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QUARTERLY STATEMENT
RECEIVED
OF THE

MAY 31 2016

BY _____

**Ohio Funeral Directors
Association Benefit Trust**

Of

in the state of

Ohio

to the Insurance Department

of the State of

For the Period Ended

March 31, 2016

2016



HEALTH QUARTERLY STATEMENT

As of March 31, 2016
of the Condition and Affairs of the

Ohio Funeral Directors Association Benefit Trust

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

NAIC Company Code..... N/A

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

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile USA

Licensed as Business Type MEWA

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

Incorporated/Organized....1957

Commenced Business....1957

Statutory Home Office

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

614-486-5339

Main Administrative Office

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

(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

614-486-5339

Internet Web Site Address

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

(Area Code) (Telephone Number)

Statutory Statement Contact

Melissa Sullivan
(Name)
melissa@ofdaonline.org
(E-Mail Address)

614-486-5339

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

OFFICERS

1. Name

Title

Name

Title

2.

3.

OTHER

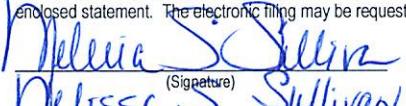
DIRECTORS OR TRUSTEES

Mark Schneider

Gary Heller
Sue Jones
Walt Lindsey
Terry Palmer
Jerry Sowers

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

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


(Signature)
Melissa S. Sullivan
1. (Printed Name)
Executive Director
(Title)

(Signature)

(Signature)

2. (Printed Name)

Trustee

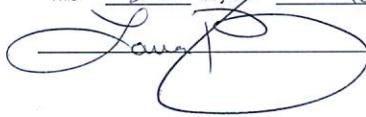
(Title)

3. (Printed Name)

Trustee

(Title)

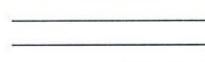
Subscribed and sworn to before me
This 25 day of May





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 []



ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....337,408), cash equivalents (\$.....0) and short-term investments (\$.....0).....	337,408		337,408	.225,910
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	.0	0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	337,408	.0	337,408	.225,910
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	14,658		14,658	.23,812
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:				
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.....			0	
25. Aggregate write-ins for other than invested assets.....	0	.0	0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	352,066	.0	352,066	.249,722
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	352,066	.0	352,066	.249,722

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

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	55,658		55,658	46,873
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	33,821		33,821	33,821
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	78,802		78,802	66,379
9. General expenses due or accrued			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current)	15,762	0	15,762	15,762
24. Total liabilities (Lines 1 to 23)	184,043	0	184,043	162,835
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	168,023	86,887
32. Less treasury stock, at cost				
32.10.000 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	168,023	86,887
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	352,066	249,722

DETAILS OF WRITE-INS

2301. Accounts Payable	15,762		15,762	15,762
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	15,762	0	15,762	15,762
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	214	927	2,800
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....		30,139	
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	298,838	0	2,734,124
8. Total revenues (Lines 2 to 7).....	XXX.....	298,838	30,139	2,734,124
Hospital and Medical:				
9. Hospital/medical benefits.....				
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....			80,551	
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	0	80,551	0
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	0	80,551	0
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			10,657	
21. General administrative expenses.....		1,222	2,978	16,776
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	1,222	94,186	16,776
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	297,616	(64,047)	2,717,348
25. Net investment income earned.....			923	1,408
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	0	923	1,408
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	(216,480)	(35,721)	(3,503,110)
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.....	81,136	(98,845)	(784,354)
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	81,136	(98,845)	(784,354)

DETAILS OF WRITE-INS

0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	0	0	0
0701. These cash inflows are collected and used to pay fully insured benefits for members.....	XXX.....	298,838		2,734,124
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	298,838	0	2,734,124
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Fully insured health benefits adopted in current year.....		(216,480)	(35,721)	(3,503,110)
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	(216,480)	(35,721)	(3,503,110)

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	86,887	921,241	871,241
34. Net income or (loss) from Line 32.....	81,136	(98,845)	(784,354)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	81,136	(98,845)	(784,354)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	168,023	822,396	86,887

DETAILS OF WRITE-INS

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

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....		247,281	(309,143)
2. Net investment income.....		923	1,408
3. Miscellaneous income.....	320,415		
4. Total (Lines 1 through 3).....	320,415	248,204	(307,735)
5. Benefit and loss related payments.....		671,678	606,082
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	208,917		
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).....	208,917	671,678	606,082
11. Net cash from operations (Line 4 minus Line 10).....	111,498	(423,474)	(913,817)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	111,498	(423,474)	(913,817)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	225,910	1,139,727	1,139,727
19.2 End of period (Line 18 plus Line 19.1).....	337,408	716,253	225,910

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

20,0001
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	309		309							
2. First Quarter.....		214								
3. Second Quarter.....		0								
4. Third Quarter.....		0								
5. Current Year.....		0								
6. Current Year Member Months.....		214		214						
Total Member Ambulatory Encounters for Period:										
7. Physician.....		0								
8. Non-Physician.....		0								
9. Total.....		0	.0	.0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....		0								
11. Number of Inpatient Admissions.....		0								
12. Health Premiums Written (a).....		0								
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.....		0								
18. Amount Incurred for Provision of Health Care Services.....		0								

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

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

1		2		3		4		5		6		7	
Account		1-30 Days		31-60 Days		61-90 Days		91-120 Days		Over 120 Days		Total	

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....			55,658		55,658	46,873
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).....	0	0	55,658	0	55,658	46,873
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).....	0	0	55,658	0	55,658	46,873

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

Q09

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GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

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

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

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

2.2 If yes, date of change:

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

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

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

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes [] No [X] N/A []

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

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

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

6.4 By what department or departments?

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

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

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

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

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

FINANCIAL

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

Yes [] No [X]

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

\$ _____ 0

INVESTMENT

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

Yes [] No [X]

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

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

\$ _____ 0

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

\$ _____ 0

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

Yes [] No [X]

14.2 If yes, please complete the following:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

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

Yes [] No [X]

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

Yes [] No [X]

If no, attach a description with this statement.

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

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

\$ _____ 0

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

\$ _____ 0

16.3 Total payable for securities lending reported on the liability page:

\$ _____ 0

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

Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

Yes [] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	0.0 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	0.0 %
2.1 Do you act as a custodian for health savings accounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	0
2.3 Do you act as an administrator for health savings accounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.4 If yes, please provide the amount of funds administered as of the reporting date.	0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....	AL							.0	
2. Alaska.....	AK							.0	
3. Arizona.....	AZ							.0	
4. Arkansas.....	AR							.0	
5. California.....	CA							.0	
6. Colorado.....	CO							.0	
7. Connecticut.....	CT							.0	
8. Delaware.....	DE							.0	
9. District of Columbia.....	DC							.0	
10. Florida.....	FL							.0	
11. Georgia.....	GA							.0	
12. Hawaii.....	HI							.0	
13. Idaho.....	ID							.0	
14. Illinois.....	IL							.0	
15. Indiana.....	IN							.0	
16. Iowa.....	IA							.0	
17. Kansas.....	KS							.0	
18. Kentucky.....	KY							.0	
19. Louisiana.....	LA							.0	
20. Maine.....	ME							.0	
21. Maryland.....	MD							.0	
22. Massachusetts.....	MA							.0	
23. Michigan.....	MI							.0	
24. Minnesota.....	MN							.0	
25. Mississippi.....	MS							.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. U.S. Virgin Islands.....	VI							.0	
56. Northern Mariana Islands.....	MP							.0	
57. Canada.....	CAN							.0	
58. Aggregate Other alien.....	OT	XXJ	0	0	0	0	0	0	0
59. Subtotal.....		XXJ	Status Missing..	Status Missing..	Status Missing..	Status Missing..	Status Missing..	Status Missing..	Status Missing..
60. Reporting entity contributions for Employee Benefit Plans.....		XXJ							0
61. Total (Direct Business).....	(a)	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location to Reporting Entity	Relationship to Reporting Entity	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	*	
*														

NONE

SCHEDULE A - PART 2

SCHEDULE A - PART 3

none

None

SCHEDULE B - PART 2

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

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

NONE

QE02

SCHEDULE B - PART 3

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

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

NONE

SCHEDULE BA - PART 2

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

CUSIP Identification	Name or Description	Location		Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made after Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership
		3	4									

NONE

QE03

SCHEDULE BA - PART 3

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

CUSIP Identification	Name or Description	Location		Date Originally Acquired	Disposal Date	Boot/Adjusted Carrying Value Less Escrow Proceeds, Increases (Decreases) in Current Year's Valuation or (Amortization) /Accretion	Other-than-Temporary Impairment Recognized	Changes in Boot/Adjusted Carrying Value		Current Year's Capitalized Interest and Other	Total Foreign Exchange Changes in B/A/C/V	Foreign Exchange Gains (Losses) on Disposals	Related Gains (Losses) on Disposals	Total Gain (Loss) on Disposals	Investment Income			
		3	4					5	6					7	8	9	10	11

NONE

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust****SCHEDULE D - PART 3**

Show all Long-Term Bonds and Stock Acquired During the Current Quarter									
1	2	3	4	5	6	7	8	9	10
CUSIP Identification					Name of Vendor	Number of Shares of Stock	Actual Cost	Prorated Value	Paid for Acquired Interest and Dividends
(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues.....	0								NAIC Designation or Market Indicator (a)

NONE

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE D - PART 4

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

ZON
Z
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Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE DB - PART A - SECTION 1

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

Description	Description of Item(s) Hedged, Used or Income Generated or Replaced (a)	Schedule Type(s) (a)	Rate(s) (a)	Exchange, Counterparty or Central Counterparty	Trade Date	Date of Maturity or Number of Contracts	Notional Amount	Rate of interest Received (Paid)	Premium (Received) (Paid)	Strike Price, Price, Year(s) Initial Cost of Premium	Cumulative Price, Year(s) Initial Cost of Premium	Current Year Rate of interest Received (Paid)	Current Year Premium	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in Value of Hedged Items	Current Year's Adjustment to Carrying Value of Hedged Items	20 21 22 23	Adjustment to Carrying Value of Hedged Items		Credit Exposure	Hedge Effectiveness at Inception and at Year- end (b)

NONE

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Trader Symbol	Number of Contracts	National Amount	Description	Description of Deriv(s) Hedged Used for Income Generation or Repositioned	Schedule Type(s) (Establish or Renew)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Price	Fair Value	Book/Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Used to offset Hedge Margin	Change in Margin (less Variation Margin)	Change in Margin (less Margin for all Other Hedges)	Hedge Margin at inception and at year- end (b)	Value of One (1) Point		

NONE

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SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

Page **1** of **1** (Report Date: **12/31/2000**)

ZONE

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE DB - PART D - SECTION 2

Collateral or Derivative Instruments Open as of Current Statement Date								
1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Matute Date	Type of Margin (L.V. or M.V.)

NONE

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

Reinvested Collateral Assets Owned Current Statement Date

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

General Interrogatories:

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

NONE

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

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

General Interrogations:

1. Total 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

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JP Morgan Chase.....		varies.....			300,965	339,197	337,408	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	300,965	339,197	337,408	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	300,965	339,197	337,408	XXX
0599999. Total Cash.....	XXX	XXX	0	0	300,965	339,197	337,408	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE

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 A2, line 5. See QE-12 for list of cash accounts.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

None

Note 7 - Investment Income

No investment income excluded, no significant change.

Note 8 - Derivative Instruments

None

Note 9 - Income Taxes

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

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

No significant change.

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

None

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 March 31, 2016, was based on a study completed by the Plan's actuary and includes estimated claims expenses of \$55,658 for IBNR and \$33,821 for LAE that remain unpaid from the prior year.

Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

Note 28 - Health Care Receivables

None

NOTES TO FINANCIAL STATEMENTS

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

Note 32 - Premium holidays

Effective January 1, 2015 the Plan initiated a fully insured program whereby benefits will be provided via fully insured contracts and no longer on a self funded basis. Runout claims will continue to be paid out of the Plan during 2015, but this amount has already been recorded as benefit obligations payable in the prior year. Additionally, the Plan will use remaining funds for premium holidays for participants covered under the Plan as discussed with the trustees and authorities. The net loss reflected on page A4 shows the overall effect of the premium holidays granted to participants of the Plan.

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

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

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....					0			
2. NAIC 2 (a).....					0			
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	0	0	0	0	0	0	0	0
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	0	0	0	0	0	0	0	0

NONE

QS102

05/12/2016 5:54:52 PM

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

SCHEDULE DA - PART 1

Short-Term Investments

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

SCHEDULE DA - VERIFICATION

Short-Term Investments

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

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

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

NONE**SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

1. Book/adjusted carrying value, December 31, prior year (Line 6, prior year).....
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column).....
- 3.1 Add:

Change in variation margin on open contracts - Highly Effective Hedges:

 - 3.11 Section 1, Column 15, current year to date minus.....
 - 3.12 Section 1, Column 15, prior year..... **0**

Change in variation margin on open contracts - All Other:

 - 3.13 Section 1, Column 18, current year to date minus.....
 - 3.14 Section 1, Column 18, prior year..... **0** **0**
- 3.2 Add:

Change in adjustment to basis of hedged item:

 - 3.21 Section 1, Column 17, current year to date minus.....
 - 3.22 Section 1, Column 17, prior year..... **0**

Change in amount recognized:

 - 3.23 Section 1, Column 19, current year to date minus.....
 - 3.24 Section 1, Column 19, prior year..... **0** **0**
- 3.3 Subtotal (Line 3.1 minus Line 3.2)..... **0**
- 4.1 Cumulative variation margin on terminated contracts during the year.....
- 4.2 Less:
 - 4.21 Amount used to adjust basis of hedged item.....
 - 4.22 Amount recognized..... **0**
- 4.3 Subtotal (Line 4.1 minus Line 4.2)..... **0**
5. Dispositions gains (losses) on contracts terminated in prior year:
 - 5.1 Total gain (loss) recognized for terminations in prior year.....
 - 5.2 Total gain (loss) adjusted into the hedged item(s) for the terminations in prior year.....
6. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)..... **0**
7. Deduct nonadmitted assets.....
8. Statement value at end of current period (Line 6 minus Line 7)..... **0**

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**

SCHEDULE DB - PART C - SECTION 1

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

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

NONE

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SCHEDULE DB - PART C - SECTION 2

Reconciliation (Synthetic Asset) Transactions Open

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

NONE

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE DB - VERIFICATION

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

Book/Adjusted Carrying Value Check

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

Fair Value Check

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

Potential Exposure Check

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

NONE

Statement as of March 31, 2016 of the **Ohio Funeral Directors Association Benefit Trust**
SCHEDULE E- VERIFICATION
Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of cash equivalents acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	NONE	
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.0	.0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.0	.0