

# ANNUAL STATEMENT

OF THE

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OFFICE OF RISK  
ASSESSMENT

# Ohio Farm Bureau Health Benefits Plan

Of

Columbus

in the state of OH

to the Insurance Department

of the state of Ohio

For the Year Ended

December 31, 2016

# 2016





# ANNUAL STATEMENT

For the Year Ended December 31, 2016  
of the Condition and Affairs of the

## Ohio Farm Bureau Health Benefits Plan

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

NAIC Company Code..... 123

Employer's ID Number..... 81-1268907

Organized under the Laws of

State of Domicile or Port of Entry

Country of Domicile US

Licensed as Business Type..... Life, Accident &amp; Health - MEWA

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized..... August 22, 2016

Commenced Business..... January 1, 2017

Statutory Home Office

280 North High Street Floor 6..... Columbus .... OH .... US .... 43215

Main Administrative Office

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

(Area Code) (Telephone Number)

Mail Address

280 North High Street Floor 6..... Columbus .... OH .... US .... 43215

(Area Code) (Telephone Number)

Primary Location of Books and Records

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

(Area Code) (Telephone Number)

Internet Web Site Address

280 North High Street Floor 6..... Columbus .... OH .... US .... 43215

(Area Code) (Telephone Number)

Statutory Statement Contact

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

(Area Code) (Telephone Number)

George John Stadtlander Mr.

(Area Code) (Telephone Number) (Extension)

(Name)

216-389-2914

george.stadtlander@gmail.com

216-202-3499

(E-Mail Address)

(Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Keith Miracle Stimpert	Chairperson	2. Kelly Brakefield Moore	Trustee
3. Frank Edward Burkett III	Trustee	4.	

### OTHER

### DIRECTORS OR TRUSTEES

Keith Miracle Stimpert

Kelly Brakefield Moore

Frank Edward Burkett III

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)

Keith Miracle Stimpert

(Signature)

Kelly Brakefield Moore

(Signature)

1. (Printed Name)

2. (Printed Name)

3. (Printed Name)

Chairperson

Trustee

(Title)

(Title)

(Title)

Subscribed and sworn to before me

This 8<sup>th</sup> day of March 2017Patrick G. Kennedy

a. Is this an original filing?

Yes [X] No [ ]

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached



Patrick Kennedy  
Notary Public, State of Ohio  
My Commission Expires  
January 24, 2021

Statement as of December 31, 2016 of the **Ohio Farm Bureau Health Benefits Plan**  
**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....			0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....1,000, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....507,073, Schedule DA).....	508,073		508,073	
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	508,073	0	508,073	0
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	131		131	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (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	
1.2 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 to 25).....	508,204	0	508,204	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	508,204	0	508,204	0

**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 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
32.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 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).....				0
2. Accrued medical incentive pool and bonus amounts.....				0
3. Unpaid claims adjustment expenses.....				0
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 reserves.....				0
7. Aggregate health claim reserves.....				0
8. Premiums received in advance.....				0
9. General expenses due or accrued.....				0
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....				0
10.2 Net deferred tax liability.....				0
11. Ceded reinsurance premiums payable.....				0
12. Amounts withheld or retained for the account of others.....				0
13. Remittances and items not allocated.....				0
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....				0
15. Amounts due to parent, subsidiaries and affiliates.....				0
16. Derivatives.....				0
17. Payable for securities.....				0
18. Payable for securities lending.....				0
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....				0
20. Reinsurance in unauthorized and certified (\$.....0) companies.....				0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				0
22. Liability for amounts held under uninsured plans.....				0
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	0	0	0	0
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	510,000	
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	(1,796)	
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	508,204	0
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	508,204	0

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

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....		
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....		
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	0	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....			
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	0	0
<b>Less:</b>			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	0	0
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			
21. General administrative expenses.....			
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	0	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	0	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		(1,796)	
26. Net realized capital gains or (losses) less capital gains tax of \$.....0			
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	(1,796)	0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(1,796)	0
31. Federal and foreign income taxes incurred.....	XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(1,796)	0

**DETAILS OF WRITE-INS**

0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

Statement as of December 31, 2016 of the **Ohio Farm Bureau Health Benefits Plan**  
**STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.	.0	
34. Net income or (loss) from Line 32.	(1,796)	.0
35. Change in valuation basis of aggregate policy and claim reserves.		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.		
37. Change in net unrealized foreign exchange capital gain or (loss).		
38. Change in net deferred income tax.		
39. Change in nonadmitted assets.		
40. Change in unauthorized and certified reinsurance.		
41. Change in treasury stock.		
42. Change in surplus notes.		
43. Cumulative effect of changes in accounting principles.		
44. Capital changes:		
44.1 Paid in.	.510,000	
44.2 Transferred from surplus (Stock Dividend).		
44.3 Transferred to surplus.		
45. Surplus adjustments:		
45.1 Paid in.		
45.2 Transferred to capital (Stock Dividend).		
45.3 Transferred from capital.		
46. Dividends to stockholders.		
47. Aggregate write-ins for gains or (losses) in surplus.	.0	.0
48. Net change in capital and surplus (Lines 34 to 47).	.508,204	.0
49. Capital and surplus end of reporting period (Line 33 plus 48).	.508,204	.0

**DETAILS OF WRITE-INS**

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

Statement as of December 31, 2016 of the **Ohio Farm Bureau Health Benefits Plan**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance		
2. Net investment income	(1,927)	
3. Miscellaneous income		
4. Total (Lines 1 through 3)	(1,927)	0
5. Benefit and loss related payments		
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)	0	0
11. Net cash from operations (Line 4 minus Line 10)	(1,927)	0
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	0	0
<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	510,000	
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	510,000	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 Lines 15 and 17)	508,073	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	0	
19.2 End of year (Line 18 plus Line 19.1)	508,073	0

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

20,0001

## **Analysis of Operations by Lines of Business**

### **NONE**

**Underwriting and Investment Ex. - Pt. 1 - Premiums**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2 - Claims Incurred During the Year**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2A - Claims Liability End of Current Year**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2B - Analysis of Claims Unpaid Prior Year**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims**  
**NONE**

**Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only**  
**NONE**

Statement as of December 31, 2016 of the **Ohio Farm Bureau Health Benefits Plan**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)					0
2. Salaries, wages and other benefits					0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)					0
4. Legal fees and expenses					0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services					0
7. Traveling expenses					0
8. Marketing and advertising					0
9. Postage, express and telephone					0
10. Printing and office supplies					0
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate					0
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				2,500	2,500
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	0	0	0	2,500	(a) 2,500
27. Less expenses unpaid December 31, current year					0
28. Add expenses unpaid December 31, prior year					0
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	0	2,500	2,500

**DETAILS OF WRITE-INS**

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

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

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	(b).....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....	704.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....	0.....
10. Total gross investment income.....	.....	704.....
11. Investment expenses.....	.....	2,500.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	.....
13. Interest expense.....	.....	(g).....
14. Depreciation on real estate and other invested assets.....	.....	(g).....
15. Aggregate write-ins for deductions from investment income.....	.....	(h).....
16. Total deductions (Lines 11 through 15).....	.....	(i).....
17. Net investment income (Line 10 minus Line 16).....	.....	0.....

**DETAILS OF WRITE-INS**

0901.....	.....	.....
902.....	.....	.....
003.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....	0.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....	0.....
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	0.....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	0.....

(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....	.....	0.....	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	0.....	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	0.....	.....	.....
1.3 Bonds of affiliates.....	.....	.....	0.....	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	0.....	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0.....	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	0.....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	0.....	.....	.....
3. Mortgage loans.....	.....	.....	0.....	.....	.....
4. Real estate.....	.....	.....	0.....	.....	.....
5. Contract loans.....	.....	.....	0.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0.....	.....	.....
7. Derivative instruments.....	.....	.....	0.....	.....	.....
8. Other invested assets.....	.....	.....	0.....	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0.....	0.....	0.....	0.....	0.....
10. Total capital gains (losses).....	0.....	0.....	0.....	0.....	0.....

**NONE****DETAILS OF WRITE-INS**

0901.....	.....	.....	0.....	.....	.....
902.....	.....	.....	0.....	.....	.....
003.....	.....	.....	0.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0.....	0.....	0.....	0.....	0.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0.....	0.....	0.....	0.....	0.....

**Ex. of Nonadmitted Assets**  
**NONE**

**Ex. 1 - Enrollment by Product Type for Health Business Only**  
**NONE**

**Ex. 2 - Accident and Health Premiums Due and Unpaid**  
**NONE**

**Ex. 3 - Health Care Receivables**  
**NONE**

**Ex. 3A - Analysis of Health Care Receivables Collected and Accrued**  
**NONE**

**Ex. 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus**  
**NONE**

**Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates**  
**NONE**

**Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates**  
**NONE**

**Ex. 7 - Pt. 1 - Summary of Transactions with Providers**  
**NONE**

**Ex. 7 - Pt. 2 - Summary of Transactions with Intermediaries**  
**NONE**

**Ex. 8 - Furniture, Equipment and Supplies Owned**  
**NONE**

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The accompanying statutory financial statements of the Ohio Farm Bureau Health Benefits Plan ("OFB HBP") have been prepared in accordance with the National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* except to the extent that Ohio state law differs. The State of Ohio has adopted certain prescribed accounting practices that differ from those used by the NAIC. The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company. The *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio, and the State has adopted certain prescribed accounting practices that differ from those found in NAIC SAP.

	SSAP #	F/S Page	F/S Line #	2016	2015
<b>NET INCOME</b>					
(1) Ohio Farm Bureau Health Benefits Plan state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (1,796)	\$
(2) State Prescribed Practices that increase/decrease NAIC SAP					
<b>SURPLUS</b>					
(5) Ohio Farm Bureau Health Benefits Plan state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 508,204	\$
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 508,204	\$

**B. Use of Estimates in the Preparation of the Financial Statement**

These financial statements have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual. These require management to make estimates and assumptions that affect the amounts reported in the financial statement and accompanying notes. Actual results could differ from those estimates. Significant estimates made in preparing the financial statements include the realizability of long-lived assets.

**C. Accounting Policy**

1. Cash and short-term investments include cash and US government and agency obligations with original dates of maturity of less than twelve months when purchased. **Short-term investments are stated at amortized cost.**
2. The company does not hold any Bonds.
3. The company does not hold any common stocks.
4. The company does not hold any preferred stocks.
5. The reporting entity holds no mortgage loans on real estate.
6. The company does not hold any Loan-backed securities.
7. The reporting entity has no investments in subsidiaries.
8. The reporting entity has no interests in joint ventures.
9. The reporting entity holds no derivatives.
10. The reporting entity does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. Unpaid losses and loss adjustment expenses are determined based on past experience, for losses incurred but not reported.

Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods used to make such estimates, which establishes the resulting liability, are continually reviewed by management and contracted consultants. Any adjustments are reflected in the period in which the adjustment is determined. The reporting entity has no unpaid loss and loss adjustments.

12. The Company has not modified its capitalization policy from the prior period.
13. The company has no pharmaceutical rebate receivables.

**D. Going Concern**

The Plan has neither the intention nor the need to liquidate or curtail materially the scale of its operations.

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

None

**Note 3 – Business Combinations and Goodwill**

None

**Note 4 – Discontinued Operations**

None

**Note 5 – Investments**

## **NOTES TO FINANCIAL STATEMENTS**

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Repurchase Agreements and/or Securities Lending Transactions - None
- F. Real Estate - None
- G. Investments in Low-Income Housing Trade Credits (LIHTC) - None
- H. Restricted Assets - None
- I. Working Capital Finance Investments - None
- J. Offsetting and Netting of Assets and Liabilities - None
- K. Structured Notes - None

### **Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

None

### **Note 7 – Investment Income**

The OFB HBP does not admit investment income due and accrued if the amounts are over 90 days past due.

### **Note 8 – Derivative Instruments**

None

### **Note 9 – Income Taxes**

- A. Deferred Tax Assets/(Liabilities) - None
- B. Deferred Tax Liabilities Not Recognized - None
- C. Current and Deferred Income Taxes - None
- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - None
- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits - None
- F. Consolidated Federal Income Tax Return - None, the Plan does not file a consolidated income tax return.
- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

Not Applicable

### **Note 11 – Debt**

Not Applicable

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

None

### **Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

Not Applicable

### **Note 14 – Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. All Other Contingencies - None

### **Note 15 – Leases**

- A. Lessee Operating Lease - None
- B. Revenue, Net Income or Assets with Respect to Leases - None

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

Not Applicable, the Plan has no credit swaps, futures or options.

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

None

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

None

**NOTES TO FINANCIAL STATEMENTS****Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

None

**Note 20 – Fair Value Measurements**

Not Applicable - All OFB HBP Assets are reportable at valuations recognized by the Securities and Valuation Office ("SVO")

**Note 21 – Other Items**

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring Debtors - None
- C. Other Disclosures and Unusual Items - None
- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime Mortgage Related Risk Exposure - None
- G. Retained Assets - None

**Note 22 – Events Subsequent**

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes  No 

B. ACA fee assessment payable for the upcoming year	\$	\$
C. ACA fee assessment paid		
D. Premium written subject to ACA 9010 assessment		
E. Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)		
F. Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)		
G. Authorized control level (Five-Year Historical Line 15)	\$	
H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Note 23 – Reinsurance**

Not Applicable - There was \$0 in premium equivalent during the reported period. Nothing during the reported period was subject to the reinsurance policies in place.

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not Applicable

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

None

**Note 26 – Intercompany Pooling Arrangements**

None

**Note 27 – Structured Settlements**

Not Applicable

**Note 28 – Health Care Receivables**

- A. Pharmaceutical Rebate Receivables - None
- B. Risk Sharing Receivables - None

**Note 29 – Participating Policies**

Not Applicable

**Note 30 – Premium Deficiency Reserves**

- (1) Liability carried for premium deficiency reserve: \$0
- (2) Date of most recent evaluation of this liability: N/A
- (3) Was anticipated investment income utilized in the calculation? N/A

**Note 31 – Anticipated Salvage and Subrogation**

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

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]

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

1.2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [ ]  No [ ]  N/A [X]

1.3. State regulating? Ohio

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

2.2. If yes, date of change:

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

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

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

3.4. By what department or departments?

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

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

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

4.11. sales of new business?  Yes [ ]  No [X]

4.12. renewals?  Yes [ ]  No [X]

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

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

4.22. renewals?  Yes [ ]  No [X]

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

5.2. If yes, provide the name of 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
---------------------	------------------------------	---------------------------

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

6.2. If yes, give full information:

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

7.2. If yes,

7.21. State the percentage of foreign control  %

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

1 Nationality	2 Type of Entity
------------------	---------------------

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

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

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

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

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

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

10.1. Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [X]

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

10.3. Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [X]

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

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

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

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

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

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  Yes  No  X

12.11 Name of real estate holding company \_\_\_\_\_

12.12 Number of parcels involved \_\_\_\_\_

12.13 Total book/adjusted carrying value  \$  0

12.2 If yes, provide explanation \_\_\_\_\_

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

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

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

13.3 Have there been any changes made to any of the trust indentures during the year?  Yes  No  \_\_\_\_\_

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?  Yes  No  N/A  \_\_\_\_\_

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

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

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

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

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

(e) Accountability for adherence to the code.

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

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

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

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

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

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

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

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

**BOARD OF DIRECTORS**

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

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

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

**FINANCIAL**

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

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

20.11 To directors or other officers  \$  0

20.12 To stockholders not officers  \$  0

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

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers  \$  0

20.22 To stockholders not officers  \$  0

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

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

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

21.21 Rented from others  \$  0

21.22 Borrowed from others  \$  0

21.23 Leased from others  \$  0

21.24 Other  \$  0

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment  \$  0

22.22 Amount paid as expenses  \$  0

22.23 Other amounts paid  \$  0

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:  \$  0

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

24.01	Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
24.02	If no, give full and complete information, relating thereto:					
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).					
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____				
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____				
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:					
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ 0				
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ 0				
24.103	Total payable for securities lending reported on the liability page:	\$ 0				
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
25.2	If yes, state the amount thereof at December 31 of the current year:					
25.21	Subject to repurchase agreements	\$ 0				
25.22	Subject to reverse repurchase agreements	\$ 0				
25.23	Subject to dollar repurchase agreements	\$ 0				
25.24	Subject to reverse dollar repurchase agreements	\$ 0				
25.25	Placed under option agreements	\$ 0				
25.26	Letter stock or securities restricted as sale - excluding FHLB Capital Stock	\$ 0				
25.27	FHLB Capital Stock	\$ 0				
25.28	On deposit with states	\$ 0				
25.29	On deposit with other regulatory bodies	\$ 0				
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0				
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0				
25.32	Other	\$ 0				
25.3	For category (25.26) provide the following:					
	<table border="1"> <thead> <tr> <th>1 Nature of Restriction</th> <th>2 Description</th> <th>3 Amount</th> </tr> </thead> </table>		1 Nature of Restriction	2 Description	3 Amount	
1 Nature of Restriction	2 Description	3 Amount				
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
26.2	If no, attach a description with this statement.					
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ _____				
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:					
	<table border="1"> <thead> <tr> <th>1 Name of Custodian(s)</th> <th>2 Custodian's Address</th> </tr> </thead> </table>		1 Name of Custodian(s)	2 Custodian's Address		
1 Name of Custodian(s)	2 Custodian's Address					
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation:					
	<table border="1"> <thead> <tr> <th>1 Name(s)</th> <th>2 Location(s)</th> <th>3 Complete Explanation(s)</th> </tr> </thead> </table>		1 Name(s)	2 Location(s)	3 Complete Explanation(s)	
1 Name(s)	2 Location(s)	3 Complete Explanation(s)				
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
28.04	If yes, give full and complete information relating thereto:					
	<table border="1"> <thead> <tr> <th>1 Old Custodian</th> <th>2 New Custodian</th> <th>3 Date of Change</th> <th>4 Reason</th> </tr> </thead> </table>		1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason			
28.05	Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ("... that have access to the investment accounts", "... handle securities").					
	<table border="1"> <thead> <tr> <th>1 Name of Firm or Individual</th> <th>2 Affiliation</th> </tr> </thead> </table>		1 Name of Firm or Individual	2 Affiliation		
1 Name of Firm or Individual	2 Affiliation					

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes  No 

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes  No 

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes  No 

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
<b>29.2999 TOTAL</b>		

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

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

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes  No 

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes  No 

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes  No 

32.2 If no, list exceptions:

**OTHER**

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

\$ 0

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

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any?

\$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

**GENERAL INTERROGATORIES****PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0

1.31 Reason for excluding:

1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0

1.6 Individual policies:

	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives	\$	0

	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives	\$	0

1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives	\$	0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives	\$	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 0	\$ 0
2.3	Premium Ratio (2.1/2.2)	\$ 0.000	\$ 0.000
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 0	\$ 0
2.6	Reserve Ratio (2.4/2.5)	\$ 0.000	\$ 0.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [X]

If yes, give particulars:

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ] No [X]
5.2	If no, explain:	

5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$	0
5.32	Medical Only	\$	0
5.33	Medicare Supplement	\$	0
5.34	Dental and Vision	\$	0
5.35	Other Limited Benefit Plan	\$	0
5.36	Other	\$	0

5.3 Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

**GENERAL INTERROGATORIES****PART 2 – HEALTH INTERROGATORIES**

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]  
 7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0  
 8.2 Number of providers at end of reporting year 0

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0  
 9.22 Business with rate guarantees over 36 months \$ 0

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

10.2 If yes:

10.21 Maximum amount payable bonuses \$ 0  
 10.22 Amount actually paid for year bonuses \$ 0  
 10.23 Maximum amount payable withhold \$ 0  
 10.24 Amount actually paid for year withhold \$ 0

11.1 Is the reporting entity organized as:

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

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. OHIO \$ 500,000  
 11.4 If yes, show the amount required. \$ 500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area	
OHIO	

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

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

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

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$	\$	\$	\$

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written \$ 0  
 15.2 Total Incurred Claims \$ 0  
 15.3 Number of Covered Lives \$ 0

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

# Ohio Farm Bureau Health Benefits Plan

## FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Balance Sheet Items (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....	508,204				
2. Total liabilities (Page 3, Line 24).....					
3. Statutory minimum capital and surplus requirement.....	500,000				
4. Total capital and surplus (Page 3, Line 33).....	508,204				
<b>Income Statement Items (Page 4)</b>					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....	(1,796)				
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(1,796)				
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....	(1,927)				
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....					
15. Authorized control level risk-based capital.....					
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....					
17. Total member months (Column 6, Line 7).....					
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).....					
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....					
23. Total underwriting gain (loss) (Line 24).....					
<b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 13 Col. 5).....					
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....					
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

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

If no, please explain:

Yes  No



\* 1 2 3 2 0 1 6 4 3 0 5 8 0 0 0 \*

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

REPORT FOR: 1. CORPORATION.....Ohio Farm Bureau Health Benefits Plan

2. Columbus, OH

### BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0

NAIC Group Code.....0	Total	Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	(Location)	NAIC Company Code.....123	9	10
		1	2									
<b>Total Members at end of:</b>												
1. Prior year	0											
2. First quarter	0											
3. Second quarter	0											
4. Third quarter	0											
5. Current year	0											
6. Current year member months	0											
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	0											
8. Non-physician	0											
9. Totals	0											
10. Hospital patient days incurred	0											
11. Number of inpatient admissions	0											
12. Health premiums written (b)	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 business: number of persons insured under PPO managed care products.....	0											
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....	0											

**Sch. S - Pt. 1 - Sn. 2**  
**NONE**

**Sch. S - Pt. 2**  
**NONE**

**Sch. S - Pt. 3 - Sn. 2**  
**NONE**

**Sch. S - Pt. 4**  
**NONE**

**Sch. S - Pt. 5**  
**NONE**

**Sch. S - Pt. 6**  
**NONE**

**Sch. S - Pt. 7**  
**NONE**

**Sch. T**  
**NONE**

**Sch. T - Pt. 2 - Interstate Compact**  
**NONE**

**Sch. Y-Pt. 1**  
**NONE**

**Sch. Y - Pt. 1A**  
**NONE**

**Sch. Y - Pt. 2**  
**NONE**

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

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

Responses  
\_\_\_\_\_

**APRIL FILING**

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

No  
No  
No

## JUNE FILING

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

No

**AUGUST FILING**

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 12?

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

## MARCH EDITION

**MARCH 1 FILING**

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

No  
No  
No  
No  
No  
No  
No  
No  
No  
No

**APRIL FILING**

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

No  
No  
No  
Yes  
  
No

**AUGUST FILING**

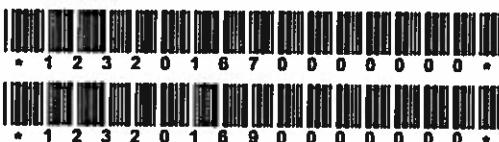
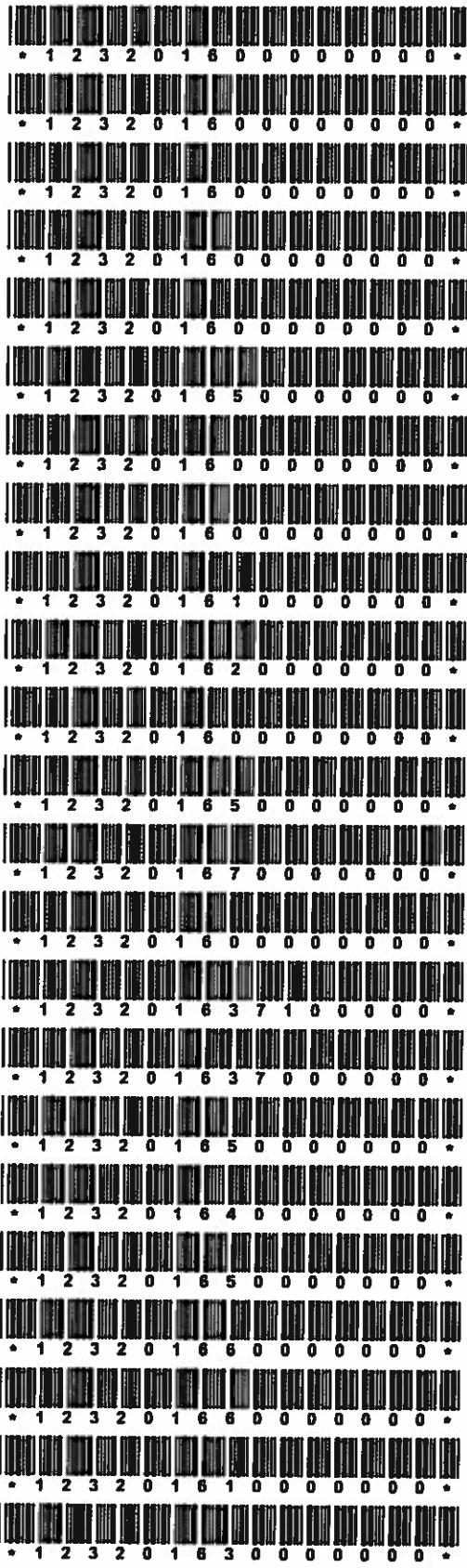
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

No

## **EXPLANATIONS:**

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
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18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
- 24.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.

**BAR CODE:**



**Overflow Page  
NONE**

**Overflow Page  
NONE**

# Ohio Farm Bureau Health Benefits Plan

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement		
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount
1. Bonds:					
1.1 U.S. treasury securities.....		0.0			0 0.0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):					
1.21 Issued by U.S. government agencies.....		0.0			0 0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0 0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0 0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:					
1.41 States, territories and possessions general obligations.....		0.0			0 0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0 0.0
1.43 Revenue and assessment obligations.....		0.0			0 0.0
1.44 Industrial development and similar obligations.....		0.0			0 0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):					
1.51 Pass-through securities:					
1.511 Issued or guaranteed by GNMA.....		0.0			0 0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0 0.0
1.513 All other.....		0.0			0 0.0
1.52 CMOs and REMICs:					
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0 0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0 0.0
1.523 All other.....		0.0			0 0.0
2. Other debt and other fixed income securities (excluding short-term):					
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....		0.0			0 0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0 0.0
2.3 Affiliated securities.....		0.0			0 0.0
3. Equity interests:					
3.1 Investments in mutual funds.....		0.0			0 0.0
3.2 Preferred stocks:					
3.21 Affiliated.....		0.0			0 0.0
3.22 Unaffiliated.....		0.0			0 0.0
3.3 Publicly traded equity securities (excluding preferred stocks):					
3.31 Affiliated.....		0.0			0 0.0
3.32 Unaffiliated.....		0.0			0 0.0
3.4 Other equity securities:					
3.41 Affiliated.....		0.0			0 0.0
3.42 Unaffiliated.....		0.0			0 0.0
3.5 Other equity interests including tangible personal property under lease:					
3.51 Affiliated.....		0.0			0 0.0
3.52 Unaffiliated.....		0.0			0 0.0
4. Mortgage loans:					
4.1 Construction and land development.....		0.0			0 0.0
4.2 Agricultural.....		0.0			0 0.0
4.3 Single family residential properties.....		0.0			0 0.0
4.4 Multifamily residential properties.....		0.0			0 0.0
4.5 Commercial loans.....		0.0			0 0.0
4.6 Mezzanine real estate loans.....		0.0			0 0.0
5. Real estate investments:					
5.1 Property occupied by company.....		0.0			0 0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0 0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0 0.0
6. Contract loans.....		0.0			0 0.0
7. Derivatives.....		0.0			0 0.0
8. Receivables for securities.....		0.0			0 0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX
10. Cash, cash equivalents and short-term investments.....		0.0	507,073		507,073 100.0
11. Other invested assets.....		0.0			0 0.0
12. Total invested assets.....	0	0.0	507,073	0	507,073 100.0

**Sch. A - Verification**  
**NONE**

**Sch. B - Verification**  
**NONE**

**Sch. BA - Verification**  
**NONE**

**Sch. D - Verification**  
**NONE**

**Sch. D - Summary**  
**NONE**

**Sch. D - Pt. 1A - Sn. 1**  
**NONE**

**Sch. D - Pt. 1A - Sn. 1**  
**NONE**

**Sch. D - Pt. 1A - Sn. 1**  
**NONE**

**Sch. D - Pt. 1A - Sn. 2**  
**NONE**

**Sch. D - Pt. 1A - Sn. 2**  
**NONE**

**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

		1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year		0				
2. Cost of short-term investments acquired		510,000				510,000
3. Accrual of discount		0				
4. Unrealized valuation increase (decrease)		704				704
5. Total gain (loss) on disposals		(3,500)				(3,500)
6. Deduct consideration received on disposals		0				
7. Deduct amortization of premium		0				
8. Total foreign exchange change in book/adjusted carrying value		0				0
9. Deduct current year's other-than-temporary impairment recognized		0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		507,204				507,204
11. Deduct total nonadmitted amounts		0				0
12. Statement value at end of current period (Line 10 minus Line 11)		507,204				507,204

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

**Sch. DB - Pt. A - Verification**

**NONE**

**Sch. DB - Pt. B - Verification**

**NONE**

**Sch. DB - Pt. C - Sn. 1**

**NONE**

**Sch. DB - Pt. C - Sn. 2**

**NONE**

**Sch. DB - Verification**

**NONE**

**Sch. E - Verification**

**NONE**

**Sch. A - Pt. 1**

**NONE**

**Sch. A - Pt. 2**

**NONE**

**Sch. A - Pt. 3**

**NONE**

**Sch. B - Pt. 1**

**NONE**

**Sch. B - Pt. 2**

**NONE**

**Sch. B - Pt. 3**

**NONE**

**Sch. BA - Pt. 1**

**NONE**

**Sch. BA - Pt. 2**

**NONE**

**Sch. BA - Pt. 3**

**NONE**

**Sch. D - Pt. 1**

**NONE**

**Sch. D - Pt. 2 - Sn. 1**

**NONE**

**Sch. D - Pt. 2 - Sn. 2**

**NONE**

**Sch. D - Pt. 3**

**NONE**

**Sch. D - Pt. 4**

**NONE**

**Sch. D - Pt. 5**  
**NONE**

**Sch. D - Pt. 6 - Sn. 1**  
**NONE**

**Sch. D - Pt. 6 - Sn. 2**  
**NONE**

**SCHEDULE DA - PART 1**

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

CUSP Identification	Description	Code	4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Unamortized Valuation Increase (Decrease)	9 Current Year's (Amortization) / Accretion	10 Current Year's (Amortization) / Accretion	11 Current Year's Other-Than-Temporary Impairment Recognized	12 Total Foreign Exchange Change in B.I.A.C.V.	13 14	15 Amount Due and Accrued December 31 of Current Year on Bond Not in Default	16 Nonadmitted Due and Accrued	17 Nonadmitted Due and Accrued Not in Default	18 Amount Received During Year	19 Paid for Accrued Interest	20 Interest	21	
<b>All Other Money Market Mutual Funds</b>																				
999809 68 4	PNC Advantage Institutional Government Money Market Fund		09/02/2016	VARIOUS		\$97,073								\$10,000			0.000	0.003	MON.	704
6999999. Total - All Other Money Market Mutual Funds						507,073	0	0	0	0	0	0		510,000			0	000	XXK	704
9199999. Total - Short-Term Investments						507,073	0	0	0	0	0	0		510,000			0	000	XXK	704

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. A - Sn. 2**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 2**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**SCHEDULE E - PART 1 - CASH**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
<b>Open Depositories</b>						
PNC Bank.....					1,000	XXX
0199999. Total - Open Depositories.....	XXX	XXX	.0	.0	1,000	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.0	.0	1,000	XXX
0599999. Total Cash.....	XXX	XXX	.0	.0	1,000	XXX

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

1. January.....	4. April.....	7. July.....	10. October.....
2. February.....	5. May.....	8. August.....	11. November.....
3. March.....	6. June.....	9. September.....	12. December.....

**Sch. E - Pt. 2**  
**NONE**

**Sch. E - Pt. 3**  
**NONE**