

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

Of
in the state of

RECEIVED
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OFFICE OF RISK
ASSESSMENT

Ohio

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

For the Year Ended
December 31, 2015

2015

HEALTH



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

Cooperative Group Benefits Plan

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

Organized under the Laws of Ohio
Licensed as Business Type.... MEWA
Incorporated/Organized.....1987

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address
Statutory Statement Contact

NAIC Company Code..... N/A

Employer's ID Number.... 31-1306485

State of Domicile or Port of Entry Ohio

Country of Domicile USA

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

Commenced Business.....1987

4789 Rings Road, Dublin, Ohio 43017
(Street and Number) (City or Town, State, County and Zip Code)

614-766-5800

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

(Area Code) (Telephone Number)

Same
(Street and Number or P. O. Box) (City or Town, State, County and Zip Code)

614-766-5800

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

(Area Code) (Telephone Number)

Dan Brown
(Name)
dbrown@ebrmcconline.com
(E-Mail Address)

614-766-5800 ext. 595
(Area Code) (Telephone Number) (Extension)
614-766-0901
(Fax Number)

OFFICERS

1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

OTHER

DIRECTORS OR TRUSTEES

Jeff Troike
George Secor
Scott Legue
Ron Sibert
Darren Doffenbaugh

Darren Langhals
Mike Hilt

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 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.

Jeff Troike
(Signature)
Jeffrey T. Troike
(Printed Name)
Chairman
(Title)

Dan Brown
(Signature)
Dan Brown
(Printed Name)
VP - Administrator
(Title)

Subscribed and sworn to before me
This 30 day of MARCH 2016

Donna M. Nicol

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

Yes [X] No []

03/29/2016 9:12:39 PM





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):				.0
2.1 Preferred stocks.....				.0
2.2 Common stocks.....				.0
3. Mortgage loans on real estate (Schedule B):				.0
3.1 First liens.....				.0
3.2 Other than first liens.....				.0
4. Real estate (Schedule A):				.0
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 (\$.....13,139,870, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	13,139,870		13,139,870	9,269,716
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).....	13,139,870	.0	13,139,870	9,269,716
13. Title plants less \$.....0 charged off (for Title insurers only).....				.0
14. Investment income due and accrued.....				.0
15. Premiums and considerations:				.0
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 (including \$.....0 earned but unbilled premiums).....				.0
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....				.0
16. Reinsurance:				.0
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).....				.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.....	126,265		126,265	216,003
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 to 25).....	13,266,135	.0	13,266,135	9,542,197
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				.0
28. TOTALS (Lines 26 and 27).....	13,266,135	.0	13,266,135	9,542,197

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,630,000		2,630,000	2,657,000
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	192,000		192,000	199,000
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			0	
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)	130,192	0	130,192	98,167
24. Total liabilities (Lines 1 to 23)	2,952,192	0	2,952,192	2,954,167
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	10,313,943	6,588,030
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	10,313,943	6,588,030
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	13,266,135	9,542,197

DETAILS OF WRITE-INS

2301. Accounts Payable	130,192		130,192	98,167
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)	130,192	0	130,192	98,167
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.....	24,715	27,456
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	27,262,185	29,630,287
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.....	27,262,185	29,630,287
Hospital and Medical:			
9. Hospital/medical benefits.....		17,588,916	19,847,422
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		3,806,591	3,979,999
14. Aggregate write-ins for other hospital and medical.....	0	(27,000)	(113,000)
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	21,468,507	23,714,421
Less:			
17. Net reinsurance recoveries.....			82,880
18. Total hospital and medical (Lines 16 minus 17).....	0	21,468,507	23,631,541
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		1,565,902	1,811,737
21. General administrative expenses.....		518,802	164,405
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	23,553,211	25,607,683
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	3,708,974	4,022,604
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		16,939	19,267
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	16,939	19,267
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.....	3,725,913	4,041,871
31. Federal and foreign income taxes incurred.....	XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	3,725,913	4,041,871

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. Increase (decrease) in IBNR.....		(27,000)	(113,000)
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	(27,000)	(113,000)
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

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

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting period.....	6,588,030	2,546,159
34. Net income or (loss) from Line 32.....	3,725,913	4,041,871
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....		
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	3,725,913	4,041,871
49. Capital and surplus end of reporting period (Line 33 plus 48).....	10,313,943	6,588,030

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

Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	27,262,185	29,630,287
2. Net investment income.....	16,939	19,267
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	27,279,124	29,649,554
5. Benefit and loss related payments.....	23,408,970	24,919,822
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).....	23,408,970	24,919,822
11. Net cash from operations (Line 4 minus Line 10).....	3,870,154	4,729,732
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).....	3,870,154	4,729,732
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	9,269,716	4,539,984
19.2 End of year (Line 18 plus Line 19.1).....	13,139,870	9,269,716

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

20.0001				
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Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

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.....	27,262,185	27,262,185								
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).....	27,262,185	27,262,185	0	0	0	0	0	0	0	0
8. Hospital/medical benefits.....	17,588,916	17,588,916								XXX.....
9. Other professional services.....	0									XXX.....
10. Outside referrals.....	0									XXX.....
11. Emergency room and out-of-area.....	0									XXX.....
12. Prescription drugs.....	3,906,591	3,906,591								XXX.....
13. Aggregate write-ins for other hospital and medical.....	(27,000)	(27,000)	0	0	0	0	0	0	0	XXX.....
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX.....
15. Subtotal (Lines 8 to 14).....	21,468,507	21,468,507	0	0	0	0	0	0	0	XXX.....
16. Net reinsurance recoveries.....	0									XXX.....
17. Total hospital and medical (Lines 15 minus 16).....	21,468,507	21,468,507	0	0	0	0	0	0	0	0
18. Non-health claims (net).....	0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
19. Claims adjustment expenses including \$.....0 cost containment expenses.....	1,565,902	1,565,902								
20. General administrative expenses.....	518,802	518,802								
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).....	23,553,211	23,553,211	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	3,708,974	3,708,974	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	0
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.....	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. Change in IBNR.....	(27,000)	(27,000)								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).....	(27,000)	(27,000)	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).....	29,599,366		2,337,181	27,262,185
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).....	29,599,366	0	2,337,181	27,262,185
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	29,599,366	0	2,337,181	27,262,185

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	21,439,030	21,439,030								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	21,439,030	21,439,030	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses:	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,630,000	2,630,000								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	2,630,000	2,630,000	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	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,657,000	2,657,000								
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	2,657,000	2,657,000	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	56,478	56,478								
12. Incurred benefits:										
12.1 Direct	21,412,030	21,412,030	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	(56,478)	(56,478)	0	0	0	0	0	0	0	0
12.4 Net	21,468,508	21,468,508	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.....	504,994	504,994								
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	504,994	504,994	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	2,125,006	2,125,006								
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	0									
2.4 Net.....	2,125,006	2,125,006	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.....	2,630,000	2,630,000	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.....	2,630,000	2,630,000	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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	2,327,467	19,141,040	347,533	2,282,467	2,675,000	2,657,000
2. Medicare supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal employees health benefits plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	2,327,467	19,141,040	347,533	2,282,467	2,675,000	2,657,000
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	2,327,467	19,141,040	347,533	2,282,467	2,675,000	2,657,000

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

UNDERWRITING AND INVESTMENT EXHIBIT

Part II - DEVELOPMENT OF PAUL INCURRED CLAIMS

Cooperative Group Benefits Plan

000 Omitted)

Prior	2011	2012	2013	2014	2015	SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL					
						1	2	3	4	5	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Indemnity Pool and Benefits Outstanding at End of Year
1. Prior						Year in Which Losses Were Incurred	Year in Which Losses Were Incurred	Year in Which Losses Were Incurred	Year in Which Losses Were Incurred	Year in Which Losses Were Incurred	Year in Which Losses Were Incurred
2. 2011						19.810	2.396	2.396	2.528	2.528	2.765
3. 2012						21.637	2.396	2.396	2.528	2.528	2.765
4. 2013						21.338	2.396	2.396	2.528	2.528	2.765
5. 2014						21.338	2.396	2.396	2.528	2.528	2.765
6. 2015						21.338	2.396	2.396	2.528	2.528	2.765
6. 2015						19.810	2.396	2.396	2.528	2.528	2.765
5. 2014						19.810	2.396	2.396	2.528	2.528	2.765
4. 2013						19.810	2.396	2.396	2.528	2.528	2.765
3. 2012						19.810	2.396	2.396	2.528	2.528	2.765
2. 2011						19.810	2.396	2.396	2.528	2.528	2.765
1. Prior						19.810	2.396	2.396	2.528	2.528	2.765

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SECTION C - INCURRED YEAR HEALTH CLAIM ADJUSTMENT EXPENSE RATE - GRAND TOTAL

Years in Which Premiums were Encurred and Premiums were Incurred		1	2	3	4	5	6	7	8	9	10
1. 2011.....	.....24,699	.....21,338	.....22,863	.....1,525	.....92.6	.....2,600	.....196	.....25,659	.....103.9		
2. 2012.....	.....24,608	.....20,065	.....1,489	.....7.4	.....2,344	.....87.6	.....150	.....24,048	.....97.7		
3. 2013.....	.....26,602	.....25,279	.....1,750	.....7.4	.....2,1554	.....87.6	.....101.6	.....2,770	.....29.976	.....112.7	
4. 2014.....	.....29,630	.....23,631	.....1,812	.....7.4	.....2,029	.....85.9	.....199	.....2,657	.....28.299	.....95.5	
5. 2015.....				.....7.3	.....2,630	.....84.5	.....192			.....25.857	.....94.8

Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior...	2,102				
2. 2011...	21,338	2,396			
3. 2012...	XXX	20,065	2,528		
4. 2013...	XXX	XXX	22,751	2,765	
5. 2014...	XXX	XXX	XXX	20,866	2,327
6. 2015...	XXX	XXX	XXX	XXX	19,141

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior...	2,102				
2. 2011...	21,637	2,396			
3. 2012...	XXX	19,810	2,528		
4. 2013...	XXX	XXX	23,177	2,765	
5. 2014...	XXX	XXX	XXX	20,866	2,327
6. 2015...	XXX	XXX	XXX	XXX	19,141

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. 2011...	24,699	21,338	1,525	7.1	22,863	92.6	2,600	196	25,659	103.9
2. 2012...	24,608	20,065	1,489	7.4	21,554	87.6	2,344	150	24,048	97.7
3. 2013...	26,602	25,279	1,750	6.9	27,029	101.6	2,770	177	29,876	112.7
4. 2014...	29,630	23,631	1,812	7.7	25,443	85.9	2,657	199	28,299	95.5
5. 2015...	27,262	21,469	1,566	7.3	23,035	84.5	2,630	192	25,857	94.8

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Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior..					
2. 2011..					
3. 2012..	XXX				
4. 2013..	XXX	XXX			
5. 2014..	XXX	XXX	XXX		
6. 2015..	XXX	XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior..					
2. 2011..					
3. 2012..	XXX				
4. 2013..	XXX	XXX			
5. 2014..	XXX	XXX	XXX		
6. 2015..	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	Percent (Col. 5/1)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)						
1. 2011..				0.0	0	0.0	0.0			0	0.0
2. 2012..				0.0	0	0.0	0.0			0	0.0
3. 2013..				0.0	0	0.0	0.0			0	0.0
4. 2014..				0.0	0	0.0	0.0			0	0.0
5. 2015..				0.0	0	0.0	0.0			0	0.0

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

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX.....				
4. 2013.....	XXX.....	XXX.....			
5. 2014.....	XXX.....	XXX.....	XXX.....		
6. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX.....				
4. 2013.....	XXX.....	XXX.....			
5. 2014.....	XXX.....	XXX.....	XXX.....		
6. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011.....				0.0	0	0.0			0	0.0
2. 2012.....				0.0	0	0.0			0	0.0
3. 2013.....				0.0	0	0.0			0	0.0
4. 2014.....				0.0	0	0.0			0	0.0
5. 2015.....				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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX.....				
4. 2013.....	XXX.....	XXX.....			
5. 2014.....	XXX.....	XXX.....	XXX.....		
6. 2015.....	XXX.....	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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX.....				
4. 2013.....	XXX.....	XXX.....			
5. 2014.....	XXX.....	XXX.....	XXX.....		
6. 2015.....	XXX.....	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. 2011.....				..0	..0	..0			..0	..0
2. 2012.....				..0	..0	..0			..0	..0
3. 2013.....				..0	..0	..0			..0	..0
4. 2014.....				..0	..0	..0			..0	..0
5. 2015.....				..0	..0	..0			..0	..0

Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid			
	2 2012	3 2013	4 2014	5 2015
1. Prior...				
2. 2011...				
3. 2012...	XXX			
4. 2013...	XXX	XXX		
5. 2014...	XXX	XXX	XXX	
6. 2015...	XXX	XXX	XXX	XXX

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior...					
2. 2011...					
3. 2012...	XXX				
4. 2013...	XXX	XXX			
5. 2014...	XXX	XXX	XXX		
6. 2015...	XXX	XXX	XXX	XXX	

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011...				0.0	0	0.0			0	0.0
2. 2012...				0.0	0	0.0			0	0.0
3. 2013...				0.0	0	0.0			0	0.0
4. 2014...				0.0	0	0.0			0	0.0
5. 2015...				0.0	0	0.0			0	0.0

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

(000 OmitteD)

SECTION A - PAID HEALTH CLAIMS - TITLE XVI - MEDICARE

Prior	2011	2012	2013	2014	2015	Year in Which Losses Were Incurred						
						1	2	3	4	5	6	7
Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Indemnity Pool and Bonuses Outstanding at End of Year												
1. Prior												
2. 2011												
3. 2012												
4. 2013												
5. 2014												
6. 2015												

None

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVI - MEDICARE

Prior	2011	2012	2013	2014	2015	Year in Which Losses Were Incurred						
						1	2	3	4	5	6	7
Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Indemnity Pool and Bonuses Outstanding at End of Year												
1. Prior												
2. 2011												
3. 2012												
4. 2013												
5. 2014												
6. 2015												

None

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10	Claims were Incurred	
											Premiums	Claims
Total Premiums and Total Claims												
1. 2011												
2. 2012												
3. 2013												
4. 2014												
5. 2015												

None

SECTION D - INCURRED YEAR CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVI - MEDICARE

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAI

Year in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
1. Prior										
2. 2011										
3. 2012										
4. 2013										
5. 2014										
6. 2015										

NONE

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAI

Year in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
1. Prior										
2. 2011										
3. 2012										
4. 2013										
5. 2014										
6. 2015										

NONE

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAI

Year in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
1. Prior										
2. 2011										
3. 2012										
4. 2013										
5. 2014										
6. 2015										

NONE

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

Years in Which Claims were Incurred	1	2	3	4	5	6	7	8	9	10
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

NONE

SECTION D - INCURRED HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAI

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

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior..					
2. 2011..					
3. 2012..	XXX				
4. 2013..	XXX	XXX			
5. 2014..	XXX	XXX	XXX		
6. 2015..	XXX	XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior..					
2. 2011..					
3. 2012..	XXX				
4. 2013..	XXX	XXX			
5. 2014..	XXX	XXX	XXX		
6. 2015..	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011..				0.0	0	0.0			0	0.0
2. 2012..				0.0	0	0.0			0	0.0
3. 2013..				0.0	0	0.0			0	0.0
4. 2014..				0.0	0	0.0			0	0.0
5. 2015..				0.0	0	0.0			0	0.0

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

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves.....	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.....	2,630,000	2,630,000							
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).....	2,630,000	2,630,000	0	0	0	0	0	0	0
13. Reinsurance ceded.....	0								
14. Totals (net) (Page 3, Line 7).....	2,630,000	2,630,000	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 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					.....0
2. Salaries, wages and other benefits.....					.....0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....					.....0
4. Legal fees and expenses.....			80,115		80,115
5. Certifications and accreditation fees.....					.....0
6. Auditing, actuarial and other consulting services.....			61,391	8,485	69,876
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.....	336,763	1,229,139			1,565,902
15. Boards, bureaus and association fees.....					.....0
16. Insurance, except on real estate.....					.....0
17. Collection and bank service charges.....			40,218		40,218
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.....			337,078		337,078
23.4 Payroll taxes.....					.....0
23.5 Other (excluding federal income and real estate taxes).....					.....0
24. Investment expenses not included elsewhere.....					.....0
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	336,763	1,229,139	518,802	8,485	(a).....2,093,189
27. Less expenses unpaid December 31, current year.....	35,000	227,667	27,500		290,167
28. Add expenses unpaid December 31, prior year.....	38,036	231,695	27,436		297,167
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).....	339,798	1,233,167	518,738	8,485	2,100,189

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)..... 25,356	25,424
7. Derivative instruments.....	(f).....	
8. Other invested assets.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	25,356	25,424
11. Investment expenses.....	(g).....	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	
13. Interest expense.....	(h)..... 8,485	
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).....	.....	8,485
17. Net investment income (Line 10 minus Line 16).....	.....	16,939

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)

	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
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	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)			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
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	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
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 and contracts subject to redetermination.....			0
16. Reinsurance:			0
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	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

NONE**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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
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					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....	2,224	2,031	2,077	2,058	2,070	24,715
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	2,224	2,031	2,077	2,058	2,070	24,715

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						
Magellan Health Rx Rebates.....	53,008	.....	45,144	.....	0	.....
0193939. Total Pharmaceutical Rebate Receivables.....	53,008	.....	45,144	.....	0	.....
0793939. Gross Health Care Receivables.....	53,008	.....	45,144	.....	0	.....

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	270,212			126,265	270,212	216,003
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).....	270,212	0	0	126,265	270,212	216,003

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

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

NONE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Current	8 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.....	21,468,507	.100.0	.XXX	.XXX		.21,468,507
6. Contractual fee payments.....	0	..0.0	.XXX	.XXX		
7. Bonus/withhold arrangements - fee-for-service.....	0	..0.0	.XXX	.XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	..0.0	.XXX	.XXX		
9. Non-contingent salaries.....	0	..0.0	.XXX	.XXX		
10. Aggregate cost arrangements.....	0	..0.0	.XXX	.XXX		
11. All other payments.....	0	..0.0	.XXX	.XXX		
12. Total other payments.....	21,468,507	.100.0	.XXX	.XXX	0	.21,468,507
13. Total (Line 4 plus Line 12).....	21,468,507	.100.0	.XXX	.XXX	0	.21,468,507

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
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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.....						.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

Note 1 - Summary of Significant Accounting Policies**Basis of Accounting**

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

Estimates

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

Valuation of investments

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

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

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

Note 2 - Accounting Changes and Corrections of Errors

None

Note 3 - Business Combinations and Goodwill

None

Note 4 - Discontinued Operations

None

Note 5 - Investments

Investments consist of all cash items. Checking accounts and money markets are classified as cash on page 2, line 5. See E-26 for detail list of cash accounts.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

None

Note 7 - Investment Income

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 the Plan, as amended, continues to qualify and operate as designed.

The Plan does not believe there are currently any tax positions which have a reasonable possibility of change from taxing authorities. Accrued interest and penalties with uncertain tax positions, if any, are recognized as part of administrative expenses. There were no taxes or accrued interest or penalties related to the tax positions of the Plan as of December 31, 2015 or 2014. The Internal Revenue Service and Department of Labor have jurisdiction over the Plan. The Plan administrator believes it is no longer subject to income tax examinations for years ended prior to December 31, 2012.

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

None

NOTES TO FINANCIAL STATEMENTS

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, Shareholders' 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 Uninsured Portion of Partially Insured Plans

None

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

None

Note 20 - Fair Value

Not applicable, no investments other than cash.

Note 21 - Other Items

None

Note 22 - Events Subsequent

None

Note 23 - Reinsurance

A stop loss insurance policy is carried by the Plan for claims incurred during the year and paid by June 30th of the following year on claims in excess of \$375,000 annually less a corridor or reduction of \$125,000 on the first claim(s) in excess of this amount. If a claim exceeds \$375,000 and the corridor amount has been met the carrier reimburses the Plan for the excess. In addition to stop loss coverage for specific claims, the Plan also carries aggregate stop loss coverage. This insurance reimburses the Plan if total claims exceed a specified amount.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

The amount incurred but unpaid claims reserve as of December 31, 2015, is based on a study completed by the Plan's actuary and includes estimated claims expenses of 2,630,000 for IBNR and \$192,000 for LAE.

Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

NOTES TO FINANCIAL STATEMENTS

Note 28 - Health Care Receivables

Rx rebate receivables were \$126,265 for 2015 and \$216,003 for 2014.

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

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? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [] No [X]

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 [X]

1.3 State regulating?

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

2.2 If yes, date of change: _____

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

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

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? _____

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

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 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 NAIC Company Code	3 State of Domicile
Name of Entity		

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,

1 Nationality	2 Type of Entity

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 the response to 8.3 is yes, please provide below 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?

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 other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A 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: _____

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 response to 10.5 is no or n/a, please explain: _____

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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?

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
 12.11 Name of real estate holding company _____
 12.12 Number of parcels involved _____
 12.13 Total book/adjusted carrying value \$

12.2 If yes, provide explanation

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 or risks wherever located? Yes No
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes No
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:

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

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

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

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

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 subordinator committee thereof? Yes No
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinator committees thereof? Yes No
 18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers \$
 20.12 To stockholders not officers \$
 20.13 Trustees, supreme or grand (Fraternal only) \$
 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers \$
 20.22 To stockholders not officers \$
 20.23 Trustees, supreme or grand (Fraternal only) \$
 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No
 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 \$
 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes No
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment \$
 22.22 Amount paid as expenses \$
 22.23 Other amounts paid \$
 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount \$

INVESTMENT

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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

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
 \$ 0

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
 \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs
 \$ 0

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 X
 Yes No N/A X

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

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 X

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: \$ 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
24.103 Total payable for securities lending reported on the liability page: \$ 0

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 current 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 of the current year:
25.21 Subject to repurchase agreements \$ 0
25.22 Subject to reverse repurchase agreements \$ 0
25.23 Subject to dollar repurchase agreements \$ 0
25.24 Subject to reverse dollar repurchase agreements \$ 0
25.25 Placed under option agreements \$ 0
25.26 Letter stock or securities restricted as sale - excluding FHLB Capital Stock \$ 0
25.27 FHLB Capital Stock \$ 0
25.28 On deposit with states \$ 0
25.29 On deposit with other regulatory bodies \$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
25.32 Other \$ 0

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 X
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 of the current year. \$ 0

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

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

1 Name of Custodian(s)	2 Custodian 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, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	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
29.2 If yes, complete the following schedule:

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

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holdings	4 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	0	0
30.2 Preferred Stocks	0	0	0
30.3 Totals	0	0	0

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance 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 Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions: _____

OTHER

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

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

1 Name	2 Amount Paid
	\$ 0

34.1 Amount of payments for legal expenses, if any? \$ _____ 75,282

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
	\$ 75,282

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?	\$	0
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.	\$	0
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	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives	\$	0
All years prior to most current three years:			
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives	\$	0
1.7	Group policies:		
Most current three years:			
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives	\$	0
All years prior to most current three years:			
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives	\$	0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$	0
2.2	Premium Denominator	\$	0
2.3	Premium Ratio (2.1/2.2)	\$	0.000
2.4	Reserve Numerator	\$	0
2.5	Reserve Denominator	\$	0
2.6	Reserve Ratio (2.4/2.5)	\$	0.000
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, as and if the earnings of the reporting entity permits?	Yes []	No [X]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes []	No []
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X]	No []
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)	\$	0
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		

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

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 with rate guarantees between 15-36 months	\$ 0																																															
9.22 Business with rate guarantees over 36 months	\$ 0																																															
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	\$ 0																																															
10.22 Amount actually paid for year bonuses	\$ 0																																															
10.23 Maximum amount payable withhold	\$ 0																																															
10.24 Amount actually paid for year withhold	\$ 0																																															
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 Statutory Minimum Capital and Surplus Requirements?	Yes [X] No []																																															
11.3 If yes, show the name of the state requiring such minimum capital and surplus.																																																
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 accounts?	Yes [] No [X]																																															
13.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$ 0																																															
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.	\$ 0																																															
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:																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: center; width: 15%;">1 Company Name</th> <th rowspan="2" style="text-align: center; width: 15%;">2 NAIC Company Code</th> <th rowspan="2" style="text-align: center; width: 15%;">3 Domiciliary Jurisdiction</th> <th rowspan="2" style="text-align: center; width: 15%;">4 Reserve Credit</th> <th colspan="3" style="text-align: center;">Assets Supporting Reserve Credit</th> </tr> <tr> <th style="text-align: center; width: 15%;">5 Letters of Credit</th> <th style="text-align: center; width: 15%;">6 Trust Agreements</th> <th style="text-align: center; width: 15%;">7 Other</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>							1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit			5 Letters of Credit	6 Trust Agreements	7 Other		0	\$	\$	\$	\$	\$																									
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				5 Letters of Credit	6 Trust Agreements	7 Other																																										
	0	\$	\$	\$	\$	\$																																										
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 Premium Written	\$ 0																																															
15.2 Total Incurred Claims	\$ 0																																															
15.3 Number of Covered Lives	0																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7" style="text-align: center;">*Ordinary Life Insurance Includes</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="text-align: center;">Term (whether full underwriting, limited underwriting, jet issue, "short form app")</td> </tr> <tr> <td colspan="7" style="text-align: center;">Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")</td> </tr> <tr> <td colspan="7" style="text-align: center;">Variable Life (with or without secondary guarantee)</td> </tr> <tr> <td colspan="7" style="text-align: center;">Universal Life (with or without secondary guarantee)</td> </tr> <tr> <td colspan="7" style="text-align: center;">Variable Universal Life (with or without secondary guarantee)</td> </tr> </tbody> </table>							*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)						
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FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	13,266,135	9,542,197	5,589,217	6,144,957	5,280,173
2. Total liabilities (Page 3, Line 24).....	2,952,192	2,954,167	3,043,058	2,555,371	2,852,740
3. Statutory minimum capital and surplus requirement.....	10,402,446	6,588,030	2,546,159	3,589,586	2,764,824
4. Total capital and surplus (Page 3, Line 33).....	10,313,943	6,588,030	2,546,159	3,589,586	2,764,824
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	27,205,708	29,630,287	26,601,555	24,608,169	24,696,054
6. Total medical and hospital expenses (Line 18).....	21,412,030	23,631,541	25,705,010	22,205,841	23,739,386
7. Claims adjustment expenses (Line 20).....	1,565,902	1,811,737	1,776,652	1,442,788	1,548,014
8. Total administrative expenses (Line 21).....	518,802	164,405	175,009	148,873	172,091
9. Net underwriting gain (loss) (Line 24).....	3,708,974	4,022,604	(1,055,116)	810,667	(760,845)
10. Net investment gain (loss) (Line 27).....	16,939	19,267	11,689	14,095	21,280
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	3,725,913	4,041,871	(1,043,427)	824,762	(739,565)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	3,870,154	4,729,732	(1,277,459)	537,270	197,875
Risk-Based Capital Analysis					
14. Total adjusted capital.....	10,313,943	6,443,030	2,546,159	3,589,586	2,764,824
15. Authorized control level risk-based capital.....	1,557,254	1,678,688	1,875,914	1,665,675	1,781,173
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	2,070	2,224	2,578	2,258	2,255
17. Total member months (Column 6, Line 7).....	24,715	27,456	28,565	27,121	28,906
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).....	78.7	79.7	96.6	90.2	96.1
20. Cost containment expenses.....		1.3	1.3	1.3	1.3
21. Other claims adjustment expenses.....	4.5	4.7	5.3	4.5	4.9
22. Total underwriting deductions (Line 23).....	86.4	86.4	103.9	96.7	(1.0)
23. Total underwriting gain (loss) (Line 24).....	13.6	13.6	(3.9)	3.2	(0.3)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....	2,675,000	2,770,000	2,528,285	2,396,439	2,101,538
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	2,657,000	2,770,000	2,344,000	2,600,000	2,300,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA. Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

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

Yes No

If no, please explain:

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

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

2. ,

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....N/A

NAIC Company Code....00000

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,224		2,224							
2. First quarter.....	2,031		2,031							
3. Second quarter.....	2,077		2,077							
4. Third quarter.....	2,058		2,058							
5. Current year.....	2,070		2,070							
6. Current year member months.....	0									
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).....	27,262,185		27,262,185							
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	21,439,030		21,439,030							
18. Amount incurred for provision of health care services.....	21,468,507		21,468,507							

(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
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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
------------------------------	-------------------	------------------------	----------------------	----------------------------------	------------------	--------------------

NONE

SCHEDULE S - PART 3 - SECTION 2

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

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

NONE

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

NONE

SCHEDULE S - PART 5

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

1 Year End	2 Company Name	3 Effective Date	4 Name of Reinsurer	5 Ceded Net Reinsurer Rating	6 Ceded Net Reinsurer Rating	7 Ceded Net Reinsurer Rating	8 Ceded Net Reinsurer Rating	9 Ceded Net Reinsurer Rating	10 Ceded Net Reinsurer Rating	11 Ceded Net Reinsurer Rating	12 Ceded Net Reinsurer Rating	13 Ceded Net Reinsurer Rating	14 Ceded Net Reinsurer Rating	15 Ceded Net Reinsurer Rating	16 Ceded Net Reinsurer Rating	17 Ceded Net Reinsurer Rating	18 Ceded Net Reinsurer Rating	19 Ceded Net Reinsurer Rating	20 Ceded Net Reinsurer Rating	21 Ceded Net Reinsurer Rating	22 Ceded Net Reinsurer Rating	23 Ceded Net Reinsurer Rating	24 Ceded Net Reinsurer Rating	
12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15	12/31/15

NONE

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					XXX.....
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.....
18. Funds deposited by and withheld from (F).....					XXX.....
19. Letters of credit (L).....					XXX.....
20. Trust agreements (T).....					XXX.....
21. Other (O).....					XXX.....

NONE

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).....			..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		

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only								9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama.....	.AL ..N.....									.0
2. Alaska.....	.AK ..N.....									.0
3. Arizona.....	.AZ ..N.....									.0
4. Arkansas.....	.AR ..N.....									.0
5. California.....	.CA ..N.....									.0
6. Colorado.....	.CO ..N.....									.0
7. Connecticut.....	.CT ..N.....									.0
8. Delaware.....	.DE ..N.....									.0
9. District of Columbia.....	.DC ..N.....									.0
10. Florida.....	.FL ..N.....									.0
11. Georgia.....	.GA ..N.....									.0
12. Hawaii.....	.HI ..N.....									.0
13. Idaho.....	.ID ..N.....									.0
14. Illinois.....	.IL ..N.....									.0
15. Indiana.....	.IN ..L.....	14,176,336								14,176,336
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.....	13,085,849								13,085,849
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	0
59. Subtotal.....	XXX.....	27,262,185	0	0	0	0	0	0	27,262,185	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX.....		0	0	0	0	0	0		0
61. Total (Direct Business).....	(a) ..2.....	27,262,185	0	0	0	0	0	0	27,262,185	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	0	0
58999. Total (Lines 58001 thru 58003 + 58998).....	0	0	0	0	0	0	0	0	0	0

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

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

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

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

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

Allocated by States and Territories

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

NONE

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

PART 1 – ORGANIZATIONAL CHART

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(es)/Person(s)	15
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NONE

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

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

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

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

Responses
WAIVED
WAIVED
WAIVED
WAIVED

APRIL FILING

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

YES
WAIVED
NO

JUNE FILING

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

YES
YES

AUGUST FILING

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

YES

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

MARCH FILING

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

NO

APRIL FILING

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

NO
NO
NO
YES
YES

AUGUST FILING

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

YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
7. The data for this supplement is not required to be filed.
- 8.
- 9.
- 10.
11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
- 24.
- 25.
- 26.

BAR CODE:



SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1 Description of Property	2 City	3 State	4 Location	5 Date Acquired	6 Acquisition Cost	7 Current Cost	8 Date Acquired	9 Current Value	10 Fair Value Less Encumbrances	Change in Book Value of Real Estate			14 Current Value in Thousands	15 Gross Income from Real Estate in Current Year	16 Taxes, Repair and Operating Expenses in Current Year	17 Estimated Hours Worked in Current Year
										11 Current Value	12 Less Depreciation to Date of Statement	13 Current Value Less Depreciation to Date of Statement				

NONE

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year

Description of Property	Location			Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Material Carrying Value at the End of the Year	Additional Investment Made After Acquisition
	City	State	Date Acquired					

NONE

SCHEDULE A - PART 3

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

1 Description of Property	2 Sale Date	3 Sale Contract Date	4 Sale of Partnership	5 Sale of Partnership	6 Amounts Received	7 Expenses	8 Expenses	9 Current Year's Other Than Temporary Investments and Current Year's Investments	10 Current Year's Other Than Temporary Investments and Current Year's Investments	11 Change in Book Value Less Expenses	12 Change in Book Value Less Expenses	13 Change in Book Value Less Expenses	14 Revaluations Current Year's Investments Less Expenses	15 Revaluations Current Year's Investments Less Expenses	16 Revaluations Current Year's Investments Less Expenses	17 Revaluations Current Year's Investments Less Expenses	18 Revaluations Current Year's Investments Less Expenses	19 Revaluations Current Year's Investments Less Expenses	20 Revaluations Current Year's Investments Less Expenses
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NONE

SCHEDULE B - PART 1

Showing all Mortgage Loans OWNED December 31 of Current Year

Loan Number	City	State	Loan Type	Date Acquired	Date of Payment	Face Value Received	Interest Rate (Percent)	Current Year Interest Accrued	Current Year Interest Accrued	Current Year Interest Accrued		Calculated Interest Received	Calculated Interest Received	Total Interest Received	Value of Land and Buildings	Date of Last Appraisal or Value Date
										5	6	7	8	9	10	11

General Information

1. Mortgages in good standing \$ 0 unpaid taxes \$ 0 interest due and unpaid
2. Reinstated mortgages \$ 0 unpaid taxes \$ 0 interest due and unpaid
3. Mortgages with overdue interest over 30 days on or 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	2	3	4	5	6	7	8	9
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost of Title at Acquisition	Additional Investment Made After Acquisition	Value of Land and Building

NONE

SCHEDULE B - PART 3**Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year**

1 Loan Number	2 Loan Number	3 Loan Number	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Charge or Book Value Received Prepaid									
				Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid	Book Value Received Prepaid

NONE

SCHEDULE BA - PART 1

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

1 CAGP Identification Name of Institution	2 Code	3 City	4 State	5 Investment or General Partner Name or Description	6 Location	7 NAIC Designation Number	8 Date Originally Acquired	9 Type and Strategy	10 Actual Cost	11 Fair Value	Change in Book Value			14 Current Years Change in Temporary Investment Recovery	15 Current Years (Amortization) or Accretion	16 Unrealized Valuation Loss Exchanges	17 Capitalized Delivered Interest and Other	18 Total Change in Fair Value in B&C	19 Investment Income	20 Commitment for Additional Investment	21 Percentage of Obligation	
											12	13	14									

NONE

SCHEDULE BA - PART 2

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

1 Classification	2 Time of Disposition	3 Description	4 State	5 Name of General Partner	6 Date Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Actual Investment Made At Acquisition	10 Amount of Realization	11 Percentage of Change in Value

NONE

SCHEDULE BA · PART 3

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

Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

SCHEDULE D - PART 1

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

1 CUSIP Identification	2 Description	Codes		6 NAIC Desig- na- tion	7 Actual Cost	Fair Value		10 Par Value	11 Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value			15 Total Foreign Exchange Change in B/A/C V	Interest			21 Amount Rec. During Year	22 Acquired	23 Stated Contractual Maturity Date
		3 Code	4 Bond CHAR			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase (Decrease)	13 Current Year's (Amortization) / Accretion	14 Current Year's Other-Than- Temporary Impairment Recognized		16 Rate of Effect- ive Rate of Paid	17 When Paid	18 Admitted Amount Due & Accrued	19 Amount Rec. During Year		

NONE

E10

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NON

SCHEDULE D - PART 2 - SECTION 1
Showing all PREFERRED STOCKS Owned December 31 of Current Year

Class Preferred	Designation	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	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
-----------------	-------------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Cooperative Group Benefits Plan

Statement as of December 31, 2015 of the

SCHEDULE D - PART 2 - SECTION 1
Showing all PREFERRED STOCKS Owned December 31 of Current Year

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
CUSIP Identification 84999999 Total Common and Preferred Stock																		

(a) For all common stock is showing the NAC market indicator 'U' provide the number of such assets..... 0

(b) For all common stock is showing the NAC market indicator 'S' of all such assets 1..... 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 Per 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

CUSIP Identification Description	Name of Company or Entity Disposed Date	Number of Shares Disposed	Number of Shares of Stock Constituted Disposed	Provider	Actual Cost Carrying Value	Unadjusted Valuation Increase Decrease	Current Year's One-Year Performance (Amortization)/ Accretion	Current Year's One-Year Performance Described in Footnote 11, 12 & 13	Change in Book Carrying Value		Total Foreign Exchange Gain/Loss in P.A.C.V. 11, 12 & 13	Foreign Exchange Gain/Loss in P.A.C.V. 11, 12 & 13	Realized Gain (Loss) or Loss on Disposal	Total Gain (Loss) on Disposal	Stock Dividends Received During Year	Stock Dividends Received During Year	
									1	2	3	4	5	6	7	8	

NONE

SCHEDULE D - PART 5

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

None

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliate Company	3 Foreign	4 NAIC Company Code or Other Insurer Identification Number	5 Net Valuation Minus See Footnote and Procedures Manual of the NAIC Investment Analysis Office	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book-Adjusted Carrying Value	Stock of Such Company Owned Indirectly by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding

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

2. Total amount of intangible assets nonadmitted \$ 0

NONE**SCHEDULE D - PART 6 - SECTION 2**

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

NONE

3NON

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SCHEDULE DA - PART 1

Statement as of December 31, 2015 of the Cooperative Group Benefits Plan

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

NON

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Settlement Date																						

SCHEDULE DB - PART A - SECTION 1

Cooperative Group Benefits Plan

NON

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	26
Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year																									
SCHEDULE DB - PART A - SECTION 2																									

Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

Statement as of December 31, 2015 of the **Cooperative Group Benefits Plan**

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open as of the Current Statement Date

1 Futures Symbol	2 Number of Contracts	3 Notional Amount	4 Descriptor	5 Description of Item(s) Hedged Used for Income Generation or Replicated	6 Schedule / Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	15 16 17 18 19 20 21 22				
													15 16 17 18 19 20 21 22				
														Not Applicable			

NONE

E20

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SCHEDULE DB - PART B - SECTION 2

Cooperative Group Benefits Plan

18

Future Contracts Terminated December 31 of Current Year

NON

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Derivative Contract or Contract Category	2 Master Agreement (if any)	3 Credit Support Annex (if any)	4 Fair Value of Accrued Cabayard	5 Contracts with Backdated Carrying Dates > 0	6 Contracts with Backdated Carrying Dates < 0	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 OutBalance OverExposure
• Charter SSA# 64				0		0			0		
• Charter SSA# 64											

NONE

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

1 Foreign Country's Central Banknote	2 Local Area Reserve	3 C/S P. Mortgagor	4 Local Govt.	5 Local Govt.	6 Local Govt.	7 Local Govt.	8 Local Govt.	9 Local Govt.	10 Local Govt.	11 Local Govt.	12 Local Govt.

NONE

Cooperative Group Benefits Plan**SCHEDULE DL - PART 1****SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identifier	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

Cooperative Group Benefits Plan**SCHEDULE DL - PART 2****SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 *LAC 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

NONE

Cooperative Group Benefits Plan**SCHEDULE E - PART 1 - CASH**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
Open Depositories						
Huntington National Bank - checking.....	vanes.....				(476,975)	XXX
Bank Midwest, NA.....	vanes.....	1.620			249,136	XXX
Capital Bank.....	vanes.....	1.620			249,138	XXX
CAT floating rate demand note.....	vanes.....	633			149,000	XXX
Everbank.....	vanes.....	1.520			249,258	XXX
Federally Insured Cash Act - US Bank.....	vanes.....	5,527			7,251,184	XXX
Huntington National Bank.....	vanes.....				13,874	XXX
Invesco.....	vanes.....	7,018			3,770,055	XXX
Metro City Bank.....	vanes.....	1,120			249,282	XXX
Mid America Bank.....	vanes.....	1,247			249,012	XXX
Nationwide Bank.....	vanes.....	1,369			249,416	XXX
Pacific Merchantile Bank.....	vanes.....	1,464			249,254	XXX
Plaza Bank.....	vanes.....	1,139			249,375	XXX
TD Bank.....	vanes.....	456			249,304	XXX
Trans Pacific National Bank.....	vanes.....	296			190,557	XXX
01999999 Total - Open Depositories.....	XXX XXX	25,067		0	13,139,870	XXX
03999999 Total Cash on Deposit.....	XXX XXX	25,067		0	13,139,870	XXX
05999999 Total Cash.....	XXX XXX	25,067		0	13,139,870	XXX

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

1. January.....	8,577,816	4. April.....	10,270,727	7. July.....	12,303,923	10. October.....	13,296,409
2. February.....	9,497,244	5. May.....	11,133,945	8. August.....	12,569,128	11. November.....	13,304,819
3. March.....	9,755,368	6. June.....	11,851,189	9. September.....	13,006,180	12. December.....	13,139,870

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Cost	3 Carrying Value	4 Date Acquired	5 Useful Life	6 Depreciation Value	7 Account Number	8 Accts Rec'd from Year

NONE

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

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

DETAILS OF WRITE-INS

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

Cooperative Group Benefits Plan
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement		
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount
1. Bonds:					
1.1 U.S. treasury securities.....		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
1.22 Issued by U.S. government sponsored agencies.....		0.0			0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		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
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0.0
1.43 Revenue and assessment obligations.....		0.0			0.0
1.44 Industrial development and similar obligations.....		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
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0.0
1.513 All other.....		0.0			0.0
1.52 CMOs and REMICs:					
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		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
1.523 All other.....		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
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0.0
2.3 Affiliated securities.....		0.0			0.0
3. Equity interests:					
3.1 Investments in mutual funds.....		0.0			0.0
3.2 Preferred stocks:					
3.21 Affiliated.....		0.0			0.0
3.22 Unaffiliated.....		0.0			0.0
3.3 Publicly traded equity securities (excluding preferred stocks)					
3.31 Affiliated.....		0.0			0.0
3.32 Unaffiliated.....		0.0			0.0
3.4 Other equity securities:					
3.41 Affiliated.....		0.0			0.0
3.42 Unaffiliated.....		0.0			0.0
3.5 Other equity interests including tangible personal property under lease:					
3.51 Affiliated.....		0.0			0.0
3.52 Unaffiliated.....		0.0			0.0
4. Mortgage loans:					
4.1 Construction and land development.....		0.0			0.0
4.2 Agricultural.....		0.0			0.0
4.3 Single family residential properties.....		0.0			0.0
4.4 Multifamily residential properties.....		0.0			0.0
4.5 Commercial loans.....		0.0			0.0
4.6 Mezzanine real estate loans.....		0.0			0.0
5. Real estate investments:					
5.1 Property occupied by company.....		0.0			0.0
5.2 Property held for production of income (including \$..... of property acquired in satisfaction of debt).....		0.0			0.0
5.3 Property held for sale (including \$..... of property acquired in satisfaction of debt).....		0.0			0.0
6. Contract loans.....		0.0			0.0
7. Derivatives.....		0.0			0.0
8. Receivables for securities.....		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.....	13,139,870	100.0	13,139,870	13,139,870	100.0
11. Other invested assets.....		0.0			0.0
12. Total invested assets.....	13,139,870	100.0	13,139,870	0	13,139,870

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

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

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

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....
2. Cost of acquired:
 - 2.1 Actual cost at time of acquisition (Part 2, Column 8).....
 - 2.2 Additional investment made after acquisition (Part 2, Column 9).....
3. Capitalized deferred interest and other:
 - 3.1 Totals, Part 1, Column 16.....
 - 3.2 Totals, Part 3, Column 12.....
4. Accrual of discount.....
5. Unrealized valuation increase (decrease):
 - 5.1 Totals, Part 1, Column 13.....
 - 5.2 Totals, Part 3, Column 9.....
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.....
10. Deduct current year's other-than-temporary impairment recognized:
 - 10.1 Totals, Part 1, Column 15.....
 - 10.2 Totals, Part 3, Column 11.....
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....
12. Deduct total nonadmitted amounts.....
13. Statement value at end of current period (Line 11 minus Line 12).....

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.....
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.....
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.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....
11. Deduct total nonadmitted amounts.....
12. Statement value at end of current period (Line 10 minus Line 11).....

NONE

Cooperative Group Benefits Plan**SCHEDULE D - SUMMARY BY COUNTRY**

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States.....				
Governments (including all obligations guaranteed by governments)	2. Canada.....				
	3. Other Countries..				
	4. Totals.....	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 Securities (Unaffiliated)	8. United States.....				
	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	0
Parent, Subsidiaries and Affiliates	18. Totals.....				
	19. Total Preferred Stocks.....	0	0	0	0
COMMON STOCKS	20. United States.....				
Industrial and Miscellaneous (Unaffiliated)	21. Canada.....				
	22. Other Countries..				
	23. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals.....				
	25. Total Common Stocks.....	0	0	0	0
	26. Total Stocks.....	0	0	0	0
	27. Total Bonds and Stocks....	0	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	.00		.00		
1.2 NAIC 2.....						.0	.00		.00		
1.3 NAIC 3.....						.0	.00		.00		
1.4 NAIC 4.....						.0	.00		.00		
1.5 NAIC 5.....						.0	.00		.00		
1.6 NAIC 6.....						.0	.00		.00		
1.7 Totals.....	.0	.0	.0	.0	.0	.0	.00	.0	.00	.0	.0
2. All Other Governments											
2.1 NAIC 1.....						.0	.00		.00		
2.2 NAIC 2.....						.0	.00		.00		
2.3 NAIC 3.....						.0	.00		.00		
2.4 NAIC 4.....						.0	.00		.00		
2.5 NAIC 5.....						.0	.00		.00		
2.6 NAIC 6.....						.0	.00		.00		
2.7 Totals.....	.0	.0	.0	.0	.0	.0	.00	.0	.00	.0	.0
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 NAIC 1.....						.0	.00		.00		
3.2 NAIC 2.....						.0	.00		.00		
3.3 NAIC 3.....						.0	.00		.00		
3.4 NAIC 4.....						.0	.00		.00		
3.5 NAIC 5.....						.0	.00		.00		
3.6 NAIC 6.....						.0	.00		.00		
3.7 Totals.....	.0	.0	.0	.0	.0	.0	.00	.0	.00	.0	.0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 NAIC 1.....						.0	.00		.00		
4.2 NAIC 2.....						.0	.00		.00		
4.3 NAIC 3.....						.0	.00		.00		
4.4 NAIC 4.....						.0	.00		.00		
4.5 NAIC 5.....						.0	.00		.00		
4.6 NAIC 6.....						.0	.00		.00		
4.7 Totals.....	.0	.0	.0	.0	.0	.0	.00	.0	.00	.0	.0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 NAIC 1.....						.0	.00		.00		
5.2 NAIC 2.....						.0	.00		.00		
5.3 NAIC 3.....						.0	.00		.00		
5.4 NAIC 4.....						.0	.00		.00		
5.5 NAIC 5.....						.0	.00		.00		
5.6 NAIC 6.....						.0	.00		.00		
5.7 Totals.....	.0	.0	.0	.0	.0	.0	.00	.0	.00	.0	.0

S105

03/28/2016 9:28:15 PM

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 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... 6.2 NAIC 2... 6.3 NAIC 3... 6.4 NAIC 4... 6.5 NAIC 5... 6.6 NAIC 6... 6.7 Totals.....											
7. Hybrid Securities											
7.1 NAIC 1... 7.2 NAIC 2... 7.3 NAIC 3... 7.4 NAIC 4... 7.5 NAIC 5... 7.6 NAIC 6... 7.7 Totals.....											
8. Parent Subsidiaries and Affiliates											
8.1 NAIC 1... 8.2 NAIC 2... 8.3 NAIC 3... 8.4 NAIC 4... 8.5 NAIC 5... 8.6 NAIC 6... 8.7 Totals.....											

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 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 NAIC 1.....	(d).....0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.2 NAIC 2.....	(d).....0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 NAIC 3.....	(d).....0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 NAIC 4.....	(d).....0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 NAIC 5.....	(d).....0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.6 NAIC 6.....	(d).....0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.7 Totals.....	.....0	0	0	0	0	0	(b).....0	0.0	XXX	XXX	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
10.8 Line 10.7 as a % of Col. 8.....	.....0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0		0.0
11. Total Publicly Traded Bonds						NONE					
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	XXX	XXX	XXX	0.0	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	XXX	XXX	XXX	0.0	0.0	XXX
12. Total Privately Placed Bonds											
12.1 NAIC 1.....						0	0.0	0	0.0	0	XXX
12.2 NAIC 2.....						0	0.0	0	0.0	0	XXX
12.3 NAIC 3.....						0	0.0	0	0.0	0	XXX
12.4 NAIC 4.....						0	0.0	0	0.0	0	XXX
12.5 NAIC 5.....						0	0.0	0	0.0	0	XXX
12.6 NAIC 6.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	.....0	0	0	0	0	0	0.0	0	0.0	0	XXX
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	0.0	0.0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9.....	.....0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	0.0

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

S07

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SCHEDULE D - PART 1A - SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations						0	0.0	0	0.0	0	
1.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
1.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
1.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
2.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
2.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
2.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
3.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
3.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
3.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
4.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
4.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
4.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
5.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
5.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
5.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
6.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
6.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
6.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
7.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
7.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
7.4 Other Loan-Backed and Structured Securities						0	0.0	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	0.0	0	
8.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	
8.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	
8.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

S108

03/28/2016 9:28:16 PM

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.....	NONE				
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

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

S110

03/28/2016 9:28:16 PM

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.....
3. Unrealized valuation increase/(decrease):
 - 3.1 Section 1, Column 17.....
 - 3.2 Section 2, Column 19.....
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.....
7. Adjustment to the Book/Adjusted Carrying Value of hedged item:
 - 7.1 Section 1, Column 20.....
 - 7.2 Section 2, Column 23.....
8. Total foreign exchange change in Book/Adjusted Carrying Value:
 - 8.1 Section 1, Column 18.....
 - 8.2 Section 2, Column 20.....
9. Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8).....
10. Deduct nonadmitted assets.....
11. Statement value at end of current period (Line 9 minus Line 10).....

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.....

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.....
- 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.....

Change in amount recognized:

 - 3.23 Section 1, Column 19, current year to date minus.....
 - 3.24 Section 1, Column 19, prior year.....
- 3.3 Subtotal (Line 3.1 minus Line 3.2).....
- 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).....
- 4.3 Subtotal (Line 4.1 minus Line 4.2).....
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).....
7. Deduct nonadmitted assets.....
8. Statement value at end of current period (Line 6 minus Line 7).....

SCHEDULE DB - PART C - SECTION 1

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

		Components of the Replication (Synthetic Asset) Transactions													
		Replication (Synthetic Asset) Transactions Open					Cash Instruments(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	National Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Desg. 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.....										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value.....	XXX		XXX		XXX		XXX		XXX	
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	
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).....
4. Part D, Section 1, Column 5.....
5. Part D, Section 1, Column 6.....
6. Total (Line 3 minus Line 4 minus Line 5).....

NONE

Fair Value Check

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

Potential Exposure Check

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

SCHEDULE E - VERIFICATION BETWEEN YEARS

Cash Equivalents

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	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.....