory Encounters for Year:</b>										
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).....	5,402,401	5,402,401								
13. Life premiums direct.....	C									
14. Property/casualty premiums written.....	C									
15. Health premiums earned.....	5,340,138	5,340,138								
16. Property/casualty premiums earned.....	C									
17. Amount paid for provision of health care services.....	4,918,425	4,918,425								
18. Amount incurred for provision of health care services.....	5,117,127	5,117,127								

(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

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	10	11	12
NA/C Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Consurance Reserve	Funds Withheld Under Consurance

**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**WAIVEDWAIVEDWAIVEDWAIVED**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?

YESWAIVEDNO**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?

YESYES**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?

NONONONONONONONONONO**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?

NONONONONO**AUGUST FILING**

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

NO

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES****EXPLANATIONS:****BAR CODE:**

1.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

2.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

3.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

4.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

5.

6.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

7.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

8.

9.

10.

11.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

12.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*


13.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

14.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

15.

  
\* 0 2 0 1 3 3 7 1 0 0 0 0 \*

16.

  
\* 0 2 0 1 3 3 7 0 0 0 0 0 \*

17.

  
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18.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

19.

  
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20.

  
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24.

  
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25.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*

26.

  
\* 0 2 0 1 3 0 0 0 0 0 0 0 \*





## 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.....	2,345,859	100.0	2,345,859		2,345,859	100.0
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	2,345,859	100.0	2,345,859	0	2,345,859	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).....	0
3.	Current year change in encumbrances:	
3.1	Totals, Part 1, Column 13.....	
3.2	Totals, Part 3, Column 11.....	0
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.....	0
7.	Deduct current year's other-than-temporary impairment recognized:	
7.1	Totals, Part 1, Column 12.....	
7.2	Totals, Part 3, Column 10.....	0
8.	Deduct current year's depreciation:	
8.1	Totals, Part 1, Column 11.....	
8.2	Totals, Part 3, Column 9.....	0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8).....	0
10.	Deduct total nonadmitted amounts.....	
11.	Statement value at end of current period (Line 9 minus Line 10).....	0

**SCHEDULE B - VERIFICATION BETWEEN YEARS****Mortgage Loans**

1.	Book value/recorded 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).....	0
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 12.....	
3.2	Totals, Part 3, Column 11.....	0
4.	Accrual of discount.....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 9.....	
5.2	Totals, Part 3, Column 8.....	0
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/recorded investment excluding accrued interest:	
9.1	Totals, Part 1, Column 13.....	
9.2	Totals, Part 3, Column 13.....	0
10.	Deduct current year's other-than-temporary impairment recognized:	
10.1	Totals, Part 1, Column 11.....	
10.2	Totals, Part 3, Column 10.....	0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6+7+8+9+10).....	0
12.	Total valuation allowance.....	
13.	Subtotal (Line 11 plus Line 12).....	0
14.	Deduct total nonadmitted amounts.....	
15.	Statement value at end of current period (Line 13 minus Line 14).....	0

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

## Other Long-Term Invested Assets

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 8).....		
2.2 Additional investment made after acquisition (Part 2, Column 9).....		0
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16.....		
3.2 Totals, Part 3, Column 12.....		0
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13.....		
5.2 Totals, Part 3, Column 9.....		0
6. Total gain (loss) on disposals, Part 3, Column 19.....		
7. Deduct amounts received on disposals, Part 3, Column 16.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17.....		
9.2 Totals, Part 3, Column 14.....		0
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 Totals, Part 1, Column 15.....		
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.....		
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.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12.....		
4.2 Part 2, Section 1, Column 15.....		
4.3 Part 2, Section 2, Column 13.....		
4.4 Part 4, Column 11.....		0
5. Total gain (loss) on disposals, Part 4, Column 19.....		
6. Deduct consideration for bonds and stocks disposed of, Part 4, Column 7.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15.....		
8.2 Part 2, Section 1, Column 19.....		
8.3 Part 2, Section 2, Column 16.....		
8.4 Part 4, Column 15.....		0
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14.....		
9.2 Part 2, Section 1, Column 17.....		
9.3 Part 2, Section 2, Column 14.....		
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.....		
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
<b>BONDS</b> Governments (Including all obligations guaranteed by governments)	1. United States.....				
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	€	€	€	€
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.....	€	€	€	€
Parent, Subsidiaries and Affiliates	12. Totals.....				
	13. Total Bonds.....	€	€	€	€
<b>PREFERRED STOCKS</b> Industrial and Miscellaneous (Unaffiliated)	14. United States.....				
	15. Canada.....				
	16. Other Countries.....				
	17. Totals.....	€	€	€	€
Parent, Subsidiaries and Affiliates	18. Totals.....				
	19. Total Preferred Stocks.....	€	€	€	€
<b>COMMON STOCKS</b> Industrial and Miscellaneous (Unaffiliated)	20. United States.....				
	21. Canada.....				
	22. Other Countries.....				
	23. Totals.....	€	€	€	€
Parent, Subsidiaries and Affiliates	24. Totals.....				
	25. Total Common Stocks.....	€	€	€	€
	26. Total Stocks.....	€	€	€	€
	27. Total Bonds and Stocks.....	€	€	€	€

**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 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)
<b>1. U.S. Governments</b>											
1.1 NAIC 1.....						0	0.0		0.0		
1.2 NAIC 2.....						0	0.0		0.0		
1.3 NAIC 3.....						0	0.0		0.0		
1.4 NAIC 4.....						0	0.0		0.0		
1.5 NAIC 5.....						0	0.0		0.0		
1.6 NAIC 6.....						0	0.0		0.0		
1.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>2. All Other Governments</b>											
2.1 NAIC 1.....						0	0.0		0.0		
2.2 NAIC 2.....						0	0.0		0.0		
2.3 NAIC 3.....						0	0.0		0.0		
2.4 NAIC 4.....						0	0.0		0.0		
2.5 NAIC 5.....						0	0.0		0.0		
2.6 NAIC 6.....						0	0.0		0.0		
2.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, etc., Guaranteed</b>											
3.1 NAIC 1.....						0	0.0		0.0		
3.2 NAIC 2.....						0	0.0		0.0		
3.3 NAIC 3.....						0	0.0		0.0		
3.4 NAIC 4.....						0	0.0		0.0		
3.5 NAIC 5.....						0	0.0		0.0		
3.6 NAIC 6.....						0	0.0		0.0		
3.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>											
4.1 NAIC 1.....						0	0.0		0.0		
4.2 NAIC 2.....						0	0.0		0.0		
4.3 NAIC 3.....						0	0.0		0.0		
4.4 NAIC 4.....						0	0.0		0.0		
4.5 NAIC 5.....						0	0.0		0.0		
4.6 NAIC 6.....						0	0.0		0.0		
4.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>											
5.1 NAIC 1.....						0	0.0		0.0		
5.2 NAIC 2.....						0	0.0		0.0		
5.3 NAIC 3.....						0	0.0		0.0		
5.4 NAIC 4.....						0	0.0		0.0		
5.5 NAIC 5.....						0	0.0		0.0		
5.6 NAIC 6.....						0	0.0		0.0		
5.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	0	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)
<b>6. Industrial and Miscellaneous (unaffiliated)</b>											
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.....						.0	.0.0		.0.0		
6.5 NAIC 5.....						.0	.0.0		.0.0		
6.6 NAIC 6.....						.0	.0.0		.0.0		
6.7 Totals.....	.C	.0	.0	.0	.C	.0	.0.0	.C	.0.0	.C	.0
<b>7. Hybrid Securities</b>											
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.....						.0	.0.0		.0.0		
7.7 Totals.....	.0	.0	.0	.0	.C	.0	.0.0	.0	.0.0	.0	.0
<b>8. Parent, Subsidiaries and Affiliates</b>											
8.1 NAIC 1.....						.0	.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.....	.C	.C	.C	.C	.C	.C	.0.0	.C	.0.0	.C	.C

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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)
<b>9. Total Bonds Current Year</b>											
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	(c).....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.6 NAIC 6.....	(d).....0	.....0	.....0	.....0	.....0	(c).....0	.....0.0	XXX.....	XXX.....	.....0	.....0
9.7 Totals.....	.....0	.....0	.....0	.....0	.....0	(b).....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	XXX.....	XXX.....	XXX.....	.....0.0	.....0.0
<b>10. Total Bonds Prior Year</b>											
10.1 NAIC 1.....						XXX.....	XXX.....	.....0	.....0.0		
10.2 NAIC 2.....						XXX.....	XXX.....	.....0	.....0.0		
10.3 NAIC 3.....						XXX.....	XXX.....	.....0	.....0.0		
10.4 NAIC 4.....						XXX.....	XXX.....	.....0	.....0.0		
10.5 NAIC 5.....						XXX.....	XXX.....	(c).....0	.....0.0		
10.6 NAIC 6.....						XXX.....	XXX.....	(c).....0	.....0.0		
10.7 Totals.....	.....0	.....0	.....0	.....0	.....0	XXX.....	XXX.....	(b).....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	XXX.....	XXX.....	.....0.0	XXX.....	.....0.0	.....0.0
<b>11. Total Publicly Traded Bonds</b>											
11.1 NAIC 1.....						.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.2 NAIC 2.....						.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.3 NAIC 3.....						.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.4 NAIC 4.....						.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.5 NAIC 5.....						.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.6 NAIC 6.....						.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	.....0	XXX.....
11.8 Line 11.7 as a % of Col. 6.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	XXX.....	XXX.....	XXX.....	.....0.0	XXX.....
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	XXX.....	XXX.....	XXX.....	.....0.0	XXX.....
<b>12. Total Privately Placed Bonds</b>											
12.1 NAIC 1.....						.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.2 NAIC 2.....						.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.3 NAIC 3.....						.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.4 NAIC 4.....						.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.5 NAIC 5.....						.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.6 NAIC 6.....						.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.7 Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0.0	.....0	.....0.0	XXX.....	.....0
12.8 Line 12.7 as a % of Col. 6.....	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	XXX.....	XXX.....	XXX.....	XXX.....	.....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	XXX.....	XXX.....	XXX.....	XXX.....	.....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 insurer'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.

## 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
<b>1. U.S. Governments</b>											
1.1 Issuer Obligations.....						.0	.0		.0		
1.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
1.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
1.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
1.5 Totals.....	0	.0	0	0	0	.0	.0	0	.0	0	0
<b>2. All Other Governments</b>											
2.1 Issuer Obligations.....						.0	.0		.0		
2.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
2.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
2.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
2.5 Totals.....	0	.0	0	0	0	.0	.0	0	.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>											
3.1 Issuer Obligations.....						.0	.0		.0		
3.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
3.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
3.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
3.5 Totals.....	0	.0	.0	0	0	.0	.0	0	.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>											
4.1 Issuer Obligations.....						.0	.0		.0		
4.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
4.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
4.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
4.5 Totals.....	0	.0	.0	0	0	.0	.0	0	.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>											
5.1 Issuer Obligations.....						.0	.0		.0		
5.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
5.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
5.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
5.5 Totals.....	0	.0	.0	0	0	.0	.0	0	.0	0	0
<b>6. Industrial and Miscellaneous (unaffiliated)</b>											
6.1 Issuer Obligations.....						.0	.0		.0		
6.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
6.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
6.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
6.5 Totals.....	0	.0	.0	0	0	.0	.0	0	.0	0	0
<b>7. Hybrid Securities</b>											
7.1 Issuer Obligations.....						.0	.0		.0		
7.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
7.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
7.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
7.5 Totals.....	0	.0	.0	0	0	.0	.0	0	.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>											
8.1 Issuer Obligations.....						.0	.0		.0		
8.2 Residential Mortgage-Backed Securities.....						.0	.0		.0		
8.3 Commercial Mortgage-Backed Securities.....						.0	.0		.0		
8.4 Other Loan-Backed and Structured Securities.....						.0	.0		.0		
8.5 Totals.....	0	0	0	0	0	0	0	0	0	0	0

**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 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
<b>9. Total Bonds Current Year</b>											
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
<b>10. Total Bonds Prior Year</b>											
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	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	100.0	0	0
<b>11. Total Publicly Traded Bonds</b>											
11.1 Issuer Obligations.....							0.0	0	0.0	0	XXX
11.2 Residential Mortgage-Backed Securities.....							0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities.....							0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities.....							0.0	0	0.0	0	XXX
11.5 Totals.....	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		XXX	0	XXX	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		XXX	XXX	XXX	0.0	XXX
<b>12. Total Privately Placed Bonds</b>											
12.1 Issuer Obligations.....							0	0	0.0	XXX	0
12.2 Residential Mortgage-Backed Securities.....							0	0	0.0	XXX	0
12.3 Commercial Mortgage-Backed Securities.....							0	0	0.0	XXX	0
12.4 Other Loan-Backed and Structured Securities.....							0	0	0.0	XXX	0
12.5 Totals.....	0	0	0	0	0		0.0	0	0.0	XXX	0
12.6 Line 12.5 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0		XXX	XXX	XXX	XXX	0
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		XXX	XXX	XXX	XXX	0.0

**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

## Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	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.....

**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
3.2	Add:	
	Change in adjustment to basis of hedged item:	
3.21	Section 1, Column 17, current year to date minus.....	
3.22	Section 1, Column 17, prior year.....	0
	Change in amount recognized:	
3.23	Section 1, Column 19, current year to date minus.....	
3.24	Section 1, Column 19, prior year.....	0
3.3	Subtotal (Line 3.1 minus Line 3.2).....	0
4.1	Cumulative variation margin on terminated contracts during the year (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.	Dispositions gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized for terminations in prior year.....	
5.2	Total gain (loss) adjusted into the hedged item(s) for 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

Replication (Synthetic) Asset Transactions Open as of December 31 of Current Year																
Replication (Synthetic) Asset Transactions		Components of the Replication (Synthetic Asset) Transactions														
1 Number	2 Description	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Held			14 NAIC Desig. or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value
		NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description				

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**  
**SCHEDULE DB - PART C - SECTION 2**

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

## 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).....  | _____ 0 |
| 4. | Part D, Section 1, Column 5.....  | _____   |
| 5. | Part D, Section 1, Column 6.....  | _____   |
| 6. | Total (Line 3 minus Line 4 minus Line 5).....   | _____ 0 |

**Fair Value Check**

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

**Potential Exposure Check**

- |     |   |         |
|-----|---|---------|
| 13. | Part A, Section 1, Column 21.....               | _____   |
| 14. | Part B, Section 1, Column 20.....               | _____   |
| 15. | Part D, Section 1, Column 11.....               | _____   |
| 16. | Total (Line 13 plus Line 14 minus Line 15)..... | _____ 0 |

**SCHEDULE E - VERIFICATION BETWEEN YEARS**

## Cash Equivalents

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

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

**SCHEDULE A - PART 1**

Showing all Real Estate OWNED December 31 of Current Year

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

**SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED and Additions Made During the Year

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

**SCHEDULE A - PART 3**

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

1	City	State	Disposal Date	Description of Property	Actual Cost	Expenditures for Improvements and Changes in Encumbrances	Encumbrances Prior Year	Depreciation Current Year	Other Than Temporary Increase in Book Value	Current Year's Encumbrances	Change in Total (11 - 9 - 10)	Change in Total (11 - 9 - 10)	Change in Exchange Foreign	Total Encumbrances Less Carrying Value Book/Adjusted	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Encumbrances Incurred on Disposal	Encumbrances on Disposal	Gross Income Less Interest and Taxes, Rents, and	20
2	Location	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		

**SCHEDULE B - PART 1**

Showing all Mortgage Loans OWNED December 31 of Current Year

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

General Interrogatory:  
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.

**SCHEDULE B - PART 2**

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

1 Loan Number	2 Location		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
	City	State						

**SCHEDULE B - PART 3**

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

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

**SCHEDULE BA - PART 1**

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

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

**SCHEDULE BA - PART 2**

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

1 CUSIP Identification	2 Name of Description	3 Location		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
		City	State							

**SCHEDULE BA - PART 3**

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

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

**SCHEDULE D - PART 1**

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

1	2	3 Codes			4	5	6	7	8	9	10	11	12 Change in Book/Adjusted Carrying Value			13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description		F	O	R	NAIC Designation Code	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Accrued	Stated Contractual Maturity Date			

**SCHEDULE D - PART 2 - SECTION 1**

Showing all PREFERRED STOCKS Owned December 31 of Current Year

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

**SCHEDULE D - PART 2 - SECTION 2**

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	n	Number of Shares	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	NAIC Market Indicator (e)	Date Acquired
999999	Total Common and Preferred Stock				0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX

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

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**

**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 Per Share Value	9 Paid for Acquired Interest and Dividends
------------------------------	------------------	--------------	-----------------------	---------------------	-----------------------------------	---------------------	----------------------------	--

**SCHEDULE D - PART 4**

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

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

**SCHEDULE D - PART 5**

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

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	For e i g n	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	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

**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 **Ohio Funeral Directors Association Benefit Trust**

**SCHEDULE DA - PART 1**

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

1 CUSIP Identification	2 Description	3 Codes		5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book/ Adjusted Carrying Value	9 Change in Book/Adjusted Carrying Value			13 Par Value	14 Actual Cost	Interest				20 Amount Received During Year	21 Paid for Accrued Interest
		4 F o r e i g n	3 C o d e					9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization)/ Accrual	11 Current Year's Other-Than- Temporary Impairment Recognized	12 Total Foreign Exchange Change in B./A.C.V.		15 Amount Due and Accrued December 31 of Current Year on Bond Not in Default	16 Non- Admitted Due and Accrued	17 Rate of	18 Effective Rate of	19 When Paid	

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule Exhibit Identifier	Type(s) of Risk (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B/A C/U	Current Year's (Amortization) Accretion	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (b)

**SCHEDULE DB - PART A - SECTION 2**

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

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

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**

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

Futures Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			18	19	20	21	22
Tricker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Underlying Income Generation or Replicated	Schedule Exhibit Identifier (a)	Typical (b)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	15	16	17	Cumulative Variation Margin	Change in Variation Margin Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-end (b)	Value of One (1) Point

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change in Variation Margin		18	19	20
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Cumulative Variation Margin at Termination	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred	Hedge Effectiveness at Inception and at Termination (b)	Value of One (1) Point

**SCHEDULE DB - PART D - SECTION 1**  
Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

Statement as of December 31, 2013 of the **Ohio Funeral Directors Association Benefit Trust**

**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 Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (L, V or N)
---	-------------------------------	------------------------------	------------------	-----------------	----------------	--------------------------------------	--------------------	------------------------------------

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

Reinvested Collateral Assets Owned December 31 Current Year

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

General Interrogatories:

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

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

Reinvested Collateral Assets Owned December 31 Current Year

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

General Interrogatories:

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	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
<b>Open Depositories</b>						
JP Morgan Chase Bank.....	Baton Rouge, LA.....				298,383	XXX
Bank Midwest, NA.....	Kansas City, MO.....	varies.....	1,620		249,142	XXX
CAT floating rate demand note.....	Peoria, IL.....	varies.....	528		60,300	XXX
Columbus First Bank.....	Worthington, OH.....	varies.....	1,095		249,373	XXX
Commerce National Bank.....	Columbus, OH.....	Varies.....	653		124,223	XXX
Everbank.....	Islandia, NY.....	varies.....	1,687		249,512	XXX
GE floating rate demand note.....	Fairfield, CT.....	varies.....	605		60,354	XXX
Huntington National Bank.....	Columbus, OH.....	varies.....	19		62,738	XXX
Metro City Bank.....	Atlanta, GA.....	varies.....	496		249,505	XXX
Nationwide Bank.....	Columbus, OH.....	varies.....	1,669		249,500	XXX
Plaza Bank.....	Las Vegas, NV.....	varies.....	954		249,346	XXX
TD Bank.....	NY, NY.....	varies.....	469		243,482	XXX
0199999. Total - Open Depositories.....	XXX.....	XXX.....	9,785	0	2,345,859	XXX
0399999. Total Cash on Deposit.....	XXX.....	XXX.....	9,795	0	2,345,859	XXX
0599999. Total Cash.....	XXX.....	XXX.....	9,795	0	2,345,859	XXX

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

1. January.....	2,152,650	4. April.....	2,608,538	7. July.....	2,506,162	10. October.....	2,487,258
2. February.....	2,191,028	5. May.....	2,579,718	8. August.....	2,504,334	11. November.....	2,310,732
3. March.....	2,466,564	6. June.....	2,561,044	9. September.....	2,511,777	12. December.....	2,345,859

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

Show Investments Owned December 31 of Current Year

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

## SCHEDULE E - PART 3 - SPECIAL DEPOSITS

1 States, Etc.	2 Type of Deposit	3 Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
			4 Book/Adjusted Carrying Value	5 Fair Value	6 Book/Adjusted Carrying Value	7 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	0
59. Total	XXX	XXX	0	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	0
5899. Total (Lines 5801 thru 5803+5898) (Line 58 above).....	XXX	XXX	0	0	0	0