

10a

# QUARTERLY STATEMENT

## OF THE

# Ohio Bankers Benefits Trust

Of

RECEIVED  
AUG 16 2016  
OFFICE OF RISK  
ASSESSMENT

in the state of

RECEIVED  
AUG 16 2016  
OFFICE OF  
ASSESSMENT

Ohio

to the Insurance Department  
of the State of

For the Period Ended  
June 30, 2016

2016



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# HEALTH QUARTERLY STATEMENT

As of June 30, 2016  
of the Condition and Affairs of the

## Ohio Bankers Benefits Trust

NAIC Group Code.....N/A,

(Current Period) (Prior Period)

NAIC Company Code..... N/A

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

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.....1997

Commenced Business.....1997

Statutory Home Office

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

Main Administrative Office

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

614-340-7595

Mail Address

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

(Area Code) (Telephone Number)

Primary Location of Books and Records

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

614-340-7595

Internet Web Site Address

(Area Code) (Telephone Number)

Statutory Statement Contact

Jeff Quayle  
(Name)  
jquayle@ohiobankersleague.com  
(E-Mail Address)614-340-7603  
(Area Code) (Telephone Number) (Extension)  
614-340-7599  
(Fax Number)

### OFFICERS

1. Name

Title

Name

Title

2.  
3.2.  
4.

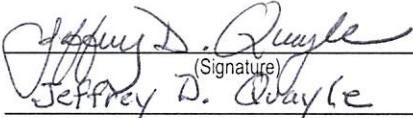
### OTHER

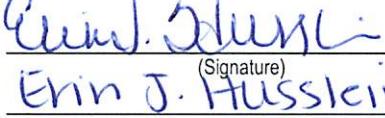
### DIRECTORS OR TRUSTEES

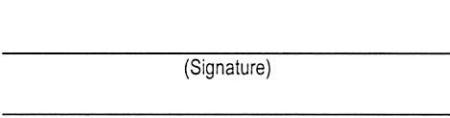
John Malanowski  
Dean Miller  
Paul Reed  
Judy Root  
Ron Zimmerly

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

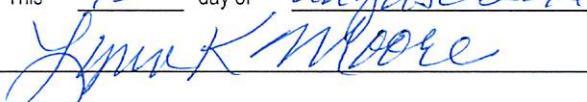
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

  
Jeffrey D. Quayle  
1. (Printed Name)  
Managing Director  
(Title)

  
Erin J. Husslein  
2. (Printed Name)  
Administrator  
(Title)

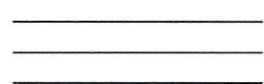
  
(Signature)  
3. (Printed Name)  
Trustee  
(Title)

Subscribed and sworn to before me  
This 15 day of August 2016

  
Lynn K. Moore

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 [ ]

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



LYNN K. MOORE  
Notary Public, State of Ohio  
My Commission Expires 06-10-2021

LYNN K. MOORE  
Major Public Schools of Ohio  
Maj. Commission Expires 08-10-2001



**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	.....3,905,877		.....3,905,877	.....3,756,866
2. Stocks:				
2.1 Preferred stocks.....			.....0	
2.2 Common stocks.....	.....513,356		.....513,356	.....614,953
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 (\$....8,597,691), cash equivalents (\$.....0) and short-term investments (\$.....0).....	.....8,597,691		.....8,597,691	.....7,311,722
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).....	.....13,016,924	.....0	.....13,016,924	.....11,683,541
13. Title plants less \$.....0 charged off (for Title insurers only).....			.....0	
14. Investment income due and accrued.....	.....29,465		.....29,465	.....23,710
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....5,326		.....5,326	.....3,580
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).....	.....13,051,715	.....0	.....13,051,715	.....11,710,831
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0	
28. Total (Lines 26 and 27).....	.....13,051,715	.....0	.....13,051,715	.....11,710,831

**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).....	1,508,000		1,508,000	1,310,000
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	135,000		135,000	135,000
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.....	2,108		2,108	
9. General expenses due or accrued.....	6,560		6,560	2,782
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).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,651,668	0	1,651,668	1,447,782
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	11,400,047	10,263,049
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	11,400,047	10,263,049
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	13,051,715	11,710,831

**DETAILS OF WRITE-INS**

2301. ....			0	
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).....	0	0	0	0
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.....	.....8,169	.....7,555	.....15,252
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	.....8,063,535	.....8,009,398	.....15,919,180
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....	.....0	.....0	.....0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	.....0	.....0	.....0
8. Total revenues (Lines 2 to 7).....	XXX.....	.....8,063,535	.....8,009,398	.....15,919,180
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		.....4,756,976	.....5,061,673	.....9,745,866
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		.....1,485,213	.....1,508,721	.....3,045,377
14. Aggregate write-ins for other hospital and medical.....	0	.....198,000	.....132,000	.....72,500
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	.....6,440,189	.....6,702,394	.....12,863,743
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	.....6,440,189	.....6,702,394	.....12,863,743
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		.....557,351	.....641,130	.....1,288,130
21. General administrative expenses.....		.....109,222	.....81,024	.....215,940
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	.....7,106,762	.....7,424,548	.....14,367,813
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	.....956,773	.....584,850	.....1,551,367
25. Net investment income earned.....		.....180,225	.....45,131	.....75,112
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	.....180,225	.....45,131	.....75,112
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	.....0	.....0	.....0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	.....1,136,998	.....629,981	.....1,626,479
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	.....1,136,998	.....629,981	.....1,626,479

**DETAILS OF WRITE-INS**

0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	.....0	.....0	.....0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	.....0	.....0	.....0
0701.....	XXX.....			
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	.....0	.....0	.....0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....	.....0	.....0	.....0
1401. change in IBNR.....		.....198,000	.....132,000	.....72,500
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	.....198,000	.....132,000	.....72,500
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	.....0	.....0	.....0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	.....0	.....0	.....0

**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.....	10,263,049	8,636,570	8,636,570
34. Net income or (loss) from Line 32.....	1,136,998	629,981	1,626,479
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).....	1,136,998	629,981	1,626,479
49. Capital and surplus end of reporting period (Line 33 plus 48).....	11,400,047	9,266,551	10,263,049

**DETAILS OF WRITE-INS**

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

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	8,063,897	8,009,398	15,919,180
2. Net investment income.....	177,700	47,222	72,048
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	8,241,597	8,056,620	15,991,228
5. Benefit and loss related payments.....	6,904,985	7,299,862	14,294,845
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).....	6,904,985	7,299,862	14,294,845
11. Net cash from operations (Line 4 minus Line 10).....	1,336,612	756,758	1,696,383
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	100,000		250,000
12.2 Stocks.....	1,260,141	2,518,617	3,533,126
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).....	1,360,141	2,518,617	3,783,126
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	252,240	756,450	1,061,537
13.2 Stocks.....	1,158,544	1,789,543	3,092,616
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).....	1,410,784	2,545,993	4,154,153
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).....	(50,643)	(27,376)	(371,027)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	1,285,969	729,382	1,325,356
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	7,311,722	5,986,366	5,986,366
19.2 End of period (Line 18 plus Line 19.1).....	8,597,691	6,715,748	7,311,722

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							
<b>Total Members at End of:</b>										
1. Prior Year.....	1,292		1,292							
2. First Quarter.....	1,360		1,360							
3. Second Quarter.....	1,353		1,353							
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	8,169		8,169							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	8,063,535		8,063,535							
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	8,063,535		8,063,535							
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	6,904,985		6,904,985							
18. Amount Incurred for Provision of Health Care Services.....	6,440,189		6,440,189							

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

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08/13/2016 11:40:16 AM

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

Account	1	2	Aging Analysis of Unpaid Claims				6	7
			31 - 60 Days	31 - 90 Days	4	5		

**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).....	1,195,844	5,046,345	114,156	1,393,844	1,310,000	1,310,000
2. Medicare Supplement.....					0	0
3. Dental only.....					0	0
4. Vision only.....					0	0
5. Federal Employees Health Benefits Plan.....					0	0
6. Title XVIII - Medicare.....					0	0
7. Title XIX - Medicaid.....					0	0
8. Other health.....					0	0
9. Health subtotal (Lines 1 to 8).....	1,195,844	5,046,345	114,156	1,393,844	1,310,000	1,310,000
10. Healthcare receivables (a).....					0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts.....					0	0
13. Totals (Lines 9-10+11+12).....	1,195,844	5,046,345	114,156	1,393,844	1,310,000	1,310,000

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

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08/13/2016 11:40:17 AM

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

**Estimates**

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

**Valuation of investments**

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

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

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

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

None

**Note 3 - Business Combinations and Goodwill**

None

**Note 4 - Discontinued Operations**

None

**Note 5 - Investments**

Cash and invested asset values included as admitted assets at June 30, 2016 and 2015 were as follows.

		<u>June 30, 2016</u>		<u>June 30, 2015</u>
Money market mutual fund	\$	513,356	market value	\$ 326,389
Federal government and Federally guaranteed agency bonds		3,187,060	amortized cost	3,705,181
Corporate bonds		303,606	amortized cost	N/A
Cash holdings		8,597,691	market value	6,715,748

See statutory base audited financial statements for detail listing of assets within each group.

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

None

**Note 7 - Investment Income**

No investment income excluded, no significant change.

**NOTES TO FINANCIAL STATEMENTS****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 June 30, 2016 or 2015. 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**

No significant change.

**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**

No significant change.

**Note 21 - Other Items**

No significant change.

**Note 22 - Events Subsequent**

None of significance

**Note 23 - Reinsurance**

A stop loss insurance policy is carried by the Plan for claims incurred during the year on a claimant in excess of \$275,000 annually. After a claim(s) exceeds the stop loss ceiling, the stop loss carrier pays the remainder of the claim on behalf of the Plan. In addition to stop loss coverage for specific claims, the Plan also carries aggregate stop loss coverage. This insurance reimburses the Plan if the total claims exceed a specified amount.

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## NOTES TO FINANCIAL STATEMENTS

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

None

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

The amount of incurred buy unpaid claims reserve as of June 30, 2016 and 2015, was based on a study completed by the Plan's actuary and includes estimated IBNR of \$1,508,000 and LAE of \$135,000 for 2016 and IBNR of \$1,369,500 and LAE of \$130,000 for 2015.

### Note 26 - Intercompany Pooling Arrangements

None

### Note 27 - Structured Settlements

None

### Note 28 - Health Care Receivables

None

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

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

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

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

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

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

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?  Yes [ ]  No [ ]  N/A [ X ]  
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2012

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.  11/20/2013

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).  11/20/2013

6.4 By what department or departments?  
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

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

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

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

8.4 If 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**

**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 [ ]

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
First Merit	

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:

**GENERAL INTERROGATORIES (continued)****PART 2 - HEALTH**

## 1. Operating Percentages:

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

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

Yes  No 

0

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

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

Yes  No 

0

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

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>A&amp;H Non-Affiliates</b>								
78700.....	06-8776836.....	01/01/2016	Aetna Life Insurance Company.....	CT.....	SSL/G.....	Authorized.....	.....	.....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	Active Status	Direct Business Only							Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
1. Alabama.....	AL							.....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	8,063,535						8,063,535	
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	XX	0	0	0	0	0	0	0
59. Subtotal.....		XXX	Status Missing...	Status Missing..	Status Missing..	Status Missing..	Status Missing..	Status Missing..	Status Missing..
60. Reporting entity contributions for Employee Benefit Plans.....		XXX							
61. Total (Direct Business).....	(a).....0	.....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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Public Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domi- ciliary Locatio n	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(ies)/Person(s)	15 *
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**NONE**

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Response

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

no

**Explanation:**

1. The data for this supplement is not required to be filed.

**Bar Code:**



**Ohio Bankers Benefits Trust**  
**SCHEDULE A - VERIFICATION**

## Real Estate

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

**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.....	4,371,819	4,006,566
2. Cost of bonds and stocks acquired.....	1,410,784	4,154,153
3. Accrual of discount.....	1,345	2,688
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	1,360,141	3,783,126
7. Deduct amortization of premium.....	4,574	8,462
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9).....	4,419,233	4,371,819
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	4,419,233	4,371,819

**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
<b>BONDS</b>								
1. NAIC 1 (a).....	3,907,484			(1,607)	3,907,484	3,905,877		3,756,866
2. NAIC 2 (a).....						0		
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	3,907,484	0	0	(1,607)	3,907,484	3,905,877	0	3,756,866
<b>PREFERRED STOCK</b>								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	3,907,484	0	0	(1,607)	3,907,484	3,905,877	0	3,756,866

(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.

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**SCHEDULE DA - PART 1**

## Short-Term Investments

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

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

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

**SCHEDULE DB - PART A - VERIFICATION**

## Options, Caps, Floors, Collars, Swaps and Forwards

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

**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
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
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

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

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

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions								
1 Number	2 Description	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			11 Fair Value	12 CUSIP	13 Description	Cash Instrument(s) Held		
								9 Description	10 Book/Adjusted Carrying Value	14 NAIC Desig. or Other Description				15 Book/Adjusted Carrying Value	16 Fair Value	

**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.....										
3. Add: Increases in replication (synthetic asset) transactions statement value.....	XXX.....									
4. Less: Closed or disposed of transactions.....										
5. Less: Positions disposed of for failing effectiveness criteria.....										
6. Less: Decreases in replication (synthetic asset) transactions statement value.....	XXX.....									
7. Ending Inventory.....	.0	0	.0	0	.0	0	.0	0	.0	0

**NONE**

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**SCHEDULE DB - VERIFICATION**

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

## Book/Adjusted Carrying Value Check

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

## Fair Value Check

**NONE**

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

## Potential Exposure Check

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

**SCHEDULE E- VERIFICATION**

## Cash Equivalents

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

**NONE**

**SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

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

**NONE****SCHEDULE A - PART 3**

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

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

**NONE**

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**SCHEDULE B - PART 2**

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

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

**NONE****SCHEDULE B - PART 3**

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

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

**NONE**

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**SCHEDULE BA - PART 2**

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

1 CUSIP Identification	2 Name or Description	Location 3 City		5 Name of Vendor or General Partner			6 NAIC Designa- tion	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made after Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
---------------------------	--------------------------	-----------------------	--	--	--	--	----------------------------	----------------------------------	---------------------------	--	---	---------------------------------	---	----------------------------------

**NONE**

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**SCHEDULE BA - PART 3**

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

1 CUSIP Identification	2 Name or Description	Location 3 City		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Changes in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 State	4 Name of Purchaser or Nature of Disposal					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization) / Accretion	11 Current Year's Other-Than- Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Foreign Exchange Change in B.A.C.V. (9+10-11+12)	14 14 Total Foreign Exchange Change in B.A.C.V.						

**NONE**

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Common Stocks - Money Market Mutual Funds</b>									
368954 12 9	First Merit Private Bank Cash Account.....		various	First Merit Bank.....	284,266.000	284,266	XXX		
9399999.	Total Common Stocks - Money Market Mutual Funds.....					284,266	XXX	0	XXX
9799997.	Total Common Stocks - Part 3.....					284,266	XXX	0	XXX
9799999.	Total Common Stocks.....					284,266	XXX	0	XXX
9899999.	Total Preferred and Common Stocks.....					284,266	XXX	0	XXX
9999999.	Total Bonds, Preferred and Common Stocks.....					284,266	XXX	0	XXX

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

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**SCHEDULE D - PART 4**

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

1 CUSIP Identification	2 Description	3 For e i n g Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Total Foreign Exchange Change in B/A.C.V. (11+12-13)	17 Book/Adjusted Carrying Value at Disposal Date	18 Foreign Exchange Gain (Loss) on Disposal	19 Realized Gain (Loss) on Disposal	20 Total Gain (Loss) on Disposal	21 Bond Interest / Stock Dividends Received During Year	22 Stated Contractual Maturity Date	NAIC Design- ation or Market Indicator (a)		
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other-Than- Temporary Impairment Recognized	13 Current Year's Amortization/ Accretion	14	15										
<b>Common Stocks - Money Market Mutual Funds</b>																							
368954	12 9 First Merit Private Bank Cash Account.....		.....various	First Merit Bank.....	.....505,099.00	.....505,099	XXX	.....505,099							0						0	.....XXX	
9399999.	Total Common Stocks - Money Market Mutual Funds.....					505,099	XXX	505,099	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997	Total Common Stocks - Part 4.....					505,099	XXX	505,099	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799999.	Total Common Stocks.....					505,099	XXX	505,099	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999.	Total Preferred and Common Stocks.....					505,099	XXX	505,099	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999.	Total Bonds, Preferred and Common Stocks.....					505,099	XXX	505,099	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

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

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

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

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule / Exhibit Identifier	4 Type(s) of Risk(s) (a)	5 Exchange, Counterparty or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Strike Price, Rate of Index Received (Paid)	11 Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	12 Current Year Initial Cost of Premium (Received) Paid	13 Current Year Income	14 Book/Adjusted Carrying Value	15 C o d e	16 Fair Value	17 Unrealized Valuation Increase (Decrease)	18 Total Foreign Exchange Change in B/A.C.V.	19 Current Year's (Amortization) / Accretion	20 Adjustment to Carrying Value of Hedged Items	21 Potential Exposure	22 Credit Quality of Reference Entity	23 Hedge Effectiveness at Inception and at Year- end (b)
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**NONE**

**SCHEDULE DB - PART B - SECTION 1**

Futures Contracts Open as of the Current Statement Date

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged, Used for Income Generation or Replicated	6 Schedule / Exhibit Identifier	7 Type(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/Adjusted Carrying Value	Highly Effective Hedges			18 Cumulative Variation Margin for All Other Hedges	19 Change in Variation Margin Gain (Loss) Recognized in Current Year	20 Potential Exposure	21 Hedge Effectiveness at Inception and at Year- end (b)	22 Value of One (1) Point
														15 Cumulative Variation Margin	16 Deferred Variation Margin	17 Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item					

**NONE**

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**SCHEDULE DB - PART D - SECTION 1**

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts with Book/Adjusted Carrying Value > 0	6 Contracts with Book/Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts with Fair Value > 0	9 Contracts with Fair Value < 0	10 Exposure Net of Collateral		
1. Offset per SSAP No. 64.....											
2. Net after right of offset per SSAP No. 64.....					.0	.0					

**NONE**

**SCHEDULE DB - PART D - SECTION 2**

Collateral for 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	Maturity Date	Type of Margin (I, V or N)

**NONE**

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

Reinvested Collateral Assets Owned Current Statement Date

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

General Interrogatories:

1. 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**

**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	
<b>Open Depositories</b>								
Huntington National Bank.....	Columbus, OH.....	varies.....	1,347	.....	2,703,768	.....	2,854,037	..... 3,187,060 XXX
Ally Bank.....	Harsham, PA.....	.....1.250	1,558	.....	250,000	.....	.....	..... XXX
American Express Centruion Bank.....	Midvale, UT.....	.....1.550	1,943	.....924	252,702	.....	252,777	..... 252,667 XXX
Belmont Saving Bank.....	Bellaire, OH.....	.....0.950	.....	.....957	250,830	.....	251,220	..... 251,292 XXX
Capital One Bank USA.....	McLean, VA.....	.....1.800	1,805	.....720	202,004	.....	202,594	..... 202,694 XXX
Capital One Bank.....	McLean, VA.....	.....2.250	.....	.....1,726	256,220	.....	258,042	..... 258,708 XXX
Citizenz NIB Bluffton.....	Bluffton, OH.....	.....1.300	.....	.....1,398	251,393	.....	251,918	..... 252,077 XXX
Compass Bank.....	Birmingham, AL.....	.....0.650	.....810	.....200	250,050	.....	250,120	..... 250,138 XXX
Discover Bank.....	Greenwood, DL.....	.....2.000	2,493	.....658	253,337	.....	255,350	..... 255,860 XXX
Everbank.....	Jacksonville, FL.....	.....1,300	.....	.....1,202	249,743	.....	250,973	..... 251,200 XXX
First Business Bank.....	.....	.....1,800	.....	.....1,985	257,323	.....	258,905	..... 259,850 XXX
Goldman Sachs Bank.....	New York, NY.....	.....2.000	2,493	.....575	253,325	.....	255,337	..... 255,850 XXX
Horizon Bank.....	.....	.....1,700	.....710	.....12	249,945	.....	253,523	..... 254,478 XXX
MB Financial Bank.....	Chicago, IL.....	.....1,600	1,008	.....164	253,767	.....	255,795	..... 256,300 XXX
Medallion Bank.....	Salt Lake City, UT.....	.....1.550	.....781	.....85	201,288	.....	201,772	..... 201,932 XXX
Merrick Bank.....	South Jordan, UT.....	.....1.650	.....832	.....81	201,960	.....	202,564	..... 202,664 XXX
Midwest Bank.....	.....	.....1.650	.....689	.....271	251,598	.....	253,825	..... 254,802 XXX
NCB Savings Bank.....	Hillsboro, OH.....	.....1.800	.....	.....1,936	254,752	.....	254,380	..... 254,760 XXX
Peoples Bank.....	Bridgeport, CT.....	.....0.750	.....	.....755	250,630	.....	250,720	..... 250,650 XXX
Platinum Bank.....	Brandon, FL.....	.....0.700	.....441	.....115	250,593	.....	250,687	..... 250,620 XXX
Sallie Mae Bank.....	Wilkes Barre, PA.....	.....1,300	.....	.....1,034	225,524	.....	225,432	..... 225,241 XXX
Summit Community Bank.....	.....	.....1,800	1,134	.....185	257,343	.....	258,943	..... 259,870 XXX
Synchrony Bank.....	St. Petersburg, FL.....	.....2.000	2,507	.....329	254,965	.....	256,738	..... 257,133 XXX
Yadkin Bank.....	Greensboro, NC.....	.....1,400	.....882	.....163	250,435	.....	251,640	..... 251,845 XXX
0199999. Total Open Depositories.....	XXX	XXX	.....21,433	.....15,475	.....8,333,495	.....	8,257,292	..... 8,597,691 XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....21,433	.....15,475	.....8,333,495	.....	8,257,292	..... 8,597,691 XXX
0599999. Total Cash.....	XXX	XXX	.....21,433	.....15,475	.....8,333,495	.....	8,257,292	..... 8,597,691 XXX

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

Show Investments Owned End of Current Quarter

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

**NONE**