

06/07

QUARTERLY STATEMENT

OF THE

Ohio Funeral Directors Association Benefit Trust

Of RECEIVED

AUG 18 2014

**OFFICE OF RISK
ASSESSMENT**

in the state of Ohio

to the Insurance Department

of the State of Ohio

For the Period Ended

June 30, 2014

2014



HEALTH QUARTERLY STATEMENT

As of June 30, 2014
of the Condition and Affairs of the

Ohio Funeral Directors Association Benefit Trust

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

NAIC Company Code N/A

Employer's ID Number..... 31-6247579

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile USA

Licensed as Business Type MEWA

Is HMO Federally Qualified? Yes [] No [] N/A

Incorporated/Organized 1957

Commenced Business 1957

Statutory Home Office

2501 North Star Road, Columbus, Ohio 43221
(Street and Number) (City or Town, State, Country and Zip Code)

614-486-5339

Main Administrative Office

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

(Area Code) (Telephone Number)

Mail Address

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

614-486-5339

Primary Location of Books and Records

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

(Area Code) (Telephone Number)

Internet Web Site Address

Rebecca Reuwee
(Name)
becky@ofdaonline.org
(E-Mail Address)

614-486-5339

Statutory Statement Contact

614-486-5358
(Area Code) (Telephone Number) (Extension)

614-486-5358

(Fax Number)

OFFICERS

1. Name

Title

Name

Title

3.

2.

4.

OTHER

RECEIVED

AUG 18 2014

OFFICE OF RISK
ASSESSMENT

DIRECTORS OR TRUSTEES

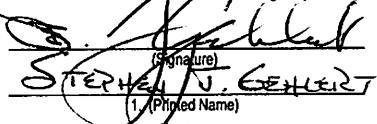
JoAnn Hartley
Gary Heller
Sue Jones
Walt Lindsey
Terry Palmer

Terry Reardon
Mark Schneider

Stephen J. Gehlert, Exec. Director

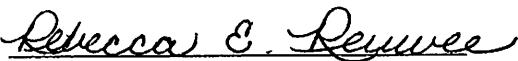
State of Ohio
County of Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.


 (Signature) _____ (Signature) _____ (Signature) _____
 STEPHEN J. GEHLERT _____
 1. (Printed Name) 2. (Printed Name) 3. (Printed Name)
 Trustee Trustee Trustee
 (Title) (Title) (Title)

Subscribed and sworn to before me

This 14 day of AUGUST 2014


 (Signature)

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

08/13/2014 4:55:34 PM

Statement as of June 30 2014 of the **Ohio Funeral Directors Association Benefit Trust**
ASSETS

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....1,933,424), cash equivalents (\$.....0) and short-term investments (\$.....0).....	1,933,424		1,933,424	2,345,859
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	1,933,424	0	1,933,424	2,345,859
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.....	31,326		31,326	49,198
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.....	56,289		56,289	79,788
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	51,688
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	2,021,039	0	2,021,039	2,526,513
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	2,021,039	0	2,021,039	2,526,513

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

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	651,800		651,800	651,800
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	88,900		88,900	88,900
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	312,668		312,668	356,225
9. General expenses due or accrued			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with (\$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and certified \$ 0 reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$ 0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$ 0 current)	20,459	0	20,459	20,459
24. Total liabilities (Lines 1 to 23)	1,073,827	0	1,073,827	1,117,384
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	947,212	1,409,129
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	947,212	1,409,129
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,021,039	2,526,513

DETAILS OF WRITE-INS

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

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	2,003	2,268	4,484
2. Net premium income (including \$.....0 non-health premium income).....	XXX	2,217,979	2,714,812	5,340,138
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	2,217,979	2,714,812	5,340,138
Hospital and Medical:				
9. Hospital/medical benefits.....		1,758,560	1,422,193	3,172,980
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		703,880	657,320	1,495,995
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	2,462,440	2,079,513	4,668,975
Less:				
17. Net reinsurance recoveries.....				79,788
18. Total hospital and medical (Lines 16 minus 17).....	0	2,462,440	2,079,513	4,589,187
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		227,852	262,564	489,986
21. General administrative expenses.....		28,232	29,326	37,954
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	0	2,718,524	2,371,403	5,117,127
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(500,545)	343,409	223,011
25. Net investment income earned.....		2,594	3,356	6,114
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	2,594	3,356	6,114
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(497,951)	346,765	229,125
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	(497,951)	346,765	229,125

DETAILS OF WRITE-INS

0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401. Change in IBNR.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0	0

Ohio Funeral Directors Association Benefit Trust
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	1,409,129	1,216,038	1,216,038
34. Net income or (loss) from Line 32.....	(497,951)	346,765	229,125
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... 0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	36,034		(36,034)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes.....			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments.....			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(461,917)	346,765	193,091
49. Capital and surplus end of reporting period (Line 33 plus 48).....	947,212	1,562,803	1,409,129

DETAILS OF WRITE-INS

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

Statement as of June 30 2014 of the **Ohio Funeral Directors Association Benefit Trust**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1 Premiums collected net of reinsurance	2,218,582	2,875,908	5,402,401
2 Net investment income	2,594	3,356	6,114
3 Miscellaneous income			
4 Total (Lines 1 through 3)	2,221,176	2,879,264	5,408,515
5 Benefit and loss related payments	2,633,611	2,173,989	4,918,425
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)	2,633,611	2,173,989	4,918,425
11 Net cash from operations (Line 4 minus Line 10)	(412,435)	705,275	490,090
CASH FROM INVESTMENTS			
12 Proceeds from investments sold, matured or repaid			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
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)	0	0	0
14 Net increase or (decrease) in contract loans and premium notes			
15 Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16 Cash provided (applied)			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)			
17 Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18 Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(412,435)	705,275	490,090
19 Cash, cash equivalents and short-term investments			
19.1 Beginning of year	2,345,859	1,855,769	1,855,769
19.2 End of period (Line 18 plus Line 19.1)	1,933,424	2,561,044	2,345,859

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

20,0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVII Medicare	9 Title XX Medicaid	10 Other
Total Members at End of:										
1. Prior Year.....	364	364								
2. First Quarter.....	323	323								
3. Second Quarter.....	321	321								
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	2,003	2,003								
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	2,217,979	2,217,979								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,217,979	2,217,979								
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	2,633,611	2,633,611								
18. Amount Incurred for Provision of Health Care Services.....	2,718,524	2,718,524								

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

Ohio Funeral Directors Association Benefit Trust
CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	537,303	1,925,137	114,497	537,303	651,800	651,800
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	537,303	1,925,137	114,497	537,303	651,800	651,800
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	537,303	1,925,137	114,497	537,303	651,800	651,800

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

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

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

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

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

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

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

No significant change.

Note 11 - Debt

No significant change.

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

None

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

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

Note 20 - Fair Value

No significant change.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

The amounts of incurred but unpaid claims and claims adjustment expense as of June 30, 2014 is based on studies completed by the Plan's actuary and includes estimated expenses of \$651,800 for IBNR and \$88,900 for LAE.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [] No [X]

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

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

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

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

6.4 By what department or departments?

Ohio Dept of Insurance _____

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information: _____

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

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

9.11 If the response to 9.1 is No, please explain: _____

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

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

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES - GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s)

PART 1 - FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0

13. Amount of real estate and mortgages held in short-term investments:

\$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$.....0	\$.....0
14.22 Preferred Stock.....	\$.....0	\$.....0
14.23 Common Stock.....	\$.....0	\$.....0
14.24 Short-Term Investments.....	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate.....	\$.....0	\$.....0
14.26 All Other.....	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$.....0	\$.....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

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

Yes [] No []

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0

16.3 Total payable for securities lending reported on the liability page: \$.....0

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

Yes [X] No []

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

1	2
Name of Custodian(s)	Custodian Address

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

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

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

Yes [] No []

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

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

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

1	2	3
Central Registration Depository	Name(s)	Address

PART 1 - INVESTMENT

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes No

18.2 If no, list exceptions:

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	0.0 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	0.0 %

2.1 Do you act as a custodian for health savings accounts?

Yes No

0

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

2.3 Do you act as an administrator for health savings accounts?

Yes No

0

2.4 If yes, please provide the amount of funds administered as of the reporting date.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
36776.....	13-299749.....	1/1/2014	Sirius America MGU-IAT.....	NY.....	stop loss.....	1/1/2014

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
1. Alabama	AL N							0	
2. Alaska	AK N							0	
3. Arizona	AZ N							0	
4. Arkansas	AR N							0	
5. California	CA N							0	
6. Colorado	CO N							0	
7. Connecticut	CT N							0	
8. Delaware	DE N							0	
9. District of Columbia	DC N							0	
10. Florida	FL N							0	
11. Georgia	GA N							0	
12. Hawaii	HI N							0	
13. Idaho	ID N							0	
14. Illinois	IL N							0	
15. Indiana	IN N							0	
16. Iowa	IA N							0	
17. Kansas	KS N							0	
18. Kentucky	KY N							0	
19. Louisiana	LA N							0	
20. Maine	ME N							0	
21. Maryland	MD N							0	
22. Massachusetts	MA N							0	
23. Michigan	MI N							0	
24. Minnesota	MN N							0	
25. Mississippi	MS N							0	
26. Missouri	MO N							0	
27. Montana	MT N							0	
28. Nebraska	NE N							0	
29. Nevada	NV N							0	
30. New Hampshire	NH N							0	
31. New Jersey	NJ N							0	
32. New Mexico	NM N							0	
33. New York	NY N							0	
34. North Carolina	NC N							0	
35. North Dakota	ND N							0	
36. Ohio	OH L	2,217,979						2,217,979	
37. Oklahoma	OK N							0	
38. Oregon	OR N							0	
39. Pennsylvania	PA N							0	
40. Rhode Island	RI N							0	
41. South Carolina	SC N							0	
42. South Dakota	SD N							0	
43. Tennessee	TN N							0	
44. Texas	TX N							0	
45. Utah	UT N							0	
46. Vermont	VT N							0	
47. Virginia	VA N							0	
48. Washington	WA N							0	
49. West Virginia	WV N							0	
50. Wisconsin	WI N							0	
51. Wyoming	WY N							0	
52. American Samoa	AS N							0	
53. Guam	GU N							0	
54. Puerto Rico	PR N							0	
55. U.S. Virgin Islands	VI N							0	
56. Northern Mariana Islands	MP N							0	
57. Canada	CAN N							0	
58. Aggregate Other alien	OT XXX	0	0	0	0	0	0	0	
59. Subtotal		XXX	2,217,979	0	0	0	0	2,217,979	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0
61. Total (Direct Business)	(a)	1	2,217,979	0	0	0	0	2,217,979	0

DETAILS OF WRITE-INS

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

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

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

1	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 RSID	CRK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries & 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 Shared, Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	

Asterisk

Explanation

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1 Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:



• 0 2 0 1 4 3 6 5 0 0 0 0 2 •

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
Overflow Page for Write-Ins

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

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

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

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

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

NAIC 1 \$ 0.00, NAIC 2 \$ 0.00, NAIC 3 \$ 0.00, NAIC 4 \$ 0.00, NAIC 5 \$ 0.00, NAIC 6 \$ 0.00

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA - VERIFICATION

Short-Term Investments

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

SCHEDULE DB - PART A - VERIFICATION**Options, Caps, Floors, Collars, Swaps and Forwards**

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

SCHEDULE DB - PART B - VERIFICATION**Futures Contracts**

1. Book/adjusted carrying value, December 31, prior year (Line 6, prior year).....
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column).....
- 3.1 Add:
 - Change in variation margin on open contracts - Highly Effective Hedges:
 - 3.11 Section 1, Column 15, current year to date minus.....
 - 3.12 Section 1, Column 15, prior year..... **0**
 - Change in variation margin on open contracts - All Other:
 - 3.13 Section 1, Column 18, current year to date minus.....
 - 3.14 Section 1, Column 18, prior year..... **0** **0**
- 3.2 Add
 - Change in adjustment to basis of hedged item:
 - 3.21 Section 1, Column 17, current year to date minus.....
 - 3.22 Section 1, Column 17, prior year..... **0**
 - Change in amount recognized:
 - 3.23 Section 1, Column 19, current year to date minus.....
 - 3.24 Section 1, Column 19, prior year..... **0** **0**
- 3.3 Subtotal (Line 3.1 minus Line 3.2)..... **0**
- 4.1 Cumulative variation margin on terminated contracts during the year.....
- 4.2 Less:
 - 4.21 Amount used to adjust basis of hedged item.....
 - 4.22 Amount recognized..... **0**
- 4.3 Subtotal (Line 4.1 minus Line 4.2)..... **0**
5. Dispositions gains (losses) on contracts terminated in prior year:
 - 5.1 Total gain (loss) recognized for terminations in prior year.....
 - 5.2 Total gain (loss) adjusted into the hedged item(s) for the terminations in prior year.....
6. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)..... **0**
7. Deduct nonadmitted assets.....
8. Statement value at end of current period (Line 6 minus Line 7)..... **0**

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

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

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SCHEDULE DB - PART C - SECTION 2

Reconciliation (Synthetic Asset) Transactions Open

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

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE DB - VERIFICATION

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

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14.....	
2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance	
3. Total (Line 1 plus Line 2).....	0
4. Part D, Section 1, Column 5	
5. Part D, Section 1, Column 6	
6. Total (Line 3 minus Line 4 minus Line 5).....	0

Fair Value Check

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

Potential Exposure Check

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

SCHEDULE E- VERIFICATION**Cash Equivalents**

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

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter					
Description of Property		1	2 Location	3	4 Date Acquired
Name of Vendor					

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"					
Description of Property		1	2 Location	3	4
Name of Purchaser					
Name of Purchaser					

SCHEDULE B - PART 2

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

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

SCHEDULE B - PART 3

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

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

Ohio Funeral Directors Association Benefit Trust

SCHEDULE BA - PART 2

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

SCHEDULE BA - PART 3

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Firm Acquired	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAC Dispensation or Market Indicator (a)
(b) For all common stock bearing the NAC market indicator 'U' provide the number of such shares.....: 0.									

SCHEDULE D - PART 4

Statement as of June 30, 2014 of the

(d) For all common stock bearing the NAIC market indicator "U" provide the number of such issues:

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 Derivatives Hedged, Used for Income Generation or Replaced	Schedule Type(s) of Rate Monitor	Exchange, Counterparty or Counterparty Characteristics	Date of Trade	Nature or Number of Contracts	Date	State Price, Rate or Indicated Received (PdG)	National Amount	Initial Cost of Premium Received (PdG)	Current Year Cost of Premium Received (PdG)	Book Value	Book Adjusted Carrying Value	Current Year Income	Total Foreign Exchange Charge in B/A/C	Unadjusted Valuation Increase (Decrease)	Current Year's Amortization	Accretion	Adjustment to Carrying Value of Hedge Items	Credit Quality of Reference Entity	Hedge Exposure	Hedge Effectiveness at inception and at Date of and (b)	

(a) Code Description of Hedged Risk(s)

(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period

Statement as of June 30, 2014 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	15	16	17	18	19	20	21	22
Table	Number of Contracts	Symbol	Notional Amount	Description	Term	Type(s) of Risk	Effect of Termination	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date	Fair Value	Book/Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin (Loss Used to Adjust Basis of Hedged Item)	Cumulative Variation Margin by All Other Items	Recognized in Current Year	Hedge Effectiveness	Value of One (1) Part

(a) Code Description of Hedged Risk(s)

Code	Description of Hedged Risk(s)

QE07

(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

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

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SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

Statement as of June 30, 2014 of the Ohio Funeral Directors Association Benefit Trust

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Per Value	7 Book Adjusted Carrying Value	8 Book Value	9 Type of Margin (L.V. or T)	10 Maturity Date
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SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

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

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

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
General Interrogatory						
1	Total activity for the year to date	Fair Value \$. . . 0	Book/Adjusted Carrying Value \$. . . 0			
2	Average balance for the year to date	Fair Value \$. . . 0	Book/Adjusted Carrying Value \$. . . 0			

Statement as of June 30, 2014 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE E - PART 1 - CASH

Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Open Depositories								
JP Morgan Chase Bank	Baton Rouge, LA	varies		290.001	149,926	56,106	XXX	
Banc Midwest NA	Kansas City, MO	varies	404	249,133	249,265	249,404	XXX	
Capital Bank		varies	57	0	0	248,940	XXX	
CAT floating rate demand note	Peoria, IL	varies	52	61,649	61,679	51,716	XXX	
Columbus First Bank	Worthington, OH	varies	279	249,187	249,282	249,375	XXX	
Commerce National Bank	Colombus, OH	varies	66	124,325	124,352	14	XXX	
Everbank	Islandia, NY	varies	379	249,500	249,625	249,125	XXX	
GE floating rate demand note	Fairfield, CT	varies	58	60,464	60,487	13	XXX	
Hangtington National Bank	Columbus, OH	varies	7	64,924	64,927	1	XXX	
Metro City Bank	Doraville, GA	varies	251	249,273	249,368	76,432	XXX	
Nationwide Bank	Columbus, OH	varies	370	249,385	249,492	249,120	XXX	
Plaza Bank	Las Vegas, NV	varies	342	249,229	249,345	249,458	XXX	
TD Bank	New York, NY	varies	121	243,641	243,683	243,723	XXX	
0199999 Total Open Depositories	XXX	XXX	2,426	0	2,310,691	2,201,432	1,933,425	XXX
0399999 Total Cash on Deposit	XXX	XXX	2,426	0	2,310,691	2,201,432	1,933,425	XXX
0599999 Total Cash	XXX	XXX	2,426	0	2,310,691	2,201,432	1,933,425	XXX

Statement as of June 30, 2014 of the

Ohio Funeral Directors Association Benefit Trust

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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