06107

ANNUAL STATEMENT

OF THE

Ohio Funeral Directors Association Benefit Trust

Of

in the state of

Ohio

to the Insurance Department

of the state of

For the Year Ended

December 31, 2014

2014

HEALTH

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ANNUAL STATEMENT

For the Year Ended December 31, 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)*	
Main Administrative Office	Same *(Street and Number)* *(City or Town, State, Country and Zip Code)*	614-486-5339 *(Area Code) (Telephone Number)*
Mail Address	Same *(Street and Number or P. O. Box)* *(City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	Same *(Street and Number)* *(City or Town, State, Country and Zip Code)*	614-486-5339 *(Area Code) (Telephone Number)*
Internet Web Site Address		
Statutory Statement Contact	Melissa Sullivan *(Name)* melissa@ofdaonline.org *(E-Mail Address)*	614-486-5339 *(Area Code) (Telephone Number) (Extension)* *614-486-5358* *(Fax Number)*

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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.

(Signature)	(Signature)	(Signature)
COLIN EVANS		
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
ASST. EXEC. DIR ~~Trustee~~ PLAN ADMINISTRATOR	Trustee	Trustee
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 31st day of March 2015

Laura Dempsey
Laura Dempsey
Notary Public, State of Ohio
My Commission Expires 02-09-2020
Commission # 2015-RE-621871

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

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 $.....0 encumbrances)			0	
5. Cash ($.....1,139,727, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....0, Schedule DA)	1,139,727		1,139,727	2,345,859
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)	1,139,727	0	1,139,727	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	50,268		50,268	49,198
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	24,484		24,484	79,788
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset			0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....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	51,990		51,990	51,668
25. Aggregate write-ins for other than invested assets	500,138	0	500,138	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,766,607	0	1,766,607	2,526,513
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTALS (Lines 26 and 27)	1,766,607	0	1,766,607	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 insurance binder	500,138		500,138	
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)	500,138	0	500,138	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	580,000		580,000	651,800
2.	Accrued medical incentive pool and bonus amounts			0	
3.	Unpaid claims adjustment expenses	90,000		90,000	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	159,604		159,604	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 capital 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 and $.....0 certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified ($.....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)	15,762	0	15,762	20,459
24.	Total liabilities (Lines 1 to 23)	845,366	0	845,366	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	921,241	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	921,241	1,409,129
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,766,607	2,526,513

DETAILS OF WRITE-INS

2301.	Accounts Payable	15,762		15,762	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)	15,762	0	15,762	20,459
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
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.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member months	XXX	3,868	4,484
2.	Net premium income (including $.....0 non-health premium income)	XXX	4,509,099	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
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	4,509,099	5,340,138
Hospital and Medical:				
9.	Hospital/medical benefits		3,485,976	3,172,980
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		1,422,670	1,495,995
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)	0	4,908,646	4,668,975
Less:				
17.	Net reinsurance recoveries		361,741	79,788
18.	Total hospital and medical (Lines 16 minus 17)	0	4,546,905	4,589,187
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....0 cost containment expenses		457,450	489,986
21.	General administrative expenses		34,763	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	5,039,118	5,117,127
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(530,019)	223,011
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		6,097	6,114
26.	Net realized capital gains or (losses) less capital gains tax of $.....0			
27.	Net investment gains or (losses) (Lines 25 plus 26)	0	6,097	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
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	(523,922)	229,125
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	(523,922)	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
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	1,409,129	1,216,038
34. Net income or (loss) from Line 32	(523,922)	229,125
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	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
48. Net change in capital and surplus (Lines 34 to 47)	(487,888)	193,091
49. Capital and surplus end of reporting period (Line 33 plus 48)	921,241	1,409,129

DETAILS OF WRITE-INS

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

CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	3,786,464	5,402,401
2.	Net investment income	6,097	6,114
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	3,792,561	5,408,515
5.	Benefit and loss related payments	4,998,693	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)	4,998,693	4,918,425
11.	Net cash from operations (Line 4 minus Line 10)	(1,206,132)	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
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
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)	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 to 16.4 minus Line 16.5 plus Line 16.6)	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)	(1,206,132)	490,090
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	2,345,859	1,855,769
	19.2 End of year (Line 18 plus Line 19.1)	1,139,727	2,345,859

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

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	4,509,099	4,509,099								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....0 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)	4,509,099	4,509,099	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	3,485,976	3,485,976								XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	1,422,670	1,422,670								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)	4,908,646	4,908,646	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	361,741	361,741								XXX
17. Total hospital and medical (Lines 15 minus 16)	4,546,905	4,546,905	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	457,450	457,450								
20. General administrative expenses	34,763	34,763								
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)	5,039,118	5,039,118	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(530,019)	(530,019)	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 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	4,845,956		336,857	4,509,099
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)	4,845,956	0	336,857	4,509,099
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	4,845,956	0	336,857	4,509,099

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	4,908,646	4,908,646								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	361,741	361,741								
1.4 Net	4,546,905	4,546,905	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	580,000	580,000								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	580,000	580,000	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	24,484	24,484								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	651,800	651,800								
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	651,800	651,800	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	79,788	79,788								
12. Incurred benefits:										
12.1 Direct	4,836,846	4,836,846	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	306,437	306,437	0	0	0	0	0	0	0	0
12.4 Net	4,530,409	4,530,409	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	74,986	74,986								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	74,986	74,986	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct	505,014	505,014								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	505,014	505,014	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	580,000	580,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	580,000	580,000	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	651,800	3,895,105		580,000	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)	651,800	3,895,105	0	580,000	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)	651,800	3,895,105	0	580,000	651,800	651,800

(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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	548				
2. 2010	4,993	642			
3. 2011	XXX	5,002	501		
4. 2012	XXX	XXX	4,156	527	
5. 2013	XXX	XXX	XXX	4,016	652
6. 2014	XXX	XXX	XXX	XXX	3,895

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	5,682				
3. 2011	XXX	5,608			
4. 2012	XXX	XXX	4,762		
5. 2013	XXX	XXX	XXX	4,668	
6. 2014	XXX	XXX	XXX	XXX	4,909

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. 2010	6,058	5,540	666	12.0	6,206	102.4	689	94	6,989	115.4
2. 2011	5,901	5,644	864	15.3	6,508	110.3	606	83	7,197	122.0
3. 2012	5,839	4,156	700	16.8	4,856	83.2	606	83	5,545	95.0
4. 2013	5,340	4,544	484	10.7	5,028	94.2	652	89	5,769	108.0
5. 2014	4,510	4,547	457	10.1	5,004	111.0	580	90	5,674	125.8

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	548				
2. 2010	4,993	642			
3. 2011	XXX	5,002	501		
4. 2012	XXX	XXX	4,156	527	
5. 2013	XXX	XXX	XXX	4,016	652
6. 2014	XXX	XXX	XXX	XXX	3,895

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	5,682				
3. 2011	XXX	5,608			
4. 2012	XXX	XXX	4,762		
5. 2013	XXX	XXX	XXX	4,668	
6. 2014	XXX	XXX	XXX	XXX	4,909

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. 2010	6,058	5,540	666	12.0	6,206	102.4	689	94	6,989	115.4
2. 2011	5,901	5,644	864	15.3	6,508	110.3	606	83	7,197	122.0
3. 2012	5,839	4,156	700	16.8	4,856	83.2	606	83	5,545	95.0
4. 2013	5,340	4,544	484	10.7	5,028	94.2	652	89	5,769	108.0
5. 2014	4,510	4,547	457	10.1	5,004	111.0	580	90	5,674	125.8

Statement as of December 31, 2014 of the **Ohio Funeral Directors Association Benefit Trust**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

NONE

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

NONE

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. 2010					0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

NONE

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

NONE

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. 2010					0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2010	2011	2012	2013	2014
1. Prior	NONE				
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	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	2	3	4	5
	2010	2011	2012	2013	2014
1. Prior	NONE				
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	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. 2010	NONE					0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2010	2011	2012	2013	2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

NONE

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	2	3	4	5
	2010	2011	2012	2013	2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

NONE

12.FE

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. 2010					0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

NONE

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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	2	3	4	5
	2010	2011	2012	2013	2014
1. Prior	NONE				
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	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	2	3	4	5
	2010	2011	2012	2013	2014
1. Prior	NONE				
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	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. 2010				NONE	0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

NONE

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

NONE

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. 2010					0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

NONE

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

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

NONE

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. 2010					0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012				0.0	0	0.0			0	0.0
4. 2013				0.0	0	0.0			0	0.0
5. 2014				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $.....0) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	580,000	580,000							
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	580,000	580,000	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (net) (Page 3, Line 7)	580,000	580,000	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

0501.	0								
0502.	0								
0503.	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.	0								
1102.	0								
1103.	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
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			26,934	3,267	30,201
7. Traveling expenses					0
8. Marketing and advertising					0
9. Postage, express and telephone					0
10. Printing and office supplies					0
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	35,412	387,688			423,100
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate					0
17. Collection and bank service charges			764		764
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			6,000		6,000
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			652		652
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	35,412	387,688	34,350	3,267	(a) 460,717
27. Less expenses unpaid December 31, current year		100,349	5,413		105,762
28. Add expenses unpaid December 31, prior year	600	103,759	5,000		109,359
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)	36,012	391,098	33,937	3,267	464,314

DETAILS OF WRITE-INS

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

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 9,364	9,364
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	9,364	9,364
11.	Investment expenses		(g) 3,267
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) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		3,267
17.	Net investment income (Line 10 minus Line 16)		6,097

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)		0

(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)

NONE

		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			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0

DETAILS OF WRITE-INS

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

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)			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			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			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	36,034	36,034
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	36,034	36,034
13. Title plants (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			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	0	36,034	36,034
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	0	36,034	36,034

DETAILS OF WRITE-INS

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health maintenance organizations						
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service	364	323	321	312	309	3,868
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	364	323	321	312	309	3,868
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

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						
Catamaran RX rebate receivable	17,410	15,073	19,507			51,990
0199999. Total Pharmaceutical Rebate Receivables	17,410	15,073	19,507	0	0	51,990
0799999. Gross Health Care Receivables	17,410	15,073	19,507	0	0	51,990

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	51,668			51,990	51,668	51,668
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	51,668	0	0	51,990	51,668	51,668

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

NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

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	4,908,646	100.0	XXX	XXX		4,908,646
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	4,908,646	100.0	XXX	XXX	0	4,908,646
13. Total (Line 4 plus Line 12)	4,908,646	100.0	XXX	XXX	0	4,908,646

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

NONE

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		NONE				0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

This page may also be completed by using the new word processing merge file in the Miscellaneous section.

The file in the Miscellaneous section has merge fields for all of the items from the electronic filing notes sections. This file may take several minutes to load because all of the data merging into the page. This page in the Miscellaneous section will not print the Statement As of line (header) or the page number (footer).

If you use the file in the Miscellaneous section and open it outside of TCP, the merge fields will display (without the data) if the page has not been previously saved in TCP, but will remain intact for when it is placed back into TCP. Be very careful about reformatting these tables because of the length of the merge fields. This may cause problems when loaded back into TCP. Also, be careful not to remove merge fields for the notes which will be completed in the electronic filing section and contained in the printed page. Any notes/items which are not applicable may be removed.

To insert the word processing merge file from the Miscellaneous section, File, Print to PDF the word processing page from the Miscellaneous section, saving the file as NOTESA.PDF. This will drop it right into the Statement section page. Or you may open the regular Notes page in the Statement section, right click, select Copy File and point to the ?ANOTESA.RTF (where ? is replaced by P for P&C; L for Life; H for Health; F for Fraternal and T for Title) file in the PAGESXX (where XX is the last 2 digits of the year) folder.

You may use a combination of the two files. If you want to maintain what you have been using for the printed notes, then use the file in the Statement section. Then, you may also use the file in the Miscellaneous section as a double-check to verify the data in the electronic filing notes matches your printed notes.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [X]

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 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 [X]

2.2 If yes, date of change:

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

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.

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).

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 [X]

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

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 [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

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

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

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

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

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control .....%

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
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 [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

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

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

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

12.11 Name of real estate holding company

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value .....

12.2 If yes, provide explanation.

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [X]

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 [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.

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

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

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

20.11 To directors or other officers $.....0

20.12 To stockholders not officers $.....0

20.13 Trustees, supreme or grand (Fraternal only) $.....0

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 $.....0

20.22 To stockholders not officers $.....0

20.23 Trustees, supreme or grand (Fraternal only) $.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

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

21.21 Rented from others .....

21.22 Borrowed from others .....

21.23 Leased from others .....

21.24 Other .....

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment .....

22.22 Amount paid as expenses .....

22.23 Other amounts paid .....

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

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

PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

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

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

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

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

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

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

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 Placed under option agreements .....

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....

25.27 FHLB Capital Stock .....

25.28 On deposit with states .....

25.29 On deposit with other regulatory bodies .....

25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....

25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....

25.32 Other .....

25.3 For category (25.26) 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 [X]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

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

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

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

30.4 Describe the sources or methods utilized in determining the fair values:
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? $ 165,000

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 Name	2 Amount Paid
Ohio Funeral Directors Association	165,000

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 Name	2 Amount Paid
	0

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 Name	2 Amount Paid
	0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

1.2 If yes, indicate premium earned on U.S. business only $ 0

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 $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

1.62 Total incurred claims

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned

1.65 Total incurred claims

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned

1.72 Total incurred claims

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned

1.75 Total incurred claims

1.76 Number of covered lives

2. Health test:

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

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical $ 0

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 [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 0

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

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

10.2 If yes:

10.21 Maximum amount payable bonuses

10.22 Amount actually paid for year bonuses

10.23 Maximum amount payable withholds

10.24 Amount actually paid for year withholds

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1. Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ]	No [X]
11.13 An Individual Practice Association (IPA), or	Yes [ ]	No [X]
11.14 A Mixed Model (combination of above)?	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

13.1. Do you act as a custodian for health savings account?	Yes [ ]	No [X]
13.2. If yes, please provide the amount of custodial funds held as of the reporting date.		
13.3. Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
13.4. If yes, please provide the balance of the funds administered as of the reporting date.		

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?	Yes [ ]	No [ ]	N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct written premium	$	0
15.2 Total incured claims	$	0
15.3 Number of covered lives		0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,766,607	2,526,513	2,126,151	1,825,983	2,497,818
2. Total liabilities (Page 3, Line 24)	845,366	1,117,384	989,435	1,068,435	1,191,336
3. Statutory surplus	921,241	1,409,129	1,216,038	757,548	1,306,482
4. Total capital and surplus (Page 3, Line 33)	921,241	1,445,163	1,216,038	757,548	1,306,482
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	4,509,099	5,340,138	5,839,098	5,901,338	6,057,632
6. Total medical and hospital expenses (Line 18)	4,546,905	4,589,187	4,657,285	5,560,385	5,461,881
7. Claims adjustment expenses (Line 20)	457,450	489,986	700,434	864,216	665,584
8. Total administrative expenses (Line 21)	34,763	37,954	30,994	36,447	39,537
9. Net underwriting gain (loss) (Line 24)	(530,019)	223,011	450,385	(559,710)	(109,370)
10. Net investment gain (loss) (Line 27)	6,097	6,114	8,105	10,776	30,131
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(523,922)	229,125	458,490	(548,934)	(79,239)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,206,132)	490,090	153,732	(715,289)	(97,578)
Risk-Based Capital Analysis					
14. Total adjusted capital	921,241	1,445,163	1,216,038	757,548	1,306,482
15. Authorized control level risk-based capital	326,756	344,066	345,010	422,686	417,990
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	309	367	403	480	535
17. Total member months (Column 6, Line 7)	3,868	4,484	5,097	5,981	6,676
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	101.0	85.9	79.8	94.2	90.2
20. Cost containment expenses	0.1	0.4	0.5	0.5	0.7
21. Other claims adjustment expenses	8.6	8.7	11.5	14.0	10.3
22. Total underwriting deductions (Line 23)	111.8	95.8	92.3	109.4	101.2
23. Total underwriting gain (loss) (Line 24)	(11.8)	4.2	7.7	(9.4)	(1.2)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	651,800	527,278	501,471	641,538	546,618
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	651,800	606,300	606,300	689,400	767,600
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain:

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	364	364								
2. First quarter	323	323								
3. Second quarter	321	321								
4. Third quarter	312	312								
5. Current year	309	309								
6. Current year member months	3,868	3,868								
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	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 (b)	3,786,464	3,786,464								
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,509,099	4,509,099								
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	4,998,693	4,998,693								
18. Amount incurred for provision of health care services	5,039,118	5,039,118								

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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
		01/01/2014	International Assurance	OH		24,484
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				0	24,484
2199999.	Total - Accident and Health Non-Affiliates				0	24,484
2299999.	Total - Accident and Health				0	24,484
2399999.	Total U.S.				0	24,484
9999999.	Total				0	24,484

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

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

NONE

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
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 thru 6)	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)	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)	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)

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	NONE				
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers				XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust				XXX	XXX
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)			0
2.	Accident and health premiums due and unpaid (Line 15)			0
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)			0
6.	Totals assets (Line 28)	0	0	0
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			0
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)	NONE		0
14.	All other liabilities (balance)			0
15.	Total liabilities (Line 24)	0	0	0
16.	Total capital and surplus (Line 33)		XXX	0
17.	Total liabilities, capital and surplus (Line 34)	0	0	0
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 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	4,509,099						4,509,099	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	4,509,099	0	0	0	0	0	4,509,099	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	4,509,099	0	0	0	0	0	4,509,099	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 AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS	NONE					0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

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

PART 1 – ORGANIZATIONAL CHART

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	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)	

NONE

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	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)

NONE

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	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	WAIVED
2.	Will an actuarial opinion be filed by March 1?	WAIVED
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	WAIVED
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	WAIVED
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	WAIVED
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
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?	NO
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?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
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?	NO
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?	NO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	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:

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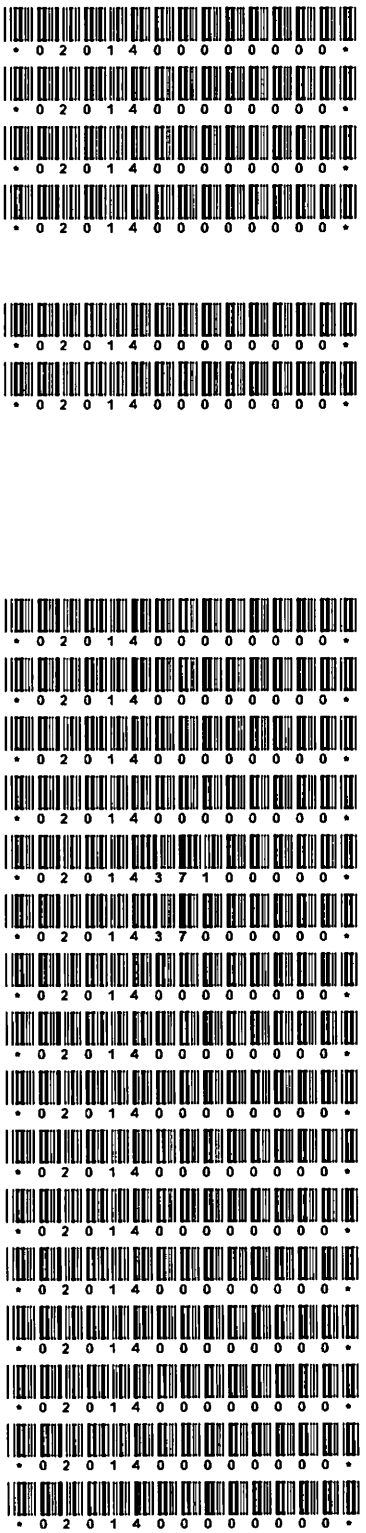
BAR CODE:



Overflow Page for Write-Ins

NONE

Overflow Page for Write-Ins

NONE

SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
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 Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (13 - 11 - 12)	Total Foreign Exchange Change in B./A.C.V.	Gross Income Earned Less Interest on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

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

NONE

SCHEDULE A - PART 3

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

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred

NONE

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
								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 (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.

NONE

SCHEDULE B - PART 2

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

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

NONE

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

NONE

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	Change in Book/Adjusted Carrying Value					18	19	20
			4	5								13	14	15	16	17			
CUSIP Identification	Name or Description	Code	City	State	Name of Vendor or General Partner	NAIC Desig-nation	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./A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership

NONE

SCHEDULE BA - PART 2

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

1	2	Location		5	6	7	8	9	10	11
		3	4							
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	Date Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership

NONE

SCHEDULE BA - PART 3

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

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
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	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

NONE

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Desig-nation	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 & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date

NONE

SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value per Share	Rate per Share	Book/Adjusting 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 (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Desig-nation	Date Acquired

NONE

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	Foreign	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 (a)	Date Acquired
9899999 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

NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends

NONE

SCHEDULE D - PART 4

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

1	2	3	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	Foreign	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

NONE

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	Foreign	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

NONE

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

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

NONE

SCHEDULE D - PART 6 - SECTION 2

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

NONE

SCHEDULE DA - PART 1

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

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest						21
		3	4					9	10	11	12			15	16	17	18	19	20	
CUSIP Identification	Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	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.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonadmitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest

NONE

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 Items(s) Hedged, Used for Income Generation or Replicated	Schedule / Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of 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.V.	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)

NONE

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) (a)	Exchange Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	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	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)

NONE

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
														15	16	17					
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	Reporting Date Price	Fair Value	Book/Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-end (b)	Value of One (1) Point

NONE

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			19	20
															16	17	18	Hedge	
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	Effectiveness at Inception and at Termination (b)	Value of One (1) Point

NONE

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

NONE

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 (I, V or IV)

NONE

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 Date

General Interrogatories

1 The activity for the year Fair Value $ 0 Book/Adjusted Carrying Value $ 0

2 Average balance for the year Fair Value $ 0 Book/Adjusted Carrying Value $ 0

3 Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
NAIC 1 $ 0 NAIC 2 $ 0 NAIC 3 $ 0 NAIC 4 $ 0 NAIC 5 $ 0 NAIC 6 $ 0

NONE

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 Date

General Interrogatories:

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

NONE

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

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

General Interrogatories:

1. The actvity 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

NONE

SCHEDULE E - PART 1 - CASH

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories							
JP Morgan Chase	Baton Rouge, LA		varies			32,887	XXX
Bank Midwest, NA	Kansas City, MO		varies	873		249,679	XXX
Capital Bank			varies	232		249,271	XXX
Everbank	Istandia, NY		varies	1,521		249,383	XXX
Mid America Bank			varies	393		8,267	XXX
Nationwide Bank	Columbus, OH		varies	1,363		101,011	XXX
Plaza Bank	Las Vegas, NV		varies	1,370		249,229	XXX
0199999 Total - Open Depositories		XXX	XXX	5,752	0	1,139,727	XXX
0399999 Total Cash on Deposit		XXX	XXX	5,752	0	1,139,727	XXX
0599999 Total Cash		XXX	XXX	5,752	0	1,139,727	XXX

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

1. January	2,261,166	4. April	2,310,691	7. July	1,782,588	10. October	1,639,715
2. February	2,215,950	5. May	2,201,432	8. August	1,742,921	11. November	1,653,393
3. March	2,319,878	6. June	1,933,425	9. September	1,757,149	12. December	1,139,727

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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

NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.		1 Type of Deposit	2 Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits	
				3 Book/Adjusting Carrying Value	4 Fair Value	5 Book/Adjusting Carrying Value	6 Fair Value
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV		**NONE**				
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

* 0 0 0 0 0 2 0 1 4 3 9 0 0 0 1 0 0 *

COMPANY INFORMATION PAGE (JURAT)

Health Risk-Based Capital
For the Year Ending December 31, 2014
Confidential when Completed

(A) Company Name: **Ohio Funeral Directors Association Benefit Trust**

(B) NAIC Group: N/A (C) NAIC Company Code: N/A (D) Employer's ID Number: 31-6247579

(E) Organized under the Laws of the State of: Ohio

(F) Contact Person for Health Risk-Based Capital:

First Name: Melissa (G) Middle: (H) Last Name: Sullivan

(I) Mail Address of Contact Person: 2501 North Star Road
(Street and Number or P.O. Box)

(J) City: Columbus (K) State: OH (L) Zip: 43221

(M) Phone Number: 614-486-5339

(N) E-mail Address of RBC Contact Person: melissa@ofdaonline.org

(O) Date Prepared: 3/30/2015

(P) Preparer (if different than Contact)

First Name: Hirth, Norris & Garrison, LLP Middle: Last Name:

(Q) Is this an Original, Amended or Refiling? (O,A,R): O

(Q1) If Amended, Amendment Number:

(R) Were any items that come directly from the annual statement entered manually to prepare this filing? (Yes or No)

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

Officers Name: COLIN EVANS

Officers Title: PLAN ADMINISTRATOR/ASSISTANT EXECUTIVE DIRECTOR

Each says that they are the above described officers of the said insurer, and that this risk-based capital report is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions, according to the best of their information, knowledge and belief, respectively.

(Signature) (Signature) (Signature)

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AFFILIATED COMPANIES RISK - DETAILS

	1 Name of Affiliate	2 Affil Type Code	3 NAIC Company Code or Alien ID Number	4 Affiliate's RBC After Covariance	5 Book/ Adjusted Carrying Value of Affiliate's Common Stock	6 Valuation Basis of Col (5) F - Fair A - All Other	7 Total Value of Affiliate's Outstanding Common Stock	8 Total Statutory Surplus of Affiliate Subject to RBC	9 Book/ Adjusted Carrying Value of Affiliate's Preferred Stock	10 Total Value of Affiliate's Outstanding Preferred Stock	11 Percent Owned (Cols. 5 + 9) / (Cols. 7 + 10)	12 H0 Component RBC Required	13 H1 Component RBC Required
Affiliated Investments													
1.											0.0	0	0
9999999.	Total	XXX.	XXX	0	0	XXX	0	0	0	0	XXX	0	0

Logic

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

Calculation

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

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

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

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

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

Col (13) cannot be less than 0

AFFILIATED COMPANIES RISK

	Type of Affiliate	Type Code	Basis	1 RBC	2 Count
1	Directly Owned Insurer Subject to RBC	1	Affiliate's RBC *	0	0
2	Indirectly Owned Insurer Subject to RBC	2	Affiliate's RBC *	0	0
3	Directly Owned MCO Subject to RBC	3	Affiliate's RBC *	0	0
4	Indirectly Owned MCO Subject to RBC	4	Affiliate's RBC *	0	0
5	Investment Subsidiary	5	Affiliate's RBC *	0	0
6	Holding Company Excess of Subsidiaries	6	0.300	0	0
7	Directly Owned Alien Insurer	7	1.000	0	0
8	Indirectly Owned Alien Insurers	8	1.000	0	0
9	Investment in Parent	9	0.300	0	0
10	Other Affiliates	10	0.300	0	0
11	Fair Value Excess Affiliate Common Stock	11	Total of Type Codes 1 through 5 of XR002, Col. 13	0	0

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* Capped at carrying value on the parent's statement

CROSS-CHECKING FOR AFFILIATED INVESTMENTS

Schedule D, Part 6, Section 1

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

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

OFF-BALANCE SHEET AND OTHER ITEMS

	Non-controlled Assets	Annual Statement Source	1 Book/Adjusted Carrying Value	2 Factor	3 RBC Requirement	4 Yes/No Response
(1)	Loaned to Others - Conforming Securities Lending Programs	General Interrogatories Part 1 Lines 24.05		0.002	0	
(2)	Loaned to Others - Securities Lending Programs - Other	General Interrogatories Part 1 Lines 24.06		0.010	0	
(3)	Subject to Repurchase Agreements	General Interrogatories Part 1 Lines 25.21		0.010	0	
(4)	Subject to Reverse Repurchase Agreements	General Interrogatories Part 1 Lines 25.22		0.010	0	
(5)	Subject to Dollar Repurchase Agreements	General Interrogatories Part 1 Lines 25.23		0.010	0	
(6)	Subject to Reverse Dollar Repurchase Agreements	General Interrogatories Part 1 Lines 25.24		0.010	0	
(7)	Placed Under Option Agreements	General Interrogatories Part 1 Lines 25.25		0.010	0	
(8)	Letter Stock or Securities Restricted as to Sale - Excluding FHLB Capital Stock	General Interrogatories Part 1 Lines 25.26		0.010	0	
(9)	FHLB Capital Stock	General Interrogatories Part 1 Lines 25.27		0.010	0	
(10)	On Deposit with State	General Interrogatories Part 1 Lines 25.28		0.010	0	
(11)	On Deposit with Other Regulatory Bodies	General Interrogatories Part 1 Lines 25.29		0.010	0	
(12)	Pledged as Collateral - Excluding Collateral Pledged to an FHLB	General Interrogatories Part 1 Lines 25.30		0.010	0	
(13)	Pledged as Collateral to FHLB (including assets backing funding agreements)	General Interrogatories Part 1 Lines 25.31		0.010	0	
(14)	Other	General Interrogatories Part 1 Lines 25.32		0.010	0	
(15)	Total Non-Controlled Assets	Sum of Lines (1) through (14)	0		0	
(16)	Guarantees for Affiliates	Notes to Financial Statements 14A(03C1)		0.010	0	
(17)	Contingent Liabilities	Notes to Financial Statements 14A(1)		0.010	0	
(18)	Is the entity responsible for filing the U.S. Federal income tax return for the reporting insurer a regulated insurance company?	"Yes", "No" or "N/A" in Column (4)				
(19)	SSAP No. 101 Paragraph 11a Deferred Tax Assets	Notes to Financial Statements Item 9A2(a)		†0.000	0	
(20)	SSAP No. 101 Paragraph 11b Deferred Tax Assets	Notes to Financial Statements Item 9A2(b)		0.010	0	
(21)	Total Miscellaneous Off-Balance Sheet and Other Items	L(15) + L(16) + L(17) + L(19) + L(20)	0		0	

† If Line (18) Column (4) is "Yes", then the factor is 0.005. If Line (18) Column (4) is "No", then the factor is 0.010. If Line (18) Column (4) is "N/A", then the factor is 0.000.

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

		Annual Statement Source	1 Off-Balance Sheet Collateral Book/Adjusted Carrying Value	2 Schedule DL, Part 1, Book/Adjusted Carrying Value	3 Subtotal	Factor	4 RBC Requirement
	Asset Category **Fixed Income Assets** **Bonds**						
(1)	NAIC 01 - U.S. Government - Direct and Guaranteed	Company Records			0	0.000	0
(2)	Other NAIC 01 Bonds	Company Records			0	0.003	0
(3)	Total NAIC 01 Bonds	Line (1) + Line (2)	0	0	0		0
(4)	Total NAIC 02 Bonds	Company Records			0	0.010	0
(5)	Total NAIC 03 Bonds	Company Records			0	0.020	0
(6)	Total NAIC 04 Bonds	Company Records			0	0.045	0
(7)	Total NAIC 05 Bonds	Company Records			0	0.100	0
(8)	Total NAIC 06 Bonds	Company Records			0	0.300	0
(9)	Total Bonds	L(3)+L(4)+L(5)+L(6)+L(7)+L(8)	0	0	0		0
	Equity Assets **Preferred Stock - Unaffiliated**						
(10)	NAIC 01 Unaffiliated Preferred Stock	Company Records			0	0.003	0
(11)	NAIC 02 Unaffiliated Preferred Stock	Company Records			0	0.010	0
(12)	NAIC 03 Unaffiliated Preferred Stock	Company Records			0	0.020	0
(13)	NAIC 04 Unaffiliated Preferred Stock	Company Records			0	0.045	0
(14)	NAIC 05 Unaffiliated Preferred Stock	Company Records			0	0.100	0
(15)	NAIC 06 Unaffiliated Preferred Stock	Company Records			0	0.300	0
(16)	Total Unaffiliated Preferred Stock	Sum of Lines (10) through (15)	0	0	0		0
(17)	Common Stock	Company Records			0	0.150	0
(18)	Real Estate and Property & Equipment Assets	Company Records			0	0.100	0
(19)	Other Invested Assets	Company Records			0	0.200	0
(20)	Mortgage Loans on Real Estate	Company Records			0	0.050	0
(21)	Cash, Cash Equivalents and Short-Term Investments (Not reported on Bonds above)	Company Records			0	0.003	0
(22)	Total	L(9)+L(16)+L(17)+L(18)+L(19)+L(20)+L(21)	0	0	0		0

FIXED INCOME ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
BONDS					
(1)	NAIC 01 - U.S. Government - Direct and Guaranteed	Sch D, Pt 1A, Sn 1, Col 6, Line 1.1			
(2)	Total NAIC 01 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.1 - Line 7.1			
(3)	Other NAIC 01 Bonds	L(2) - L(1)	0	0.0030	0
(4)	Total NAIC 02 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.2 - Line 7.2		0.0100	0
(5)	Total NAIC 03 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.3 - Line 7.3		0.0200	0
(6)	Total NAIC 04 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.4 - Line 7.4		0.0450	0
(7)	Total NAIC 05 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.5 - Line 7.5		0.1000	0
(8)	Total NAIC 06 Bonds	Sch D, Pt 1A, Sn 1, Col 6, Line 9.6 - Line 7.6		0.3000	0
(9)	Total Bonds		0		0

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
MISCELLANEOUS FIXED INCOME ASSETS					
(10)	Cash	Page 2, Line 5, inside amount 1	1,139,727	0.0030	3,419
(11)	Cash Equivalents	Page 2, Line 5, inside amount 2			
(12)	Less: Cash Equivalents, Bonds included in Schedule D, Part 1A	Sch E, Pt 2, C6 Line 8399999 in part			
(13)	Net Cash Equivalents	L(11) - L(12)	0	0.0030	0
(14)	Short-Term Investments	Page 2, Line 5, inside amount 3			
(15)	Short-Term Bonds*	Sch DA, Pt 1, Col 8, Line 8399999			
(16)	Exempt Money Market Mutual Funds*	Sch DA, Pt 1, Col 8, Line 8899999			
(17)	Class One Money Market Mutual Funds*	Sch DA, Pt 1, Col 8, Line 8999999			
(18)	Total Other Short-Term Investments	L(14) - L(15) - L(16) - L(17)	0	0.0030	0
(19)	Mortgage Loans - First Liens	Page 2, Col 3, Line 3.1		0.0500	0
(20)	Mortgage Loans - Other Than First Liens	Page 2, Col 3, Line 3.2		0.0500	0
(21)	Receivable for Securities	Page 2, Col 3, Line 9		0.0240	0
(22)	Aggregate Write-ins for Invested Assets	Page 2, Col 3, Line 11		0.0500	0
(23)	Collateral Loans	Included in Page 2, Col 3, Line 8		0.0500	0
(24)	NAIC 01 Working Capital Finance Investments	Notes to Financial Statement 5I(01a), Col. 3		0.0038	0
(25)	NAIC 02 Working Capital Finance Investments	Notes to Financial Statement 5I(01b), Col. 3		0.0125	0
(26)	Other Long-Term Invested Assets Excluding Collateral Loans and Working Capital Finance Investments	Included in Page 2, Col 3, Line 8		0.2000	0
(27)	Federal Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3199999 + 3299999		0.0014	0
(28)	Federal Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3399999 + 3499999		0.0260	0
(29)	State Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3599999 + 3699999		0.0014	0
(30)	State Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3799999 + 3899999		0.0260	0
(31)	All Other Low Income Housing Tax Credits	Schedule BA Part 1, Column 12 Lines 3999999 + 4099999		0.0150	0
(32)	Total Other Long-Term Invested Assets (Page 2, Col 3, Line 8)	L(23)+L(24)+L(25)+L(26)+L(27)+L(28)+L(29)+L(30)+L(31)	0		0
(33)	Derivatives	Page 2, Col 3, Line 7		0.0500	0
(34)	Total Fixed Income Assets RBC	L(9) + L(10) + L(13) + L(18) + L(19) + L(20) + L(21) + L(22) + L(32) + L(33)			3,419

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

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORY CONVERTIBLE SECURITIES

	1 RSAT Number	2 Type	3 CUSIP	4 Description of Assets	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 RBC Requirement
Replication Transactions							
(1)							
9999999. Total						0	0

EQUITY ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
PREFERRED STOCK - UNAFFILIATED					
(1)	NAIC 01 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.003	0
(2)	NAIC 02 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.010	0
(3)	NAIC 03 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.020	0
(4)	NAIC 04 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.045	0
(5)	NAIC 05 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.100	0
(6)	NAIC 06 Preferred Stock	Included in Sch. D, Part 2, Sn 1		0.300	0
(7)	Subtotal - Unaffiliated Preferred Stock (Should equal Page 2, Col 3, Line 2.1 less Sch D Sum, Col 1 Line 18)	Sum of Lines (1) through (6)	0		0
HYBRID SECURITIES - UNAFFILIATED					
(8)	NAIC 01 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.1		0.003	0
(9)	NAIC 02 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.2		0.010	0
(10)	NAIC 03 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.3		0.020	0
(11)	NAIC 04 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.4		0.045	0
(12)	NAIC 05 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.5		0.100	0
(13)	NAIC 06 Hybrids Securities	Sch D, Pt 1A, Sn 1, Col 6, Line 7.6		0.300	0
(14)	Subtotal - Hybrid Securities	Sum of Lines (8) through (13)	0		0
(15)	Total Unaffiliated Preferred Stock and Hybrids	Line (7) + Line (14)	0		0
COMMON STOCK - UNAFFILIATED					
(16)	Federal Home Loan Bank stock	Company Records		0.023	0
(17)	Non-Government Money Market Funds	Sch D Pt 2 Sn 2 Col 6 Line 9399999		0.003	0
(18)	Total Common Stock	Sch D, Summary, Col 1, Line 25			
(19)	Affiliated Common Stock	Sch D, Summary, Col 1, Line 24			
(20)	Other Unaffiliated Common Stock	L(18) - L(16) - L(17) - L(19)	0	0.150	0
(21)	Total Unaffiliated Common Stock	L(16) + L(17) + L(20)	0		0

PROPERTY & EQUIPMENT ASSETS

		Annual Statement Source	1 Book/Adjusted Carrying Value	Factor	2 RBC Requirement
(1)	Properties occupied by the company	Page 2, Col 3, Line 4.1		0.100	0
(2)	Encumbrances (Property occupied by the company)	Page 2, Line 4.1, inside amount		0.100	0
(3)	Properties held for the production of income	Page 2, Col 3, Line 4.2		0.100	0
(4)	Encumbrances (Property held for production of income)	Page 2, Line 4.2, inside amount		0.100	0
(5)	Properties held for sale	Page 2, Col 3, Line 4.3		0.100	0
(6)	Encumbrances (Property held for sale)	Page 2, Line 4.3, inside amount		0.100	0
(7)	Furniture and equipment	L(7.1) + L(7.2) (should equal Page 2, Col 3, Line 21)	0		
(7.1)	HC delivery subject to statutory acct depreciation limits	Company Records		0.100	0
(7.2)	All other furniture and equipment	Company Records		0.100	0
(8)	EDP equipment and software	Page 2, Col 3, Line 20		0.100	0
(9)	Total Property & Equipment	L(1) + L(2) + L(3) + L(4) + L(5) + L(6) + L(7.1) + L(7.2) + L(8)	0		0

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ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #1			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #2			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #3			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #4			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

		1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #5				
(1)	NAIC 02 Unaffiliated Bonds			0.0100	0
(2)	NAIC 03 Unaffiliated Bonds			0.0200	0
(3)	NAIC 04 Unaffiliated Bonds			0.0450	0
(4)	NAIC 05 Unaffiliated Bonds			0.1000	0
(5)	Collateral Loans			0.0500	0
(6)	Mortgages			0.0500	0
(7)	NAIC 02 Preferred Stock			0.0100	0
(8)	NAIC 03 Preferred Stock			0.0200	0
(9)	NAIC 04 Preferred Stock			0.0450	0
(10)	NAIC 05 Preferred Stock			0.1000	0
(11)	NAIC 02 Hybrids Securities			0.0100	0
(12)	NAIC 03 Hybrids Securities			0.0200	0
(13)	NAIC 04 Hybrids Securities			0.0450	0
(14)	NAIC 05 Hybrids Securities			0.1000	0
(15)	Other Long-Term Invested Assets			0.1000	0
(16)	NAIC 02 Working Capital Finance Investments			0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits			0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits			0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits			0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits			0.0260	0
(21)	All Other Low Income Housing Tax Credits			0.0150	0
(22)	Unaffiliated Common Stock			0.1500	0
(23)	Total of Issuer = Lines (1) through (22)		0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #6			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #7			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #8			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #9			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

	1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME #10			
(1)	NAIC 02 Unaffiliated Bonds		0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0.1000	0
(5)	Collateral Loans		0.0500	0
(6)	Mortgages		0.0500	0
(7)	NAIC 02 Preferred Stock		0.0100	0
(8)	NAIC 03 Preferred Stock		0.0200	0
(9)	NAIC 04 Preferred Stock		0.0450	0
(10)	NAIC 05 Preferred Stock		0.1000	0
(11)	NAIC 02 Hybrids Securities		0.0100	0
(12)	NAIC 03 Hybrids Securities		0.0200	0
(13)	NAIC 04 Hybrids Securities		0.0450	0
(14)	NAIC 05 Hybrids Securities		0.1000	0
(15)	Other Long-Term Invested Assets		0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0.0260	0
(21)	All Other Low Income Housing Tax Credits		0.0150	0
(22)	Unaffiliated Common Stock		0.1500	0
(23)	Total of Issuer = Lines (1) through (22)	0		0

ASSET CONCENTRATION

		1	2 Book/Adjusted Carrying Value	Factor	3 Additional RBC
	ISSUER NAME GRAND TOTAL	GRAND TOTAL			
(1)	NAIC 02 Unaffiliated Bonds		0	0.0100	0
(2)	NAIC 03 Unaffiliated Bonds		0	0.0200	0
(3)	NAIC 04 Unaffiliated Bonds		0	0.0450	0
(4)	NAIC 05 Unaffiliated Bonds		0	0.1000	0
(5)	Collateral Loans		0	0.0500	0
(6)	Mortgages		0	0.0500	0
(7)	NAIC 02 Preferred Stock		0	0.0100	0
(8)	NAIC 03 Preferred Stock		0	0.0200	0
(9)	NAIC 04 Preferred Stock		0	0.0450	0
(10)	NAIC 05 Preferred Stock		0	0.1000	0
(11)	NAIC 02 Hybrids Securities		0	0.0100	0
(12)	NAIC 03 Hybrids Securities		0	0.0200	0
(13)	NAIC 04 Hybrids Securities		0	0.0450	0
(14)	NAIC 05 Hybrids Securities		0	0.1000	0
(15)	Other Long-Term Invested Assets		0	0.1000	0
(16)	NAIC 02 Working Capital Finance Investments		0	0.0125	0
(17)	Federal Guaranteed Low Income Housing Tax Credits		0	0.0014	0
(18)	Federal Non-Guaranteed Low Income Housing Tax Credits		0	0.0260	0
(19)	State Guaranteed Low Income Housing Tax Credits		0	0.0014	0
(20)	State Non-Guaranteed Low Income Housing Tax Credits		0	0.0260	0
(21)	All Other Low Income Housing Tax Credits		0	0.0150	0
(22)	Unaffiliated Common Stock		0	0.1500	0
(23)	Total of Issuer = Lines (1) through (22)		0		0

UNDERWRITING RISK

Experience Fluctuation Risk

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 TOTAL
(1) †	Premium	4,509,099					4,509,099
(2) †	Title XVIII - Medicare		XXX	XXX	XXX	XXX	0
(3) †	Title XIX - Medicaid		XXX	XXX	XXX	XXX	0
(4) †	Other Health Risk Revenue		XXX				0
(5)	Underwriting Risk Revenue = L(1) + L(2) + L(3) + L(4)	4,509,099	0	0	0	0	4,509,099
(6) †	Net Incurred Claims	4,349,905					4,349,905
(7) †	Fee-for-Service Offset		XXX				0
(8)	Underwriting Risk Incurred Claims = L(6) - L(7)	4,349,905	0	0	0	0	4,349,905
(9)	Underwriting Risk Claims Ratio = L(8) / L(5)	0.965	0.000	0.000	0.000	0.000	XXX
(10)	Underwriting Risk Factor *	0.150	0.105	0.120	0.251	0.130	XXX
(11)	Base Underwriting Risk RBC = L(5) x L(9) x L(10)	652,692	0	0	0	0	652,692
(12)	Managed Care Discount Factor	1.000	1.000	1.000	1.000	1.000	XXX
(13)	RBC After Managed Care Discount = L(11) x L(12)	652,692	0	0	0	0	652,692
(14) †	Maximum Per-Individual Risk After Reinsurance	175,000					XXX
(15)	Alternate Risk Charge **	350,000	0	0	0	0	XXX
(16)	Alternate Risk Adjustment	0	0	0	0	0	XXX
(17)	Net Alternate Risk Charge ***	350,000	0	0	0	0	350,000
(18)	Net Underwriting Risk RBC (Max(L(13), L(17)))	652,692	0	0	0	0	652,692

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*** TIERED RBC FACTORS**

	Comprehensive Medical	Medicare Supplement	Dental & Vision	Stand-Alone Medicare Part D Coverage	Other
$0 - $3 MILLION	0.150	0.105	0.120	0.251	0.130
$3 - $25 MILLION	0.150	0.067	0.076	0.251	0.130
OVER $25 MILLION	0.090	0.067	0.076	0.151	0.130

**** ALTERNATE RISK CHARGE**

	**The Line (15) Alternate Risk Charge is calculated as follows:				
LESSER OF:	$1,500,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$150,000 or 6 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk

† The Annual Statement Sources are found on Page XR013.

* This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.

*** Limited to the largest of the applicable alternate risk adjustments, prorated if necessary.

UNDERWRITING RISK (FOR INFORMATIONAL PURPOSES ONLY)

Experience Fluctuation Risk

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 TOTAL
(1)	Individual Premium		XXX		XXX	XXX	0
(2)	Small Group Premium		XXX		XXX	XXX	0
(3)	Large Group Premium		XXX		XXX	XXX	0
(4) †	Total Premium						0
(5) †	Title XVIII-Medicare		XXX	XXX	XXX	XXX	0
(6) †	Title XIX-Medicaid		XXX	XXX	XXX	XXX	0
(7) †	Other Health Risk Revenue		XXX				0
(8)	Underwriting Risk Revenue L(4) + L(5) + L(6) + L(7)	0	0	0	0	0	0
(9)	Individual Net Incurred Claims		XXX		XXX	XXX	0
(10)	Small Group Net Incurred Claims		XXX		XXX	XXX	0
(11)	Large Group Net Incurred Claims		XXX		XXX	XXX	0
(12) †	Total Incurred Claims						0
(13) †	Fee-for-Service Offset		XXX				0
(14)	Underwriting Risk Incurred Claims = L(12) - L(13)	0	0	0	0	0	0
(15)	Individual Underwriting Risk Claims Ratio = L(9)/L(1)	0.000	XXX	0.000	XXX	XXX	XXX
(16)	Small Group Underwriting Risk Claims Ratio = L(10)/L(2)	0.000	XXX	0.000	XXX	XXX	XXX
(17)	Large Group Underwriting Risk Claims Ratio = L(11)/L(3)	0.000	XXX	0.000	XXX	XXX	XXX
(18)	Underwriting Risk Claims Ratio = L(14)/L(8)	0.000	0.000	0.000	0.000	0.000	XXX
(19)	Underwriting Risk Factor *	0.150	0.105	0.120	0.251	0.130	XXX
(20)	Base Underwriting Risk RBC = L(8) x L(18) x L(19)	0	0	0	0	0	0
(21)	Managed Care Discount Factor	1.000	1.000	1.000	1.000	1.000	XXX
(22)	RBC After Managed Care Discount = L(20) x L(21)	0	0	0	0	0	0
(23) †	Maximum Per-Individual Risk After Reinsurance						XXX
(24)	Alternate Risk Charge **	0	0	0	0	0	XXX
(25)	Alternate Risk Adjustment	0	0	0	0	0	XXX
(26)	Net Alternate Risk Charge ***	0	0	0	0	0	0
(27)	Net Underwriting Risk RBC (Max(L(22), L(26)))	0	0	0	0	0	0

Footnote 1a: If your company is unable to complete this schedule, please provide an explanation:

Footnote 1b: If your company allocated Line (4) and (12) into Lines (1) through (3) and (9) through (11), describe the basis of the allocation:

Footnote1c: Does the allocation basis reflect estimated impacts of the ACA reinsurance, risk adjustments and risk corridor?.....Yes [ ] No [ ]
Explain:
Footnote 2: Please explain how your company defines small group for the purposes of this form and what is the source of your company's data:

TIERED RBC FACTORS *

	Comprehensive Medical	Medicare Supplement	Dental & Vision	Stand-Alone Medicare Part D Coverage	Other
$0 - $3 MILLION	0.150	0.105	0.120	0.251	0.130
$3 - $25 MILLION	0.150	0.067	0.076	0.251	0.130
OVER $25 MILLION	0.090	0.067	0.076	0.151	0.130

ALTERNATE RISK CHARGE **

	**The Line (24) Alternate Risk Charge is calculated as follows:				
LESSER OF:	$1,500,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$150,000 or 6 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk

† The Annual Statement Sources are found on Page XR013A.
* This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.
*** Limited to the largest of the applicable alternate risk adjustments, prorated if necessary.

UNDERWRITING RISK

† Annual Statement Source

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 Total
(1)	Premium	P7, C2, L1 + L2	P7, C3, L1 + L2	P7, C4 & C5, L1 + L2	Manual Input	Manual Input	
(2)	Title XVIII - Medicare	P7, C7, L1 + L2	XXX	XXX	XXX	XXX	P7, C7, L1 + L2
(3)	Title XIX - Medicaid	P7, C8, L1 + L2	XXX	XXX	XXX	XXX	P7, C8, L1 + L2
(4)	Other Health Risk Revenue	P7, C2, L4	XXX	P7, C4 & C5, L4	Manual Input	Manual Input	
(6)	Net Incurred Claims	P7, C2 + C7 + C8, L17	P7, C3, L17	P7, C4 & C5, L17	Manual Input	Manual Input	
(7)	Fee-for-Service Offset	P7, C2, L3	XXX	P7, C4 & C5, L3	Manual Input	Manual Input	
(14)	Maximum Per-Individual Risk After Reinsurance	Gen Int Pt 2 5.31 + 5.32	Gen Int Pt 2 5.33	Gen Int Pt 2 5.34	Manual Input	Manual Input	XXX

UNDERWRITING RISK

† **Annual Statement Source**

	Line of Business	1 Comprehensive Medical	2 Medicare Supplement	3 Dental & Vision	4 Stand-Alone Medicare Part D Coverage	5 Other	6 Total
(4)	Premium	P7, C2, L1 + L2	P7, C3, L1 + L2	P7, C4 & C5, L1 + L2	Manual Input	Manual Input	0
(5)	Title XVIII - Medicare	P7, C7, L1 + L2	XXX	XXX	XXX	XXX	P7, C7, L1 + L2
(6)	Title XIX - Medicaid	P7, C8, L1 + L2	XXX	XXX	XXX	XXX	P7, C8, L1 + L2
(7)	Other Health Risk Revenue	P7, C2, L4	XXX	P7, C4 & C5, L4	Manual Input	Manual Input	0
(12)	Net Incurred Claims	P7, C2 + C7 + C8, L17	P7, C3, L17	P7, C4 & C5, L17	Manual Input	Manual Input	0
(13)	Fee-for-Service Offset	P7, C2, L3	XXX	P7, C4 & C5, L3	Manual Input	Manual Input	0
(23)	Maximum Per-Individual Risk After Reinsurance	Gen Int Pt 2 5.31 + 5.32	Gen Int Pt 2 5.33	Gen Int Pt 2 5.34	Manual Input	Manual Input	XXX

UNDERWRITING RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Other Underwriting Risk					
(19)	Business with Rate Guarantees Between 15-36 Months - Direct Premium Earned	Gen Int Pt 2, Line 9.21		0.024	0
(20)	Business with Rate Guarantees Over 36 Months - Direct Premium Earned	Gen Int Pt 2, Line 9.22		0.064	0
(21)	FEHBP and TRICARE Claims Incurred	UI Pt2, Col 6, Line 12.4		0.020	0
(22)	Stop Loss and Minimum Premium	Company Records		0.250	0
(22.1)	Supplemental Benefits within Stand-Alone Medicare Part D Coverage	Company Records		0.350	0
(22.2)	Total Other Underwriting Risk	Sum of lines (19) through (22.1)			0
Disability Income Premium					
(23)	Noncancellable Disability Income - Individual Morbidity	Company Records			
(23.1)	First $50 Million Earned Premium of L(23)		0	0.350	0
(23.2)	Over $50 Million Earned Premium of L(23)		0	0.150	0
(23.3)	Total Noncancellable Disability Income - Individual Morbidity	L(23.1) + L(23.2)			0
(24)	Other Disability Income - Individual Morbidity	Company Records			
(24.1)	Earned premium in L(24) [up to $50 million less premium in L(23.1)]		0	0.250	0
(24.2)	Earned Premium in L(24) Not Included in L(24.1)		0	0.070	0
(24.3)	Total Other Disability Income - Individual Morbidity	L(24.1) + L(24.2)			0
(25)	Disability Income - Credit Monthly Balance Plans	Company Records			
(25.1)	First $50 Million Earned Premium of L(25)		0	0.200	0
(25.2)	Over $50 Million Earned Premium of L(25)		0	0.030	0
(25.3)	Total Disability Income - Credit Morbidity	L(25.1) + L(25.2)			0
(26)	Disability Income - Group Long-term	Company Records			
(26.1)	Earned Premium in L(26) [up to $50 million less premium in L(25.1)]		0	0.150	0
(26.2)	Earned Premium in L(26) Not Included in L(26.1)		0	0.030	0
(26.3)	Total Disability Income - Group Long-term	L(26.1) + L(26.2)			0
(27)	Disability Income - Credit Single Premium with Additional Reserves	Company Records			
(27.1)	Additional Reserves for Credit Disability Plans	Company Records			
(27.2)	Additional Reserves for Credit Disability Plans, prior year	Company Records			
(27.3)	Subtotal Disability Income - Credit Single Premium with Additional Reserves	L(27) - L(27.1) + (L27.2)	0		
(27.4)	Earned Premium in L(27.3) [up to $50 million less premium in L(25.1)+(26.1)]		0	0.100	0
(27.5)	Earned Premium in L(27.3) Not Included in L(27.4)		0	0.030	0
(27.6)	Total Disability Income - Credit Single Premium with Additional Reserves	L(27.4) + L(27.5)			0
(28)	Disability Income - Credit Single Premium without Additional Reserves	Company Records			
(28.1)	Earned Premium in L(28) [up to $50 million less prem in L(25.1)+(26.1)+(27.4)]		0	0.150	0
(28.2)	Earned Premium in L(28) not included in L(28.1)		0	0.030	0
(28.3)	Total Disability Income - Credit Single Premium without Additional Reserves	L(28.1) + (L28.2)			0
(29)	Disability Income - Group Short-term	Company Records			
(29.1)	Earned Premium in L(29) [up to $50 million less prem in Lines (25.1)+(26.1)+(27.4)+(28.1)]		0	0.050	0
(29.2)	Earned Premium in L(29) not included in L(29.1)		0	0.030	0
(29.3)	Total Disability Income - Group Short-term	L(29.1) + L(29.2)			0

UNDERWRITING RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Long-Term Care (LTC) Insurance Premium					
(30)	Noncancellable LTC Premium - Rate Risk	Company Records		* 0.100	0
(31)	All LTC Premium - Morbidity Risk (to $50 million)	Line (34.1) Column (1) up to $50 million	0	0.100	0
(32)	LTC Premium (over $50 million) - Morbidity Risk	Remainder of Line (34.1) Column (1) over $50 million	0	0.030	0
(33)	Premium-based RBC	Col (2), Line (30) + Line (31) + Line (32)			0

		Annual Statement Source	1 Premiums	2 Incurred Claims	3 Col. (2)/(1) Loss Ratio §	4 RBC Requirement
Historical Loss Ratio Experience						
(34.1)	Current Year	Company Records			0.000	
(34.2)	Immediate Prior Year	Company Records			0.000	
(34.3)	Average Loss Ratio	If loss ratios are used, [Column (3), Line (34.1) + Line (34.2) / 2, otherwise zero]			0.000	
(35)	Adjusted LTC Claims for RBC	If Column (3) Line (34.3) <> 0, then [Columns (1), Line (31) + Line (32)] x Column (3), Line (34.3), else Column (2), Line (34.1)		0		
(35.1)	Claims (to $35 million) - Morbidity Risk	Lower of Col. (2), Line (35) and $35 million		0	† 0.370	0
(35.2)	Claims (over $35 million) - Morbidity Risk	Excess of Col. (2), Line (35) over $35 million		0	‡ 0.120	0
(36)	LTC Claims Reserves	Company Records			0.050	0
(37)	Claims-based RBC	Col. (4), Line (35.1) + Line (35.2)				0
(38)	LTC RBC	Col. (2), Line (33) + Col. (4), Line (36) + Line (37)				0

* The factor applies to all Noncancellable premium.

† If Column (1), Line (34.1) is positive, then a factor of 0.250 is used. Otherwise, a higher factor of 0.370 is used.

‡ If Column (1), Line (34.1) is positive, then a factor of 0.080 is used. Otherwise, a higher factor of 0.120 is used.

§ If Column (1), Line (34.1) or (34.2) are less than or equal to zero or if Column (2), Line (34.1) or (34.2) are less than zero, the loss ratios are not used and Column (3), Line (34.3) is set to zero.

UNDERWRITING RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Limited Benefit Plans (Individual and Group Combined)					
(39)	Hospital Indemnity and Specified Disease	Included in Page 7, Col 9, Line 1 and 2, in part		0.035	0
(39.1)	50,000 if L(39) is greater than zero				0
(39.2)	Total Hospital Indemnity and Specified Disease	L(39) + L(39.1)			0
(40)	Accidental Death & Dismemberment	Included in Page 7, Col 9, Line 1 and 2, in part			
(40.1)	First 10 Million Earned Premium of L(40)		0	0.055	0
(40.2)	Over 10 Million Earned Premium of L(40)		0	0.015	0
(40.3)	Maximum Retained Risk for any single claim	Company Records			
(40.4)	Three times L(40.3)		0		
(40.5)	Lesser of L(40.4) or $300,000				0
(40.6)	Total AD&D	L(40.1) + L(40.2) + L(40.5)			0
(41)	Other Accident	Included in Page 7, Col 9, Line 1 and 2, in part		0.050	0
(42)	Premium Stabilization Reserves	Included in U&I, Part 2D, Col 1, Line 4	0	(0.500)	‡‡ 0
(43)	Total, Other Underwriting Risk	L(22.2) + L(23.3) + L(24.3) + L(25.3) + L(26.3) + L(27.6) + L(28.3) + L(29.3) + L(38) + L(39.2) + L(40.6) + L(41) + L(42)			0

‡‡ This is limited to the total Net Underwriting RBC on XR012, Col (6), Line (18) less Col (4) and XR014, Col. (2), Lines (22.2), (23.3), (24.3), (25.3), (26.3), (27.6), (28.3), (29.3), XR015 Col. (2), Line (33), and XR016 Col. (2), Line (39.2), (40.6) and (41).

UNDERWRITING RISK - MANAGED CARE CREDIT CALCULATION

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

† This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.

†† This column is for the Medicare Part D managed care discount factor.

§ Stand-Alone Medicare Part D Business reported in Lines (12) and (13) should be excluded from these amounts.

* The factor is calculated on Page XR018.

UNDERWRITING RISK - MANAGED CARE CREDIT CALCULATION

	* Calculation of Category 2 Managed Care Factor	Annual Statement Source	1 Amount
(18)	Withhold & bonus payments, prior year	Company Records	
(19)	Withhold & bonuses available, prior year	Company Records	
(20)	MCC Multiplier - average withhold returned [L(18)/L(19)]		0.000
(21)	Withholds & bonuses available, prior year	Company Records	0
(22)	Claims payments subject to withhold, prior year	Company Records	
(23)	Average withhold rate, prior year [L(21)/L(22)]		0.000
(24)	MCC Discount Factor, Category 2 Min{.25,[L(20) x L(23)]}		0.000

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

CREDIT RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Reinsurance Ceded					
(1)	Recoverables on Paid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 6, Line 1899999			
(2)	Recoverables on Paid Losses - Other Affiliates	Included in Sch S, Pt 2, Col 6, Line 1899999		0.005	0
(3)	Recoverables on Paid Losses - Non-Affiliates (excluding ACA Reinsurance)	Included in Sch S, Pt 2, Col 6, Line 2199999			
(4)	Recoverables on Paid Losses - Affordable Care Act	Notes to Financial Statement 24E(2)b1			
(5)	Recoverables on Paid Losses - Non-Affiliates	Lines (3) + (4)	0	0.005	0
(6)	Total Recoverables on Paid Losses	Lines (1) + (2) + (5) (Sch S, Pt 2, Col 6, Line 2299999)	0		0
(7)	Recoverables on Unpaid Losses - 100% Owned Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999			
(8)	Recoverables on Unpaid Losses - Other Affiliates	Included in Sch S, Pt 2, Col 7, Line 1899999		0.005	0
(9)	Recoverables on Unpaid Losses - Non-Affiliates (excluding ACA Reinsurance)	Included in Sch S, Pt 2, Col 7, Line 2199999	24,484		
(10)	Recoverables on Unpaid Losses - Affordable Care Act	Notes to Financial Statement 24E(2)b2			
(11)	Recoverables on Unpaid Losses - Non-Affiliates	Lines (9) + (10)	24,484	0.005	122
(12)	Total Recoverables on Unpaid Losses	Line (7) + (8) + (11) (Sch S, Pt 2, Col 7, Line 2299999)	24,484		122
(13)	Unearned premiums - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0799999 + Line 1899999 + Line 2999999			
(14)	Unearned premiums - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 0799999 + Line 1899999 + Line 2999999		0.005	0
(15)	Unearned premiums - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 9, Line 1099999 + Line 2199999 + Line 3299999		0.005	0
(16)	Total unearned premiums	Lines (13) + (14) + (15)	0		0
(17)	Other Reserve Credits - 100% Owned Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Line 0799999 + Line 1899999 + Line 2999999			
(18)	Other Reserve Credits - Other Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Line 0799999 + Line 1899999 + Line 2999999		0.005	0
(19)	Other Reserve Credits - Non-Affiliates	Included in Sch S, Pt 3, Sn 2, Col 10, Line 1099999 + Line 2199999 + Line 3299999		0.005	0
(20)	Total Other Reserve Credits	Lines (17) + (18) + (19)	0		0
(21)	Total Reinsurance RBC	L(6) + L(12) + L(16) + L(20)			122
Capitations to Intermediaries					
(22)	Total Capitations Paid Directly to Providers	XR017, Col (2), Line (5)			
(23)	Less Secured Capitations to Providers	Company Records	0		
(24)	Capitation to Providers Subject to Credit Risk Charge	Line (22) - Line (23)	0	0.020	0
(25)	Total Capitations to Intermediaries	XR017, Col (2) Line (6) + Line (7)			
(26)	Less Secured Capitations to Intermediaries	Company Records	0		
(27)	Capitations to Intermediaries Subject to Credit Risk Charge	Line (25) - Line (26)	0	0.040	0
(28)	Capitation Credit Risk RBC	Line (24) + Line (27)			0

CREDIT RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Other Receivables					
(29)	Investment Income Receivable	Page 2, Col 3, Line 14		0.010	0
(30)	Health Care Receivables	Exhibit 3, Col 7, Line 0799999	102,258		
(30.1)	Pharmaceutical Rebate Receivables	Exhibit 3, Col 7, Line 0199999	51,990	0.050	2,600
(30.2)	Claim Overpayment Receivables	Exhibit 3, Col 7, Line 0299999		0.050	0
(30.3)	Loan and Advances to Providers	Exhibit 3, Col 7, Line 0399999		0.050	0
(30.4)	Capitation Arrangement Receivables	Exhibit 3, Col 7, Line 0499999		0.050	0
(30.5)	Risk Sharing Receivables	Exhibit 3, Col 7, Line 0599999		0.050	0
(30.6)	Other Health Care Receivables	Exhibit 3, Col 7, Line 0699999	50,268	0.050	2,513
(31)	Amounts Receivable Relating to Uninsured A&H Plans	Included in Page 2, Col 3, Line 17		0.050	0
(32)	Amounts Due From Parents, Subs and Affiliates	Page 2, Col 3, Line 23		0.050	0
(33)	Aggregate Write-ins for other than invested assets	Page 2, Col 3, Line 25		0.050	0
(34)	Total Other Receivables RBC	L(29) + Sum L(30.1) through L(33)			5,113
(35)	TOTAL CREDIT RBC	L(21) + L(28) + L(34)			5,235

BUSINESS RISK

		Annual Statement Source	1 Amount	Factor	2 RBC Requirement
Administrative Expense Risk					
(1)	Claims Adjustment Expenses	Page 4, Col 2, Line 20	457,450		
(2)	General Administrative Expenses	Page 4, Col 2, Line 21	34,763		
(3)	Less the Net amount of ASC Revenue and Expenses included in Line 1 and 2	Company Records			
(4)	Less the Net amount of ASO Revenue and Expenses included in Line 1 and 2	Company Records			
(5)	Less Admin Expenses for Commission & Premium Taxes	Underwriting & Investment Exhibit Part 3, Line 3, in part			
(6)	Administrative Expenses Base RBC	L(1) + L(2) - L(3) - L(4) - L(5)	492,213	* 0.070	34,455
(7)	Proration of Admin Expense to Experience Fluctuation Risk	L(6) * L(20) / (L(21) + L(22))			34,455
Non-Underwritten and Limited-Risk					
(8)	Administrative expenses for ASC arrangements	Company Records		0.020	0
(9)	Administrative expenses for ASO arrangements	Company Records		0.020	0
(10)	Medical costs paid through ASC arrangements (Including Fee-for-service received from other health entities)	Company Records		0.010	0
(11)	Non-Underwritten and Limited Risk Business RBC		0		0
Guaranty Fund Assessment Risk					
(12)	Premiums Subject to Guaranty Fund Assessment	Included in Sch T - Company Records		0.005	0
Excessive Growth Risk					
(13)	Underwriting Risk Revenue, Prior Year	2013 XR012 Col (6) Line (5) (manual entry)	5,340,138		
(14)	Underwriting Risk Revenue, Current Year	2014 XR012 Col (6) Line (5)	4,509,099		
(15)	Net Underwriting Risk RBC, Prior Year	2013 XR012 Col (6) Line (18) (manual entry)	688,077		
(16)	Net Underwriting Risk RBC, Current Year	2014 XR012 Col (6) Line (18)	652,692		
(17)	RBC Growth Safe Harbor	[L(14) / L(13) + 0.10] * L(15)	0		
(18)	Excess of RBC Growth Over Safe Harbor	Max{0, L(16) - L(17)}	0		
(19)	Excessive Growth Risk RBC	0.5 * L(18)			0

* The factor for the Administrative Expenses Base RBC is calculated as a weighted average, based on premium volume from XR012.

			Premium	Weight	Weighted Premium
(20)	Experience Fluctuation Risk Revenue	XR012, Col (6), Line (5)	4,509,099		
(21)	Premiums Earned	Page 4, Col 2, Line 2 + 3	4,509,099		
(22)	Risk Revenue	Page 4, Col 2, Line 5			
(23)	Tier 1 - $0 to $25 Million of Line (20)		4,509,099	0.070	315,637
(24)	Tier 2 - Amount over $25 Million of Line (20)		0	0.040	0
(25)	Total Experience Fluctuation Risk Revenue	L(23) + L(24)	4,509,099		315,637
(26)	Administrative Expenses Base RBC Factor	Col (2), Line (25) / Col (1), Line (25)			0.070

OPERATIONAL RISK (FOR INFORMATIONAL PURPOSES ONLY)

		Reference	1 Statement Value	Factor	2 RBC Requirement
(1)	Net Written Premium	U&I, Part 1, Premiums, C4, L12		XXX	XXX
(2)	Net Claim Liability Reserves	U&I, Part 2A, Claims Liab. CY, C1, L4.4		XXX	XXX
(3)	Base Operational Risk Charge	C(2) - Greater of L(1) or L(2)			XXX
Growth Operational Risk:					
(4)	Current Year Direct Premiums Written	U&I, Part 1, Premiums, C1, L12			
(5)	Current Year Reinsurance Assumed from Affiliates	Sch. S, Part 1, Section 2, C7, L0799999 + Life Supp. Sch. S, Part 1, Section 1, C9, L0799999 + P&C Supp. Sch. F, Part 1, C5, L0899999			
(6)	Current Year Reinsurance Assumed from Non-Affiliates	Sch. S, Part 1, Section 2, C7, L1099999 + Life Supp. Sch. S, Part 1, Section 1, C9, L1099999 + P&C Supp. Sch. F, Part 1, C5, L0999999			
(7)	Current Year Gross Premiums Written Excluding Reinsurance Assumed from Affiliates	C(1), L(4) + (6)	0		
(8)	Prior Year Direct Premiums Written	PY U&I, Part 1, Premiums, C1, L12			
(9)	Prior Year Reinsurance Assumed from Affiliates	PY Sch. S, Part 1, Section 2, C7, L0799999 + PY Life Supp. Sch. S, Part 1, Section 1, C9, L0799999 + PY P&C Supp. Sch. F, Part 1, C5, L0899999			
(10)	Prior Year Reinsurance Assumed from Non-Affiliates	PY Sch. S, Part 1, Section 2, C7, L1099999 + PY Life Supp. Sch. S, Part 1, Section 1, C9, L1099999 + PY P&C Supp. Sch. F, Part 1, C5, L0999999			
(11)	Prior Year Gross Premiums Written Excluding Reinsurance Assumed from Affiliates	C(1), L(8) + (10)	0		
(12)	Gross Written Premium in Excess of 125% of Prior Year's Gross Written premium	C(1), L(7) - (1.25 x C(1), L(11))	0	XXX	XXX
(13)	Operational Risk Charge (Tentatively as H5 - covariance treatment to be determined later)	C(2), L(12) + C(2), L(3)			XXX
Alternate Base Operational Risk Charge - Capital Add-on Approach (tentatively as potential capital add-on after covariance)					
(14)	RBC After Covariance	Page XR024, L(37)		XXX	XXX
(15)	Total Operational Risk Charge Based on Capital Add-on and Growth Charges	C(2), L12) + C(2), L(14)			XXX

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

			1 RBC Amount
H0 - ASSET RISK - AFFILIATES W/RBC			
(1)	Off-Balance Sheet Items	XR005, Off-Balance Sheet Page - L(21)	
(2)	Directly Owned Insurer Subject to RBC	XR003, Affiliates Page, L(1)	
(3)	Indirectly Owned Insurer Subject to RBC	XR003, Affiliates Page, L(2)	
(4)	Directly Owned MCO Subject to RBC	XR003, Affiliates Page, L(3)	
(5)	Indirectly Owned MCO Subject to RBC	XR003, Affiliates Page, L(4)	
(6)	Directly Owned Alien Insurer	XR003, Affiliates Page, L(7)	
(7)	Indirectly Owned Alien Insurer	XR003, Affiliates Page, L(8)	
(8)	Total H0	Sum L(1) through L(7)	0
H1 - ASSET RISK - OTHER			
(9)	Investment Subsidiary	XR003, Affiliates Page, L(5)	
(10)	Holding Company Excess of Subsidiaries	XR003, Affiliates Page, L(6)	
(11)	Investment in Parent	XR003, Affiliates Page, L(9)	
(12)	Other Affiliates	XR003, Affiliates Page, L(10)	
(13)	Fair Value Excess Affiliate Common Stock	XR003, Affiliates Page, L(11)	
(14)	Fixed Income Assets	XR006, Off-Balance Sheet Collateral L(9)+L(19)+L(20)+L(21) + XR007, Fixed Income Assets Page, L(34)	3,419
(15)	Replication & Mandatory Convertible Securities	XR008, Replication/MCS Page, L(9999999)	
(16)	Unaffiliated Preferred Stock and Hybrid Securities	XR006, Off-Balance Sheet Collateral L(16) + XR009, Equity Assets Page, L(15)	
(17)	Unaffiliated Common Stock	XR006, Off-Balance Sheet Collateral L(17) + XR009, Equity Assets Page, L(21)	
(18)	Property & Equipment	XR006, Off-Balance Sheet Collateral L(18) + XR010, Prop/Equip Assets Page, L(9))	
(19)	Asset Concentration	XR011, Grand Total, Asset Concentration Page, L(23)	
(20)	Total H1	Sum L(9) through L(19)	3,419
H2 - UNDERWRITING RISK			
(21)	Net Underwriting Risk	XR012, Underwriting Risk Page, L(18)	652,692
(22)	Other Underwriting Risk	XR014, Underwriting Risk Page, L(22.2)	
(23)	Disability Income	XR014, Underwriting Risk Page, L(23.3)+L(24.3)+L(25.3)+L(26.3)+L(27.6)+L(28.3)+L(29.3)	
(24)	Long-Term Care	XR015, Underwriting Risk Page, L(38)	
(25)	Limited Benefit Plans	XR016, Underwriting Risk Page, L(39.2) + L(40.6) + L(41)	
(26)	Premium Stabilization Reserve	XR016, Underwriting Risk Page, L(42)	
(27)	Total H2	Sum L(21) through L(26)	652,692

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

			1 RBC Amount
H3 - CREDIT RISK			
(28)	Total Reinsurance RBC	XR019, Credit Risk Page, L(21)	122
(29)	Intermediaries Credit Risk RBC	XR019, Credit Risk Page, L(28)	
(30)	Total Other Receivables RBC	XR020, Credit Risk Page, L(34)	5,113
(31)	Total H3	Sum L(28) through L(30)	5,235
H4 - BUSINESS RISK			
(32)	Administrative Expense RBC	XR021, Business Risk Page, L(7)	32,124
(33)	Non-Underwritten and Limited Risk Business RBC	XR021, Business Risk Page, L(11)	
(34)	Premiums Subject to Guaranty Fund Assessments	XR021, Business Risk Page, L(12)	
(35)	Excessive Growth RBC	XR021, Business Risk Page, L(19)	
(36)	Total H4	Sum L(32) through L(35)	32,124
(37)	RBC After Covariance	H0+Square Root of ($H1^2$+$H2^2$+$H3^2$+$H4^2$)	653,512
(38)	Authorized Control Level RBC	0.50 * RBC AFTER COVARIANCE	326,756

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CALCULATION OF TOTAL ADJUSTED CAPITAL

		Annual Statement Source	1 Amount	Factor	2 Adjusted Capital
Company Amounts					
(1)	Capital and Surplus	Page 3, Col 3, Line 33	1,151,544	1.000	1,151,544
Subsidiary Adjustments					
(2)	AVR - Life Subsidiaries	Affiliate's statement		1.000	0
(3)	Dividend Liability - Life Subsidiaries	Affiliate's statement		0.500	0
(4)	Tabular Discounts - P&C Subsidiaries	Affiliate's statement		(1.000)	0
(5)	Non-Tabular Discounts - P&C Subsidiaries	Affiliate's statement		(1.000)	0
(6)	Total Adjusted Capital, Post-Deferred Tax				1,151,544
Sensitivity Test					
(7)	DTA Value for Company	Page 2, Col 3, Line 18.2		1.000	0
(8)	DTL Value for Company	Page 3, Col 3, Line 10.2		1.000	0
(9)	DTA Value for Insurance Subsidiaries	Company Records		1.000	0
(10)	DTL Value for Insurance Subsidiaries	Company Records		1.000	0
(11)	Total Adjusted Capital, Pre-Deferred Tax (Sensitivity)	L(6) - L(7) + L(8) - L(9) + L(10)			1,151,544
Ex DTA ACL RBC Ratio Sensitivity Test					
(12)	Deferred Tax Asset	Page 2 Column 3 Line 18.2		1.000	0
(13)	Total Adjusted Capital Less Deferred Tax Asset	Line (6) less Line (12)			1,151,544
(14)	Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to RBC Line (4)			326,756
(15)	Ex DTA ACL RBC Ratio	Line (13) / Line (14)			352.417
ACA Fee RBC Ratio Sensitivity Test					
(16)	ACA Fee (Data Year Amount to be Paid in the Fee Year)	Note 22A		1.000	0
(17)	Total Adjusted Capital Less ACA Fee	Line (6) less Line (16)			1,151,544
(18)	Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to RBC Line (4)			326,756
(19)	ACA Fee RBC Ratio	Line (17) / Line (18)			352.400

XR025

Federal ACA Risk Adjustment and Risk Corridor Sensitivity Test:			(1) Annual Statement (1-Senstivity %)	Factor	(2) RBC Result	(3) Adjusted Capital	(4) Annual Statement (1+Sensitive %)	Factor	(5) RBC Result	(6) Adjusted Capital
(20)	Premium Adjustment Receivable Due to ACA Risk Adjustment Liability	Notes to Financial Statement 24E2a1 x (0.75) = C(1)L(20) and Notes to Financial Statement 24E2a1 x (1.25) = C(4)L(20)		0.500	0			0.500	0	
(21)	Premium Adjustments Payable Due to ACA Risk Adjustment Operations	Notes to Financial Statement 24E2a3 x (0.75) = C(1)L(21) and Notes to Financial Statement 24E2a3 x (1.25) = C(4)L(21)		0.500	0			0.500	0	
(22)	Total ACA Risk Adjustments Payable less Receivable	Line (21) - Line (20)			0				0	
(23)	Accrued Retrospective Premium Due to ACA Risk Corridors	Notes to Financial Statement 24E2c1 x (0.75) = C(1)L(23) and Notes to Financial Statement 24E2c1 x (1.25) = C(4)L(23)		0.500	0			0.500	0	
(24)	Reserve for Rate Credits or Policy Experience Rating Refunds Due to ACA Risk Corridors	Notes to Financial Statement 24E2c2 x (0.75) = C(1)L(24) and Notes to Financial Statement 24E2c2 x (1.25) = C(4)L(24)		0.500	0			0.500	0	
(25)	Total ACA Risk Corridor Retrospective Premium and Rate Credits or Policy Experience Rating Refunds (Net)	Line (24) - Line (23)			0				0	
(26)	Total Risk Adjustment and Risk Corridor	Absolute Value of (Line (22) + Line (25))			0				0	
(27)	Total Adjusted Capital, Post-deferred Tax	Line (6)				1,151,544				1,151,544
(28)	Total Adjusted Capital Stressed for Risk Adjustments	Line (27) - Line (26)				1,151,544				1,151,544
(29)	Authorized Control Level RBC	XR026 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)				326,756				326,756
(30)	ACA Risk Adjusted ACL RBC Ratio	Line (28) / Line (29)				352.400				352.400

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

		Abbreviation	1 Amount
(1)	Total Adjusted Capital, Post-Tax		1,151,544
(2)	Company Action Level=200% of Authorized Control Level	CAL	653,512
(3)	Regulatory Action Level=150% of Authorized Control Level	RAL	490,134
(4)	Authorized Control Level=100% of Authorized Control Level	ACL	326,756
(5)	Mandatory Control Level=70% of Authorized Control Level	MCL	228,729
(6)	Level of Action, if Any		NONE
THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY ON THE INDICATED LINE			
	Total Adjusted Capital on Line 14 of the Five Year Historical Data Page		1,151,544
	Authorized Control Level Risk-Based Capital on Line 15 of the Five Year Historical Data Page		326,756

XR026

TREND TEST

		Annual Statement Source	1 Amount	2 Result
(7)	Total Revenue	Page 4, Line 8	4,509,099	
(8)	Underwriting Deductions	Page 4, Line 23	4,808,815	
(9)	Combined Ratio	Line (8)/Line (7)	106.600	
(10)	RBC Ratio	Line (1)/Line (4)	352.400	
(11)	Trend Test Result	If Line (10) is between 200% and 300% and Line (9) > 105%, then "Yes", otherwise "No"		No
(12)	Level of Action, if any, including Trend Test		NONE	

Pandemic and Biological Risk - Interrogatories
(For Informational Purposes ONLY)

In 2011, the Solvency Modernization Initiative Risk-Based Capital (E) Subgroup tasked the Health Risk-Based Capital (E) Working Group to look at catastrophe risks (such as pandemic and biological risks) and consider the impact to a health insurer should a major health catastrophe occur. The Working Group understands that some health insurers currently hold a certain amount of capital should such a catastrophic or tail event occur. In order to evaluate these potential risks, the Health Risk-Based Capital (E) Working Group asks that health insurers complete the interrogatory questions for informational purposes only.

		Yes/No Response
(1)	Do you allocate a component of surplus for pandemic or bio risks? Yes or No.	NO
(2.1)	Do you use modeling for this? Yes or No.	
(2.2)	If yes, describe modeling.	
(3.1)	Do you have a computation for this? Yes or No.	
(3.2)	If yes, describe computation.	

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.

Estimates

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

Valuation of investments

The statement of admitted assets, liabilities and surplus – statutory basis includes investments valued as follows: investments in common stocks and mutual funds traded on a national securities exchange are valued at the last reported sales price at the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on thatdate 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, if any, 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.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

None

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

None

NOTE 4 – DISCONTINUED OPERATIONS

None

NOTE 5 – INVESTMENTS

The following table presents the fair values of the Plan's investments at December 31, 2014 and 2013 valued in accordance with footnote number 2.

	2014	2013
Cash		
JP Morgan Chase Bank - Checking	$ 32,887	$ 298,383
Bank Midwest, NA	249,679	249,142
CAT Floating Rate Demand Note	0	60,300
Capital Bank	249,271	0
Columbus First Bank	0	249,373
Commerce National Bank	0	124,223
Everbank	249,383	249,512
GE Floating Rate Demand Note	0	60,354
Huntington National Bank	0	62,739
Metro City Bank	0	249,505
Mid America Bank	8,267	0
Nationwide Bank	101,011	249,500
Plaza Bank	249,229	249,346
TD Bank	0	243,482
Total cash	$ 1,139,727	$ 2,345,859

NOTES TO FINANCIAL STATEMENTS

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES None

NOTE 7 – INVESTMENT INCOME No investment incom e excluded, no significant change

NOTE 8 – DERIVATIVE INSTRUMENTS None

NOTE 9 – INCOME TAXES

The trust established under the Plan is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly the Plan's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the trustees believe that the Plan, as amended, continues to qualify and to operate as designed.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES None

NOTE 11 – DEBT None

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

None

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS None

NOTE 14 – CONTINGENCIES None

NOTE 15 – LEASES None

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

None

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES None

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

None

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS None

NOTE 20 – FAIR VALUE MEASUREMENTS None

NOTE 21 - OTHER ITEMS None

NOTES TO FINANCIAL STATEMENTS

NOTE 22 – EVENTS SUBSEQUENT None

NOTE 23 – REINSURANCE

A stop loss insurance policy is carried by the Plan for claims paid in excess of $175,000 annually. 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. Aggregate coverage reimburses the Plan if total claims exceed a specified amount

NOTE 24 – RETROSPECTIVELY RTED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION None

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The amount of incurred but unpaid claims reserve as of December 31, 2014 and 2013, was based on a study completed by the Plan's actuary and includes estimated loss adjustment expenses of $80,000 for 2014 and $88,900 for 2013.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS None

NOTE 27 – STRUCTURED SETTLEMENTS None

NOTE 28 – HEALTH CARE RECEIVABLES

Rx rebate receivables	$ 51,990 (2014)	$ 51,668 (2013)

NOTE 29 – PARTICIPATING POLICIES None

NOTE 30 – PREMIUM DEFICIENCY RESERVES None

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION None

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings 1 Amount	Gross Investment Holdings 2 Percentage	Admitted Assets as Reported in the Annual Statement 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	1,139,727	100.0		1,139,727	1,139,727	100.0
11. Other invested assets		0.0			0	0.0
12. Total invested assets	1,139,727	100.0	0	1,139,727	1,139,727	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

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States				
Governments (Including all obligations	2. Canada				
guaranteed by governments)	3. Other Countries				
	4. Totals	0	0	0	0
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	8. United States				
Securities (Unaffiliated)	9. Canada				
	10. Other Countries				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	0	0	0	0
PREFERRED STOCKS	14. United States				
Industrial and Miscellaneous (Unaffiliated)	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS	20. United States				
Industrial and Miscellaneous (Unaffiliated)	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	0	0	0	

NONE

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)
1. U.S. Governments											
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
2. All Other Governments											
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
3. U.S. States, Territories and Possessions, etc., Guaranteed				NONE							
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
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
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
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
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

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

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

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

NONE

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. **Total Bonds Current Year**											
9.1 NAIC 1	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.2 NAIC 2	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 NAIC 3	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 NAIC 4	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 NAIC 5	(d) 0	0	0	0	0	(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
10. **Total Bonds Prior Year**											
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
11. **Total Publicly Traded Bonds**											
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
12. **Total Privately Placed Bonds**											
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

NONE

(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
1. **U.S. Governments**											
1.1 Issuer Obligations						0	0.0		0.0		
1.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
1.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
1.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
1.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. **All Other Governments**											
2.1 Issuer Obligations						0	0.0		0.0		
2.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
2.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
2.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
2.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. **U.S. States, Territories and Possessions, Guaranteed**											
3.1 Issuer Obligations						0	0.0		0.0		
3.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
3.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
3.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
3.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. **U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed**											
4.1 Issuer Obligations						0	0.0		0.0		
4.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
4.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
4.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
4.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. **U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed**											
5.1 Issuer Obligations						0	0.0		0.0		
5.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
5.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
5.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
5.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
6. **Industrial and Miscellaneous (unaffiliated)**											
6.1 Issuer Obligations						0	0.0		0.0		
6.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
6.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
6.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
6.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. **Hybrid Securities**											
7.1 Issuer Obligations						0	0.0		0.0		
7.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
7.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
7.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
7.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. **Parent, Subsidiaries and Affiliates**											
8.1 Issuer Obligations						0	0.0		0.0		
8.2 Residential Mortgage-Backed Securities						0	0.0		0.0		
8.3 Commercial Mortgage-Backed Securities						0	0.0		0.0		
8.4 Other Loan-Backed and Structured Securities						0	0.0		0.0		
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

NONE

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
9. **Total Bonds Current Year**											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Totals	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.6 Line 9.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	0.0
10. **Total Bonds Prior Year**											
10.1 Issuer Obligations						XXX	XXX	0	0.0		
10.2 Residential Mortgage-Backed Securities						XXX	XXX	0	0.0		
10.3 Commercial Mortgage-Backed Securities						XXX	XXX	0	0.0		
10.4 Other Loan-Backed and Structured Securities						XXX	XXX	0	0.0		
10.5 Totals	0	0	0	0	0	XXX	XXX	0	100.0	0	0
10.6 Line 10.5 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
11. **Total Publicly Traded Bonds**											
11.1 Issuer Obligations						0	0.0	0	0.0	0	XXX
11.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
11.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	XXX
11.6 Line 11.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
12. **Total Privately Placed Bonds**											
12.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
12.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	XXX	0
12.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	XXX	0
12.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	XXX	0
12.5 Totals	0	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	0.0	XXX	XXX	XXX	XXX	0.0
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	0.0	XXX	XXX	XXX	XXX	0.0

NONE

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

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

NONE

(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

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Futures Contracts

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 6 prior year)			
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change Column)			
3.1	Add:			
	Change in variation margin on open contracts - highly effective hedges:			
	3.11 Section 1, Column 15, current year minus			
	3.12 Section 1, Column 15, prior year		0	
	Change in the valuation margin on open contracts - all other:			
	3.13 Section 1, Column 18, current year minus			
	3.14 Section 1, Column 18, prior year		0	0
3.2	Add:			
	Change in adjustment to basis of hedged item:			
	3.21 Section 1, Column 17, current year to date minus			
	3.22 Section 1, Column 17, prior year		0	
	Change in amount recognized:			
	3.23 Section 1, Column 19, current year to date minus			
	3.24 Section 1, Column 19, prior year		0	0
3.3	Subtotal (Line 3.1 minus Line 3.2)			0
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15)			
4.2	Less:			
	4.21 Amount used to adjust basis of hedged item (Section 2, Column 17)			
	4.22 Amount recognized (Section 2, Column 16)		0	
4.3	Subtotal (Line 4.1 minus Line 4.2)			0
5.	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

NONE

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

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

NONE

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

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

NONE

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

NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS

Cash Equivalents

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

NONE

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