

103

# **QUARTERLY STATEMENT**

**OF THE**

**RECEIVED**

**MAY 16 2017**

**OFFICE OF RISK  
ASSESSMENT**

## **Cooperative Group Benefits Plan**

**Of**

**in the state of**

**Ohio**

**to the Insurance Department**

**of the State of Ohio**

**For the Period Ended**

**March 31, 2017**

**2017**



# HEALTH QUARTERLY STATEMENT

As of March 31, 2017  
of the Condition and Affairs of the

## Cooperative Group Benefits Plan

NAIC Group Code....N/A (Current Period) (Prior Period) NAIC Company Code..... N/A Employer's ID Number..... 31-1306485

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.....1987 Commenced Business.....1987

Statutory Home Office 4789 Rings Road, Dublin, Ohio 43017  
(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) 614-766-5800  
(Area Code) (Telephone Number)

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

Primary Location of Books and Records Same ..... (Street and Number) (City or Town, State, Country and Zip Code) 614-766-5800  
(Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact Dan Brown (Name) 614-766-5800 ext. 595  
(Area Code) (Telephone Number) (Extension)  
dbrown@ebmconline.com (E-Mail Address) 614-766-0901 (Fax Number)

### OFFICERS

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


OTHER

### DIRECTORS OR TRUSTEES

Jeffrey Troike	Harold Cooper
George Secor	Mike Hirt
Scott Logue	

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

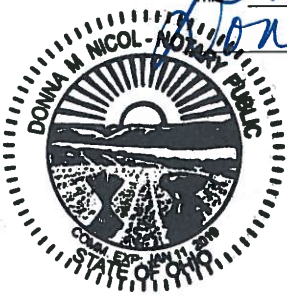
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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)	_____ (Signature)	_____ (Signature)
1. (Printed Name) Daniel Brown	2. (Printed Name)	3. (Printed Name)
_____ (Title) Exec VP - TPA	_____ (Title)	_____ (Title)

Subscribed and sworn to before me  
This 15 day of MAY 2017  
Donna M. Nicol

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 \_\_\_\_\_



**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....14,098,895), cash equivalents (\$.....0) and short-term investments (\$.....0).....	14,098,895		14,098,895	14,875,028
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).....	14,098,895	0	14,098,895	14,875,028
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,053		1,053	4,133
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	
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.....	118,923		118,923	79,290
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).....	14,218,871	0	14,218,871	14,958,451
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	14,218,871	0	14,218,871	14,958,451

**DETAILS OF WRITE-INS**

1101. ....			0	
1102. ....			0	
1103. ....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. ....			0	
2502. ....			0	
2503. ....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	2,574,000		2,574,000	3,061,000
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	209,000		209,000	248,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized 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).....	130,193	0	130,193	23,850
24. Total liabilities (Lines 1 to 23).....	2,913,193	0	2,913,193	3,332,850
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	11,305,678	11,625,601
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	11,305,678	11,625,601
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	14,218,871	14,958,451

**DETAILS OF WRITE-INS**

2301. Accounts Payable.....	130,193		130,193	23,850
2302. ....			0	
2303. ....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	130,193	0	130,193	23,850
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	5,615	6,222	24,850
2. Net premium income (including \$.....0 non-health premium income).....	.XXX	6,212,507	7,066,577	27,918,959
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	6,212,507	7,066,577	27,918,959
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		5,375,504	4,953,696	19,312,882
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		987,924	1,179,259	4,766,224
14. Aggregate write-ins for other hospital and medical.....	.0	(487,000)	.0	431,000
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	.0	5,876,428	6,132,955	24,510,106
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	.0	5,876,428	6,132,955	24,510,106
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		423,215	473,686	1,722,629
21. General administrative expenses.....		118,305	42,158	194,148
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	6,417,948	6,648,799	26,426,883
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX	(205,441)	417,778	1,492,076
25. Net investment income earned.....		23,880	6,720	39,976
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	23,880	6,720	39,976
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	(138,362)	(184,184)	(220,394)
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	(319,923)	240,314	1,311,658
31. Federal and foreign income taxes incurred.....	.XXX			
32. Net income (loss) (Lines 30 minus 31).....	.XXX	(319,923)	240,314	1,311,658

**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. Increase (decrease) in IBNR.....		(487,000)		431,000
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	(487,000)	.0	431,000
2901. ACA Transitional Reinsurance Fees.....		(111,591)	(184,184)	(200,184)
2902. ODI fees.....		(26,771)		(20,210)
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	(138,362)	(184,184)	(220,394)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year to Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	11,625,601	10,313,943	10,313,943
34. Net income or (loss) from Line 32.....	(319,923)	240,314	1,311,658
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).....	(319,923)	240,314	1,311,658
49. Capital and surplus end of reporting period (Line 33 plus 48).....	11,305,678	10,554,257	11,625,601

**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.....	6,212,507	7,000,725	27,853,107
2. Net investment income.....	26,960	6,720	35,845
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	6,239,467	7,007,445	27,888,952
5. Benefit and loss related payments.....	7,015,600	6,749,437	26,153,794
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).....	7,015,600	6,749,437	26,153,794
11. Net cash from operations (Line 4 minus Line 10).....	(776,133)	258,008	1,735,158
<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	.0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	.0	.0	.0
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	.0	.0	.0
<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).....	(776,133)	258,008	1,735,158
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	14,875,028	13,139,870	13,139,870
19.2 End of period (Line 18 plus Line 19.1).....	14,098,895	13,397,878	14,875,028
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001 .....			

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1		2		3		4		5		6		7		8		9		10	
	Total	Individual	Comprehensive (Hospital & Medical)	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other									
<b>Total Members at End of:</b>																				
1. Prior Year.....	6,222	6,222																		
2. First Quarter.....	5,615	5,615																		
3. Second Quarter.....	0	0																		
4. Third Quarter.....	0	0																		
5. Current Year.....	0	0																		
6. Current Year Member Months.....	5,615	5,615																		
<b>Total Member Ambulatory Encounters for Period:</b>																				
7. Physician.....	0	0																		
8. Non-Physician.....	0	0																		
9. Total.....	0	0																		
10. Hospital Patient Days Incurred.....	0	0																		
11. Number of Inpatient Admissions.....	0	0																		
12. Health Premiums Written (a).....	6,212,507	6,212,507																		
13. Life Premiums Direct.....	0	0																		
14. Property/Casualty Premiums Written.....	0	0																		
15. Health Premiums Earned.....	0	0																		
16. Property/Casualty Premiums Earned.....	0	0																		
17. Amount Paid for Provision of Health Care Services.....	7,015,600	7,015,600																		
18. Amount Incurred for Provision of Health Care Services.....	5,876,428	5,876,428																		

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

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**  
**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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

**NONE**

Statement as of March 31, 2017 of the Cooperative Group Benefits Plan

**UNDERWRITING AND INVESTMENT EXHIBIT**

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date						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	5 Claims Incurred in Prior Years (Columns 1 + 3)	6	
1. Comprehensive (hospital and medical)	3,064,980	2,811,448		2,574,000	3,064,980	3,061,000	
2. Medicare Supplement					0		
3. Dental only					0		
4. Vision only					0		
5. Federal Employees Health Benefits Plan					0		
6. Title XVIII - Medicare					0		
7. Title XIX - Medicaid					0		
8. Other health					0		
9. Health subtotal (Lines 1 to 8)	3,064,980	2,811,448	0	2,574,000	3,064,980	3,061,000	
10. Healthcare receivables (a)					0		
11. Other non-health					0		
12. Medical incentive pools and bonus amounts					0		
13. Totals (Lines 9-10+11+12)	3,064,980	2,811,448	0	2,574,000	3,064,980	3,061,000	

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

---

## NOTES TO FINANCIAL STATEMENTS

---

### **Note 1 – Summary of Significant Accounting Policies and Going Concern**

#### Basis of Accounting

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

#### 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 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.

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

No significant changes

### **Note 3 – Business Combinations and Goodwill**

No significant change.

### **Note 4 – Discontinued Operations**

No significant changes

### **Note 5 – Investments**

Investments consist of all cash items. Checking accounts and money markets as well as short term holdings are classified as cash on page 2, line 5. See QE12 for detail list of all cash accounts.

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

No significant changes

### **Note 7 – Investment Income**

No significant changes

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

No significant changes

### **Note 9 – Income Taxes**

No significant changes

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

No significant changes

### **Note 11 – Debt**

No significant changes

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

No significant changes.

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

No significant changes

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

No significant changes.

---

## NOTES TO FINANCIAL STATEMENTS

---

**Note 15 – Leases**

No significant changes

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

No significant changes

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

No significant changes.

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

No significant changes

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

No significant changes

**Note 20 – Fair Value Measurements**

Not applicable, no investments other than cash.

**Note 21 – Other Items**

No significant changes

**Note 22 – Events Subsequent**

No significant changes

**Note 23 – Reinsurance**

No significant changes

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

No significant changes

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

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

**Note 26 – Intercompany Pooling Arrangements**

No significant changes

**Note 27 – Structured Settlements**

Not Applicable for Health Entities

**Note 28 – Health Care Receivables**

No significant changes

**Note 29 – Participating policies**

No significant changes

**Note 30 – Premium Deficiency Reserves**

No significant changes

**Note 31 – Anticipated Salvage and Subrogation**

No significant changes

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [ ] No [X]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_
- 6.4 By what department or departments?

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

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

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

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:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]  
If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

1 Name of Custodian(s)	2 Custodian Address

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X ]

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

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

17.5 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"].

1 Name of Firm or Individual	2 Affiliation
Meeder Investment Management	U
Invesco Investment Services, Inc.	U

7.5097 For those firms/individuals listed in the table for Question 17.5, 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 [X ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X ] No [ ]

18.2 If no, list exceptions:

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**  
**GENERAL INTERROGATORIES (continued)**  
**PART 2 - HEALTH**

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

**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>								
		01/01/2017	IOA Reinsurance.....	PA.....	SSL/G.....	Authorized.....		

## Cooperative Group Benefits Plan SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	2	3	4	Direct Business Only			8	9	
				5	6	7			
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama.....AL	..N							0	
2. Alaska.....AK	..N							0	
3. Arizona.....AZ	..N							0	
4. Arkansas.....AR	..N							0	
5. California.....CA	..N							0	
6. Colorado.....CO	..N							0	
7. Connecticut.....CT	..N							0	
8. Delaware.....DE	..N							0	
9. District of Columbia.....DC	..N							0	
10. Florida.....FL	..N							0	
11. Georgia.....GA	..N							0	
12. Hawaii.....HI	..N							0	
13. Idaho.....ID	..N							0	
14. Illinois.....IL	..N							0	
15. Indiana.....IN	..L	3,199,441						3,199,441	
16. Iowa.....IA	..N							0	
17. Kansas.....KS	..N							0	
18. Kentucky.....KY	..N							0	
19. Louisiana.....LA	..N							0	
20. Maine.....ME	..N							0	
21. Maryland.....MD	..N							0	
22. Massachusetts.....MA	..N							0	
23. Michigan.....MI	..N							0	
24. Minnesota.....MN	..N							0	
25. Mississippi.....MS	..N							0	
26. Missouri.....MO	..N							0	
27. Montana.....MT	..N							0	
28. Nebraska.....NE	..N							0	
29. Nevada.....NV	..N							0	
30. New Hampshire.....NH	..N							0	
31. New Jersey.....NJ	..N							0	
32. New Mexico.....NM	..N							0	
33. New York.....NY	..N							0	
34. North Carolina.....NC	..N							0	
35. North Dakota.....ND	..N							0	
36. Ohio.....OH	..L	3,013,066						3,013,066	
37. Oklahoma.....OK	..N							0	
38. Oregon.....OR	..N							0	
39. Pennsylvania.....PA	..N							0	
40. Rhode Island.....RI	..N							0	
41. South Carolina.....SC	..N							0	
42. South Dakota.....SD	..N							0	
43. Tennessee.....TN	..N							0	
44. Texas.....TX	..N							0	
45. Utah.....UT	..N							0	
46. Vermont.....VT	..N							0	
47. Virginia.....VA	..N							0	
48. Washington.....WA	..N							0	
49. West Virginia.....WV	..N							0	
50. Wisconsin.....WI	..N							0	
51. Wyoming.....WY	..N							0	
52. American Samoa.....AS	..N							0	
53. Guam.....GU	..N							0	
54. Puerto Rico.....PR	..N							0	
55. U.S. Virgin Islands.....VI	..N							0	
56. Northern Mariana Islands.....MP	..N							0	
57. Canada.....CAN	..N							0	
58. Aggregate Other alien.....OT	..XXX	0	0	0	0	0	0	0	0
59. Subtotal.....XXX	..XXX	6,212,507	0	0	0	0	0	6,212,507	0
60. Reporting entity contributions for Employee Benefit Plans.....XXX	..XXX							0	
61. Total (Direct Business).....(a).....2	..(a).....2	6,212,507	0	0	0	0	0	6,212,507	0

**DETAILS OF WRITE-INS**

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
 (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.  
 (a) Insert the number of L responses except for Canada and Other Alien.

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
PART 1 – ORGANIZATIONAL CHART

---

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

**SCHEDULE Y**  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	

**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:**



Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

**SCHEDULE A - PART 2**

Showing all Real Estate Acquired and Additions Made During the Current Quarter

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

**NONE**

QE01

**SCHEDULE A - PART 3**

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

1 Description of Property	2 Location		3 State	4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	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.	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
	City																			

**NONE**

05/14/2017 9:24:45 PM

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

**SCHEDULE B - PART 2**

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

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

**NONE**

QE02

**SCHEDULE B - PART 3**

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

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

**NONE**

05/14/2017 9:24:45 PM

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
CUSIP Identification	Name or Description	Location	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made after Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership

**NONE**

QE03

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

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

**NONE**

05/14/2017 9:24:46 PM

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

**SCHEDULE D - PART 3**  
Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification (a)	2 Description For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Per Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
----------------------------------	--	--------------	--------------------	---------------------	--------------------------------	------------------	----------------	--	--

**NONE**

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

**SCHEDULE D - PART 4**

Showing all Long-Term Bonds and Stocks Sold, REDEEMED or Otherwise DISPOSED of During Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	For all Disposal Date	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (e)	

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

**NONE**

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Item(s) Hedged, Used for Income Simulation or Disaggregated	Schedule / Election Feature	Type(s) of Risk(s)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Maturity or Extension Date	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) (Paid)	Current Year Initial Cost of Premium (Received) (Paid)	Current Year Income	Book/Adjusted Cost	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B/A/C.V.	Current Year's (Amortization / Accretion)	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (D)	

**NONE**



Statement as of March 31, 2017, of the **Cooperative Group Benefits Plan**

**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	5 Book/Adjusted Carrying Value		6 Book/Adjusted Carrying Value		Fair Value			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	11 Potential Exposure		
1. Offset per SSAP No. 64.....					0							
2. Net after right of offset per SSAP No. 64.....					0							

**NONE**

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

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

Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or W)
<b>NONE</b>								

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

**NONE**

**SCHEDULE DL - PART 2**  
**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

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

General Interrogatories:

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

**NONE**

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**  
**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 - checking		varies			(808,729)	(808,484)	(1,105,587)	XXX
Bank Midwest, NA		varies	399		249,275	249,400	249,537	XXX
Capital Bank		varies	431		249,440	249,574	249,149	XXX
CAT floating rate demand note		varies	165		149,114	149,171	149,222	XXX
Columbus First Bank		varies	308		249,510	249,096	249,201	XXX
Everbank		varies	379		249,513	249,117	249,246	XXX
Federally Insured Cash Act - US Bank		varies	4,334		3,021,070	3,022,412	3,023,992	XXX
Invesco		varies	1,628		4,782,732	5,083,111	5,283,942	XXX
Huntington Conservative Deposit Acct		varies	71		248,882	3,704	247,084	XXX
Meeder Institutional Prime MMKT		varies	65		259,187	26	262,801	XXX
Metro City Bank		varies	276		249,489	249,086	249,181	XXX
Mid American Bank		varies	341		249,575	249,105	249,221	XXX
Nationwide Bank		varies	159		249,251	113,288	113,328	XXX
Pacific Mercantile Bank		varies	373		249,254	249,369	249,496	XXX
Plaza Bank		varies	276		249,566	249,086	249,161	XXX
Trans Pacific National Bank		varies	193		193,829	193,889	193,955	XXX
Bank to China/NY		varies			247,067	247,099	246,988	XXX
Bank of India		varies			248,067	248,099	247,990	XXX
Beal Bank USA		varies			94,996	95,016	94,997	XXX
Comenity Capital Bank		varies	430		249,072	249,102	248,986	XXX
Northpoint Bank		varies	369		249,015	249,017		XXX
Santander Bank NA		varies			248,067	248,099	247,990	XXX
Synchrony Bank		varies	1,156		248,015	248,012		XXX
The Citizens St. Bank		varies	430		249,085	249,112	248,995	XXX
Abbey National Treas Comm Paper		varies			325,000	325,000	325,000	XXX
Bank of Tokyo Comm. Paper		varies			325,000	325,000	325,000	XXX
Canadian Imp Hold Comm. Paper		varies			325,000	325,000	325,000	XXX
Credit Agricole Comm. Paper		varies			325,000	325,000	325,000	XXX
ING (US) Funding Comm. Paper		varies			325,000	325,000	325,000	XXX
JP Morgan Sec. Comm. Paper		varies			325,000	325,000	325,000	XXX
Natixx NY Comm. Paper		varies			325,000	325,000	325,000	XXX
Toyota Motor Copr. Comm. Paper		varies			325,000	325,000	325,000	XXX
0199999. Total Open Depositories	XXX	XXX	11,783	0	13,874,322	14,384,506	14,098,895	XXX
0399999. Total Cash on Deposit	XXX	XXX	11,783	0	13,874,322	14,384,506	14,098,895	XXX
0599999. Total Cash	XXX	XXX	11,783	0	13,874,322	14,384,506	14,098,895	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**

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**  
**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.....	0	
2. Cost of bonds and stocks acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....					.....0			
2. NAIC 2 (a).....					.....0			
3. NAIC 3 (a).....					.....0			
4. NAIC 4 (a).....					.....0			
5. NAIC 5 (a).....					.....0			
6. NAIC 6 (a).....					.....0			
7. Total Bonds.....	.....0				.....0	.....0	.....0	.....0
<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
15. Total Bonds and Preferred Stock.....	.....0				.....0	.....0	.....0	.....0
(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of 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.								

**NONE**

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	Par Value <b>NONE</b>	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).....	<b>NONE</b>	
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

**NONE**

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

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

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

**NONE**

Statement as of March 31, 2017 of the **Cooperative Group Benefits Plan**

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

Reconciliation (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1	2	3	4	5	6	7	8	9	10
1. Beginning Inventory.....										
2. Add: Opened or acquired transactions.....										
3. Add: Increases in replication (synthetic asset) transactions statement value.....	XXX		XXX	<b>NONE</b>	XXX		XXX		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		XXX		XXX		XXX		XXX	
7. Ending Inventory.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

### 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).....	_____	<u>0</u>
4. Part D, Section 1, Column 5.....	_____	
5. Part D, Section 1, Column 6.....	_____	
6. Total (Line 3 minus Line 4 minus Line 5).....	_____	<u>0</u>

**Fair Value Check**

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

**NONE**

**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).....	_____	<u>0</u>

## 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