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# HEALTH QUARTERLY STATEMENT

As of **September 30, 2015**  
of the Condition and Affairs of the

## Ohio Bankers Benefits Trust

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

Employer's ID Number..... 31-6172509

Organized under the Laws of Ohio  
Licensed as Business Type MEWA  
Incorporated/Organized.....1997

State of Domicile or Port of Entry Ohio  
Country of Domicile USA  
Is HMO Federally Qualified? Yes [ ] No [ ] N/A  
Commenced Business.....1997

Statutory Home Office 4215 Worth Avenue, Suite 300, Columbus, Ohio 43219  
*(Street and Number) (City or Town, State, Country and Zip Code)*

Main Administrative Office 4215 Worth Avenue, Suite 300, Columbus, Ohio 43219  
*(Street and Number) (City or Town, State, Country and Zip Code)* 614-340-7595  
*(Area Code) (Telephone Number)*

Mail Address 4215 Worth Avenue, Suite 300, Columbus, Ohio 43219  
*(Street and Number) (City or Town, State, Country and Zip Code)*

Primary Location of Books and Records 4215 Worth Avenue, Suite 300, Columbus, Ohio 43219  
*(Street and Number) (City or Town, State, Country and Zip Code)*

Internet Web Site Address  
Statutory Statement Contact Jeff Quayle  
*(Name)*  
jqayle@ohiobankersleague.com  
*(E-Mail Address)*

614-340-7603  
*(Area Code) (Telephone Number) (Extension)*  
614-340-7599  
*(Area Code) (Telephone Number) (Fax Number)*

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

John Malanowski  
Dean Miller  
Paul Reed  
Judy Root  
Thomas Will

State of.....Ohio  
County of.....Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefor 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.

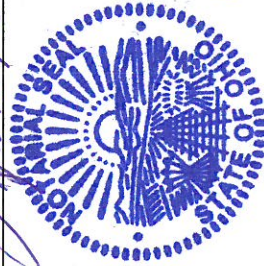
<i>Jeffrey D. Gluyke</i> <i>(Signature)</i>	<i>Erin J. Husstein</i> <i>(Signature)</i>
<i>Jeffrey D. Gluyke</i> 1. (Printed Name)	<i>Erin J. Husstein</i> 3. (Printed Name)
<i>Managing Director</i> (Title)	<i>Trustee</i> (Title)

Subscribed and sworn to before me

This 4th day of November, 2015

- 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 \_\_\_\_\_

*Lynn K. Moore*



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OFFICE OF RISK ASSESSMENT

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## ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	4,008,521		4,008,521	2,951,103
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....	338,172		338,172	1,055,463
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....				
4.2 Properties held for the production of income (less \$.....0 encumbrances).....				
4.3 Properties held for sale (less \$.....0 encumbrances).....				
5. Cash (\$.....6,680,980), cash equivalents (\$.....0) and short-term investments (\$.....0).....	6,680,980		6,680,980	5,986,366
6. Contract loans (including \$.....0 premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....	0		0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	11,027,673	0	11,027,673	9,992,932
13. Title plants less \$.....0 charged off (for Title insurers only).....				
14. Investment income due and accrued.....	26,157		26,157	18,452
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....				
15.3 Accrued retrospective premiums.....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....0).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....0) and other amounts receivable.....				
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	11,053,830	0	11,053,830	10,011,384
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	11,053,830	0	11,053,830	10,011,384

## DETAILS OF WRITE-INS

1101. ....				
1102. ....				
1103. ....				
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. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period		Prior Year Total
	1 Covered	2 Uncovered	
		3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,375,000	1,375,000	1,237,500
2. Accrued medical incentive pool and bonus amounts.....	0	0	0
3. Unpaid claims adjustment expenses.....	130,000	130,000	123,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	0	0	0
5. Aggregate life policy reserves.....	0	0	0
6. Property/casualty unearned premium reserve.....	0	0	0
7. Aggregate health claim reserves.....	0	0	0
8. Premiums received in advance.....	0	0	8,891
9. General expenses due or accrued.....	10,058	10,058	5,423
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	0	0	0
10.2 Net deferred tax liability.....	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0
13. Remittances and items not allocated.....	0	0	0
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	0	0	0
16. Derivatives.....	0	0	0
17. Payable for securities.....	0	0	0
18. Payable for securities lending.....	0	0	0
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....	0	0	0
20. Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0	0
22. Liability for amounts held under uninsured plans.....	0	0	0
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,515,058	1,515,058	1,374,814
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0
26. Common capital stock.....	XXX	XXX	0
27. Preferred capital stock.....	XXX	XXX	0
28. Gross paid in and contributed surplus.....	XXX	XXX	0
29. Surplus notes.....	XXX	XXX	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0
31. Unassigned funds (surplus).....	XXX	XXX	8,636,570
32. Less treasury stock, at cost:			
32.1 .....0,000 shares common (value included in Line 26 \$.....0).....	XXX	XXX	0
32.2 .....0,000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	8,636,570
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	10,011,384

## DETAILS OF WRITE-INS

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

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		
1. Member months.....	XXX	11,405	10,609	14,244
2. Net premium income (including \$.....0 non-health premium income).....	XXX	11,958,972	11,704,130	15,593,937
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	11,958,972	11,704,130	15,593,937
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		7,615,381	7,230,594	9,546,664
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		2,285,594	1,612,911	2,231,250
14. Aggregate write-ins for other hospital and medical.....		137,500	(255,500)	(247,500)
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....		10,038,475	8,588,005	11,530,414
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....		10,038,475	8,588,005	11,530,414
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		963,779	914,440	1,115,490
21. General administrative expenses.....		116,622	148,579	318,786
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).....		11,118,876	9,651,024	12,964,690
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	840,096	2,053,106	2,629,247
25. Net investment income earned.....		62,106	47,534	64,281
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....		62,106	47,534	64,281
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	902,202	2,100,640	2,693,528
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	902,202	2,100,640	2,693,528

**DETAILS OF WRITE-INS**

0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401. change in IBNR.....		137,500	(255,500)	(247,500)
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).....		137,500	(255,500)	(247,500)
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 to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	8,636,570	5,943,042	5,943,042
34. Net income or (loss) from Line 32.....	902,202	2,100,640	2,693,528
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	902,202	2,100,640	2,693,528
49. Capital and surplus end of reporting period (Line 33 plus 48).....	9,538,772	8,043,682	8,636,570

**DETAILS OF WRITE-INS**

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

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	11,958,972	11,693,018	15,593,937
2. Net investment income.....	58,522	48,709	66,474
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	12,017,494	11,741,727	15,660,411
5. Benefit and loss related payments.....	10,978,634	9,909,814	13,221,361
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 \$.00 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	10,978,634	9,909,814	13,221,361
11. Net cash from operations (Line 4 minus Line 10).....	1,038,860	1,831,913	2,439,050
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	950,000		950,000
12.2 Stocks.....	3,279,940	1,754,041	2,807,326
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).....	3,279,940	2,704,041	3,757,326
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,061,537	994,209	1,392,715
13.2 Stocks.....	2,562,649	2,243,962	3,510,961
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).....	3,624,186	3,238,171	4,903,676
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(344,246)	(534,130)	(1,146,350)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	694,614	1,297,783	1,292,700
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,986,366	4,693,666	4,693,666
19.2 End of period (Line 18 plus Line 19.1).....	6,680,980	5,991,449	5,986,366

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

20.0001

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	2	3							
Total Members at End of:									
1. Prior Year.....	1,214	1,214							
2. First Quarter.....	1,266	1,266							
3. Second Quarter.....	1,289	1,289							
4. Third Quarter.....	1,271	1,271							
5. Current Year.....	0	0							
6. Current Year Member Months.....	11,405	11,405							
Total Member Ambulatory Encounters for Period:									
7. Physician.....	0	0							
8. Non-Physician.....	0	0							
9. Total.....	0	0							0
10. Hospital Patient Days Incurred.....	0	0							
11. Number of Inpatient Admissions.....	0	0							
12. Health Premiums Written (a).....	11,958,972	11,958,972							
13. Life Premiums Direct.....	0	0							
14. Property/Casualty Premiums Written.....	0	0							
15. Health Premiums Earned.....	11,958,972	11,958,972							
16. Property/Casualty Premiums Earned.....	0	0							
17. Amount Paid for Provision of Health Care Services.....	10,978,634	10,978,634							
18. Amount Incurred for Provision of Health Care Services.....	11,118,876	11,118,876							

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

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

Aging Analysis of Unpaid Claims

1	Account	2	1 - 30 Days	3	31 - 60 Days	4	61 - 90 Days	5	91 - 120 Days	6	Over 120 Days	7	Total
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**NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
 Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	1	2	3	4	5	6
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	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)	1,057,302	8,843,673	180,198	1,194,802	1,237,500	1,237,500
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	1,057,302	8,843,673	180,198	1,194,802	1,237,500	1,237,500
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	1,057,302	8,843,673	180,198	1,194,802	1,237,500	1,237,500

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

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**NOTES TO FINANCIAL STATEMENTS**


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**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. Investments reported as described below. Purchases and sales of securities are reflected on the settlement date. Investment income is reflected when earned. Interest income includes the amortization of bond and note premiums and discounts.

Estimates

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

Valuation of Investments

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

Any fixed income security whose value is significantly less than cost or amortized cost due to the financial difficulties of the issuer, is valued at its net realizable value.

The statement of income and changes in surplus – statutory basis includes unrealized gains and losses on investments in common stocks and mutual funds. The unrealized gain (loss) on these investments represents the change in the difference between cost and market at the beginning and end of the year.

**Note 2 - Accounting Changes and Corrections of Errors**

No significant change.

**Note 3 - Business Combinations and Goodwill**

No significant change.

**Note 4 - Discontinued Operations**

No significant change.

**Note 5 - Investments**

Cash and invested asset values included as admitted assets at September 30, 2015 and 2014 were as follows.

	<u>September 30, 2015</u>	<u>September 30, 2014</u>
Money market mutual fund	\$ 338,172	market value \$ 841,749
Federal government and Federally guaranteed agency bonds	3,703,773	amortized cost 2,553,706
Corporate bonds	304,748	0
Cash holdings	6,680,980	market value 5,991,449

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

**Note 7 - Investment Income**

No significant change.

**Note 8 - Derivative Instruments**

No significant change.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 9 - Income Taxes**

No significant change.

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

No significant change.

**Note 11 - Debt**

No significant change.

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

No significant change.

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

No significant change.

**Note 14 - Contingencies**

No significant change.

**Note 15 - Leases**

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

**Note 20 - Fair Value**

See Note 1 above.

**Note 21 - Other Items**

No significant change.

**Note 22 - Events Subsequent**

No significant change.

**Note 23 - Reinsurance**

No significant change.

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change.

**Note 25 - Change in Incurred Claims and Claim Adjustment Expenses**

The amount of incurred but unpaid claims reserve as of September 30, 2015, is based on a study completed by the Plan's actuary and includes estimated IBNR of \$1,375,000 and LAE of \$130,000.

**Note 26 - Intercompany Pooling Arrangements**

No significant change.

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## NOTES TO FINANCIAL STATEMENTS

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Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X ]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 1.3 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 ]
- 1.4 If yes, date of change: \_\_\_\_\_

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [ ] No [X ]

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

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

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

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

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
	0	

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

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

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

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

- 6.4 By what department or departments?

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

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

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

- 7.2 If yes, give full information: \_\_\_\_\_

- 8.1 Is the company a subsidiary of a bank holding company regulated with 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

- 9.11 If the response to 9.1 is No, please explain: \_\_\_\_\_

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

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

Yes [ ] No [X ]

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?  
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X ]  
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X ]  
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0  
 13. Amount of real estate and mortgages held in short-term investments: \$ 0  
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X ]  
 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X ]  
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]  
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:  
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0  
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0  
 16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

<sup>1</sup> Name of Custodian(s)	<sup>2</sup> Custodian Address
--------------------------------------	-----------------------------------

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

<sup>1</sup> Name(s)	<sup>2</sup> Location(s)	<sup>3</sup> Complete Explanation(s)
-------------------------	-----------------------------	-----------------------------------------

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X ]  
 17.4 If yes, give full and complete information relating thereto:

<sup>1</sup> Old Custodian	<sup>2</sup> New Custodian	<sup>3</sup> Date of Change	<sup>4</sup> Reason
-------------------------------	-------------------------------	--------------------------------	------------------------

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

<sup>1</sup> Central Registration Depository	<sup>2</sup> Name(s)	<sup>3</sup> Address
-------------------------------------------------	-------------------------	-------------------------

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* been followed? Yes [X ] No [ ]  
 18.2 If no, list exceptions:

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**  
**GENERAL INTERROGATORIES (continued)**

**PART 2 - HEALTH**

1. Operating Percentages:

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

0.0 %  
0.0 %  
0.0 %

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

Yes [ ] No [X]

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

0

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

Yes [ ] No [X]

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

0

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates				CT	SSL	Authorized		
60054	06-6033492	01/01/2015	Aetna Life Insurance Company					

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	Direct Business Only									
	1	2	3	4	5	6	7	8	9	
	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts	
1. Alabama.....AL	N							0		
2. Alaska.....AK	N							0		
3. Arizona.....AZ	N							0		
4. Arkansas.....AR	N							0		
5. California.....CA	N							0		
6. Colorado.....CO	N							0		
7. Connecticut.....CT	N							0		
8. Delaware.....DE	N							0		
9. District of Columbia.....DC	N							0		
10. Florida.....FL	N							0		
11. Georgia.....GA	N							0		
12. Hawaii.....HI	N							0		
13. Idaho.....ID	N							0		
14. Illinois.....IL	N							0		
15. Indiana.....IN	N							0		
16. Iowa.....IA	N							0		
17. Kansas.....KS	N							0		
18. Kentucky.....KY	N							0		
19. Louisiana.....LA	N							0		
20. Maine.....ME	N							0		
21. Maryland.....MD	N							0		
22. Massachusetts.....MA	N							0		
23. Michigan.....MI	N							0		
24. Minnesota.....MN	N							0		
25. Mississippi.....MS	N							0		
26. Missouri.....MO	N							0		
27. Montana.....MT	N							0		
28. Nebraska.....NE	N							0		
29. Nevada.....NV	N							0		
30. New Hampshire.....NH	N							0		
31. New Jersey.....NJ	N							0		
32. New Mexico.....NM	N							0		
33. New York.....NY	N							0		
34. North Carolina.....NC	N							0		
35. North Dakota.....ND	N							0		
36. Ohio.....OH	L	11,958,972						11,958,972		
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	11,958,972	0	0	0	0	0	11,958,972	0	
60. Reporting entity contributions for Employee Benefit Plans.....	XXX									
61. Total (Direct Business).....(a)	1	11,958,972	0	0	0	0	0	11,958,972	0	

**DETAILS OF WRITE-INS**

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

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

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

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

Statement as of September 30, 2015 of the Ohio Bankers Benefits Trust

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
PART 1 – ORGANIZATIONAL CHART

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Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**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 Issuer 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 (Control Group, Board, Management, Attorney-in-Fact, Influence, Other) (Percentage)	If Control is Ownership Provide (Percentage)	Ultimate Controlling Entity(ies) (Person(s))	

**NONE**

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Response

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

NO

Explanation:

1.

Bar Code:



Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**  
**SCHEDULE A - VERIFICATION**  
 Real Estate

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

NONE

**SCHEDULE B - VERIFICATION**  
 Mortgage Loans

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

NONE

**SCHEDULE BA - VERIFICATION**  
 Other Long-Term Invested Assets

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

NONE

**SCHEDULE D - VERIFICATION**  
 Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	4,006,566	2,865,717
2. Cost of bonds and stocks acquired.....	3,624,186	4,903,676
3. Accrual of discount.....	-2,018	1,719
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	3,279,940	3,757,326
7. Deduct amortization of premium.....	-6,137	7,220
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	4,346,693	4,006,566
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	4,346,693	4,006,566

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>	1. NAIC 1 (a).....3,705,181	305,087	(1,747)	(1,747)	2,950,004	3,705,181	4,008,521	2,951,103
	2. NAIC 2 (a).....0							
	3. NAIC 3 (a).....0							
	4. NAIC 4 (a).....0							
	5. NAIC 5 (a).....0							
	6. NAIC 6 (a).....0							
	7. Total Bonds.....3,705,181	305,087	(1,747)	(1,747)	2,950,004	3,705,181	4,008,521	2,951,103
<b>PREFERRED STOCK</b>								
	8. NAIC 1.....0							
	9. NAIC 2.....0							
	10. NAIC 3.....0							
	11. NAIC 4.....0							
	12. NAIC 5.....0							
	13. NAIC 6.....0							
	14. Total Preferred Stock.....0							
	15. Total Bonds and Preferred Stock.....3,705,181	305,087	(1,747)	(1,747)	2,950,004	3,705,181	4,008,521	2,951,103

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		<b>NONE</b>			
		XXX			

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

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

**NONE**

**SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 9, prior year)	_____
2.	Cost paid/(consideration received) on additions	_____
3.	Unrealized valuation increase (decrease)	_____
4.	Total gain (loss) on termination recognized	<b>NONE</b>
5.	Considerations received (paid) on terminations	_____
6.	Amortization	_____
7.	Adjustment to the book/adjusted carrying value of hedge item	_____
8.	Total foreign exchange change in book/adjusted carrying value	_____
9.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)	0
10.	Deduct nonadmitted assets	_____
11.	Statement value at end of current period (Line 9 minus Line 10)	0

**SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

1.	Book/adjusted carrying value, December 31, prior year (Line 6, prior year)	_____
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	_____
3.1	Add:	
	Change in variation margin on open contracts - Highly Effective Hedges:	
3.11	Section 1, Column 15, current year to date minus	_____
3.12	Section 1, Column 15, prior year	0
	Change in variation margin on open contracts - All Other:	
3.13	Section 1, Column 18, current year to date minus	_____
3.14	Section 1, Column 18, prior year	0
3.2	Add:	
	Change in adjustment to basis of hedged item:	
3.21	Section 1, Column 17, current year to date minus	_____
3.22	Section 1, Column 17, prior year	<b>NONE</b>
	Change in amount recognized:	
3.23	Section 1, Column 19, current year to date minus	_____
3.24	Section 1, Column 19, prior year	0
3.3	Subtotal (Line 3.1 minus Line 3.2)	0
4.1	Cumulative variation margin on terminated contracts during the year	_____
4.2	Less:	
4.21	Amount used to adjust basis of hedged item	_____
4.22	Amount recognized	0
4.3	Subtotal (Line 4.1 minus Line 4.2)	0
5.	Dispositions gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized for terminations in prior year	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for the terminations in prior year	_____
6.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)	0
7.	Deduct nonadmitted assets	_____
8.	Statement value at end of current period (Line 6 minus Line 7)	0

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE DB - PART C - SECTION 1**

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

**NONE**

**SCHEDULE DB - PART C - SECTION 2**

Reconciliation (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions 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.....										
2. Add: Opened or acquired transactions.....										
3. Add: Increases in replication (synthetic asset) transactions statement value.....	XXX		XXX		XXX		XXX	XXX		
4. Less: Closed or disposed of transactions.....										
5. Less: Positions disposed of for falling effectiveness criteria.....										
6. Less: Decreases in replication (synthetic asset) transactions statement value.....	XXX		XXX		XXX		XXX	XXX		
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. Total (Line 1 plus Line 2)..... 0
- 4. Part D, Section 1, Column 5.....
- 5. Part D, Section 1, Column 6.....
- 6. Total (Line 3 minus Line 4 minus Line 5)..... 0

Fair Value Check

# NONE

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

Potential Exposure Check

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

**SCHEDULE E- VERIFICATION**

Cash Equivalents

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

NONE

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE A - PART 2**  
Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	2 Location		3 State	4 Date Acquired	5 Name of Vendor	6 Legal Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	City	County							
NONE									

QE01

**SCHEDULE A - PART 3**

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

1 Description of Property	2 Location		3 State	4 Date Disposed	5 Name of Purchaser	6 Actual Cost	7 Expensed for Improvements Permanently Added Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	9 Current Year's Depreciation	10 Current Year's Other Than Temporary Recognized Earmarkings	11 Current Year's Capital Gains Exclusion Earmarkings	12 Total Change in Value (1)-(11)	13 Total Foreign Exchange Loss B.U.C.V.	14 Book/Adjusted Carrying Value Less Encumbrances Disposal	15 Amount Realized During Year	16 Foreign Exchange Gain/Loss Disposal	17 Realized Gain Less Disposal Cost	18 Total Gain Less Disposal Cost	19 Gross Income Earned Less Interest on Borrowed Funds	20 Taxes, Expenses, and Income
	City	County																		
NONE																				

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Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE B - PART 2**  
Showing all Mortgage Loans Acquired and Additions Made During the Current Quarter

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

NONE

QE02

**SCHEDULE B - PART 3**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

NONE

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE BA - PART 2**  
Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13
CRSP Identification	Name of Description	Location City	State	Name of Vendor or General Partner	NAC Disc Date	Rate, Object Acquired	Type and Stratgy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership

**NONE**

QE03

**SCHEDULE BA - PART 3**  
Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
CRSP Identification	Name of Description	Location City	State	Name of Purchaser or Nature of Disposal	Rate, Object Acquired	Disposal Date	Book/Adjusted Carrying Value Per Year	Unrealized Appreciation/ Increase (Decrease)	Current Year's Increase/ Decrease/ Recognition of Investment	Current Year's Other Than Investment Recognized	Capitalized Deferred Interest and Other	Total Change in B.A.C.V. (B.I.C.V. 11-17)	Total Foreign Exchange Change in B.A.C.V.	Book/Adjusted Carrying Value Per Year on Disposal	Foreign Exchange Gain/(Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income	

**NONE**

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**SCHEDULE D - PART 3**  
 Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (A)
<b>Stocks - Industrial and Miscellaneous</b>									
	Goldman Sachs Group, Inc.		07/22/2016	First Met		102,84	100,000	24	
	John Deere Capital Corp.		07/22/2016	First Met		100,000	100,000	895	
	Oracle Corp.		07/22/2016	First Met		101,202	100,000	650	
389998	Total Bonds - Industrial and Miscellaneous					305,042	300,000	1,479	XXX
829999	Total Bonds					305,042	300,000	1,479	XXX
839999	Total Bonds					305,042	300,000	1,479	XXX
<b>Common Stocks - Money Market Mutual Funds</b>									
309954	12 - 3 First Met Short Term Cash Account			First Met	773,106.00	773,106	XXX	0	XXX
839999	Total Common Stocks - Money Market Mutual Funds				773,106	773,106	XXX	0	XXX
879999	Total Common Stocks - Part 3				773,106	773,106	XXX	0	XXX
879999	Total Common Stocks				773,106	773,106	XXX	0	XXX
889999	Total Preferred and Common Stocks				773,106	773,106	XXX	0	XXX
999999	Total Bonds, Preferred and Common Stocks				1,078,152	1,078,152	XXX	1,479	XXX

(A) For all common stock bearing the NAIC market indicator "M" provide: the number of such issues:.....0.

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 For Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Pay Date	8 Actual Cost	9 Per Year Simple Interest Value	10 Unrealized Valuation (Increase/ Decrease)	11 Change in Book/Market Capital Value				15 Total Foreign Exchange B.A.C.V.	16 Book/Market Change During Date	17 Foreign Exchange Gain (Loss) During Period	18 Realized Gain (Loss) During Period	19 Total Cost (Less) on Disposal	20 Board Member/Stock Dividends During Year	21 Stock Contractual Maturity Date	22 NAIC Design Level or Contractual Maturity Date	
										12 Current Year Increase/ Decrease	13 Other Year Temporary Increase/ Decrease	14 Total Change in (11), (12), (13)	15 Total Foreign Exchange B.A.C.V.									
Common Stocks - Money Market Mutual Funds																						
388664 17	Fidelity Divers Intl Bond		Fidelity	761,322	761,322	XXX	761,322							761,322								XXX
929929	Total Common Stocks - Money Market Mutual Funds			761,322	761,322	XXX	761,322							761,322								XXX
929929	Total Common Stocks - Part 4			761,322	761,322	XXX	761,322							761,322								XXX
929929	Total Common Stocks			761,322	761,322	XXX	761,322							761,322								XXX
929929	Total Preferred and Common Stocks			761,322	761,322	XXX	761,322							761,322								XXX
929929	Total Bonds, Preferred and Common Stocks			761,322	761,322	XXX	761,322							761,322								XXX

(8) For all common stock having the NAIC market indicator "U", provide the number of such shares:.....0.

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Month (used for Income Generation or Repurchase)	Symbol	Types of Contracts (a) (b)	Exchange, Company or Contract Identification	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Interest or Rate of Exchange	Cumulative Initial Cost of Premiums Paid	Current Year Initial Cost of Premiums Paid	Current Year Income	Book-Adjusted Current Value	Cash or Cash Equivalent	Fair Value	Unrealized Valuation Change (Increase/Decrease)	Total Foreign Currency Exposure (B.A.C.V.)	Current Year's Acquisition (A) or Disposition (B)	Adjustment to Carrying Value of Instruments	Periodic Expense	Credit Quality of Issuer or Entity	Hedge Instruments at Balance Sheet Date (a) (b)

**NONE**

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE DB - PART B - SECTION 1**  
Futures Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Held, Used for or Name of Counterparty or Organization	Schedule Type(s) of Risk(s) Held	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date	Price	Book/Unrealized Gain/Loss	Cumulative Variation Margin	Defined Variation Margin	Change in Variation Margin Since Last Reporting Date	Change in Variation Margin Since Last Reporting Date	Change in Variation Margin Since Last Reporting Date	Change in Variation Margin Since Last Reporting Date	Change in Variation Margin Since Last Reporting Date	Change in Variation Margin Since Last Reporting Date	Change in Variation Margin Since Last Reporting Date

**NONE**

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

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

1 Contract or SSAP No. 64 Description of Exchange, Counterparty or Central Clearinghouse 2. Not applicable of other per SSAP No. 64	2 Main Agreement (Y or N)	3 Credit Agree- ment (Y or N)	4 Fair Value of Assignable Contract	5 Book-Adjusted Carrying Value		7 Exposure Net of Collateral	8 Contracts with Fair Value > 0	9 Contracts with Fair Value < 0	10 Exposure Net of Collateral	11 Potential Exposure	12 Of Balance Sheet Exposure
				5 Contracts with Book-Adjusted Carrying Value > 0	6 Contracts with Book-Adjusted Carrying Value < 0						
				0	0						
				0	0						

**NONE**

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

**SCHEDULE DB - PART D - SECTION 2**  
Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Commodity, or Central Clearinghouse	2 Type of Asset Product	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin If Applicable

**NONE**

**SCHEDULE DL - PART 1**

**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

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

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

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	6 Book Balance at End of Each Month During Current Quarter			9 XXX
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Huntington National Bank.....			.....47	.....0	.....1,769,508	.....1,740,281	.....1,862,157	XXX
Ally Bank.....		1.250	.....0	.....1,276	.....251,867	.....251,755	.....251,867	XXX
American Express Centurion.....		1.550	.....0	.....1,878	.....252,132	.....252,275	.....252,385	XXX
Belmont Savings Bank.....		0.850	.....1,550	.....371	.....249,145	.....249,007	.....249,278	XXX
BMW Bank of NA.....		0.950	.....0	.....963	.....250,423	.....250,308	.....250,152	XXX
Capital One Bank USA.....		1.800	.....0	.....1,647	.....199,228	.....199,452	.....199,660	XXX
Capital One Bank NA.....		2.250	.....0	.....1	.....0	.....0	.....249,573	XXX
Citizens NB Bluffton.....		1.300	.....1,612	.....614	.....249,107	.....249,405	.....249,680	XXX
Discover Bank.....		0.950	.....0	.....1,986	.....246,108	.....246,950	.....247,227	XXX
Everbank Florida.....		1.300	.....1,612	.....427	.....250,120	.....250,402	.....250,663	XXX
GE Capital Bank.....		1.150	.....1,426	.....0	.....250,000	.....0	.....0	XXX
Goldman Sachs Bank.....		1.000	.....0	.....1,986	.....246,037	.....246,885	.....247,163	XXX
Medallion Bank.....		1.550	.....527	.....76	.....199,874	.....199,142	.....199,390	XXX
Merrick Bank.....		1.650	.....832	.....81	.....199,118	.....199,346	.....199,558	XXX
MB Financial.....		1.600	.....1,008	.....164	.....246,490	.....247,340	.....247,612	XXX
NCS Savings Bank.....		1.800	.....2,231	.....838	.....249,585	.....250,282	.....250,503	XXX
Peoples United Bank.....		0.750	.....930	.....293	.....250,400	.....250,560	.....250,690	XXX
Platinum Bank.....		0.700	.....441	.....105	.....250,325	.....250,488	.....250,622	XXX
Safra National Bank.....		0.600	.....744	.....136	.....250,325	.....250,307	.....250,272	XXX
Sallie Mae Bank.....		1.300	.....1,450	.....297	.....226,931	.....226,552	.....226,510	XXX
Synchrony Bank.....		2.000	.....0	.....1,603	.....249,997	.....249,735	.....249,945	XXX
Yedkin Bank.....		1.400	.....862	.....182	.....245,635	.....246,007	.....246,373	XXX
0199999 - Total Open Depositories.....	XXX	XXX	.....15,292	.....14,925	.....6,590,355	.....6,306,479	.....6,680,980	XXX
0399999 - Total Cash on Deposit.....	XXX	XXX	.....15,292	.....14,925	.....6,590,355	.....6,306,479	.....6,680,980	XXX
0599999 - Total Cash.....	XXX	XXX	.....15,292	.....14,925	.....6,590,355	.....6,306,479	.....6,680,980	XXX

Statement as of September 30, 2015 of the **Ohio Bankers Benefits Trust**

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

Show Investments Owned End of Current Quarter

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**