



103

# HEALTH QUARTERLY STATEMENT

As of June 30, 2017  
of the Condition and Affairs of the

## Cooperative Group Benefits Plan

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

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

Statutory Home Office  
Main Administrative Office  
Mail Address  
Primary Location of Books and Records  
Internet Web Site Address  
Statutory Statement Contact

NAIC Company Code..... N/A  
Employer's ID Number..... 31-1306485

State of Domicile or Port of Entry Ohio  
Country of Domicile USA  
Is HMO Federally Qualified? Yes [ ] No [ ] N/A  
Commenced Business.....1987

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

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

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

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

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

614-766-5800  
(Area Code) (Telephone Number)

614-766-5800  
(Area Code) (Telephone Number)

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

### OFFICERS

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

OTHER

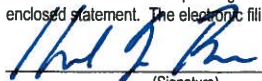
### DIRECTORS OR TRUSTEES

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

Jeffrey Trolke  
George Secor  
Scott Logue

Harold Cooper  
Mike Hirt

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)
Daniel Brown 1. (Printed Name)	_____ 2. (Printed Name)	_____ 3. (Printed Name)
Exec VP - TPA		

Subscribed and sworn to before me  
this 14th day of AUGUST 2017  
Donna M. Nicol

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

Yes [X] No [ ]



## 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.....	988,600		988,600	
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 (\$.....13,596,056), cash equivalents (\$.....0) and short-term investments (\$.....0).....	13,596,056		13,596,056	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).....	14,584,656	0	14,584,656	14,875,028
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	8,531		8,531	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.....	123,440		123,440	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).....	14,716,627	0	14,716,627	14,958,451
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	14,716,627	0	14,716,627	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).....	1,829,000		1,829,000	3,061,000
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	148,000		148,000	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).....	130,192	0	130,192	23,850
24. Total liabilities (Lines 1 to 23).....	2,107,192	0	2,107,192	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	12,609,435	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	12,609,435	11,625,601
34. Total liabilities, capital and surplus (Lines 24 and 33).....	.XXX	.XXX	14,716,627	14,958,451

**DETAILS OF WRITE-INS**

2301. Accounts Payable.....	130,192		130,192	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).....	130,192	0	130,192	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	11,117	12,426	24,850
2. Net premium income (including \$.00 non-health premium income).....	XXX	12,137,818	14,130,221	27,918,959
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$.00 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	12,137,818	14,130,221	27,918,959
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		9,347,892	8,950,179	19,312,882
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		1,980,830	2,369,553	4,766,224
14. Aggregate write-ins for other hospital and medical.....	0	(1,232,000)	233,000	431,000
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	10,096,722	11,552,732	24,510,106
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	10,096,722	11,552,732	24,510,106
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.00 cost containment expenses.....		750,998	885,244	1,722,629
21. General administrative expenses.....		210,797	105,080	194,148
22. Increase in reserves for life and accident and health contracts (including \$.00 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	0	11,058,517	12,543,056	26,426,883
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	1,079,301	1,587,165	1,492,076
25. Net investment income earned.....		61,421	14,021	39,976
26. Net realized capital gains (losses) less capital gains tax of \$.00.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	61,421	14,021	39,976
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.00) (amount charged off \$.00)].....				
29. Aggregate write-ins for other income or expenses.....	0	(156,888)	(200,184)	(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	983,834	1,401,002	1,311,658
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	983,834	1,401,002	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.....		(1,232,000)	233,000	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	(1,232,000)	233,000	431,000
2901. ACA Transitional Reinsurance Fees.....		(111,591)	(200,184)	(200,184)
2902. IRS annual fees.....				(20,210)
2903. ODI fees.....		(45,297)		
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	(156,888)	(200,184)	(220,394)

## Cooperative Group Benefits Plan

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	11,625,601	10,313,943	10,313,943
34. Net income or (loss) from Line 32.....	983,834	1,401,002	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).....	983,834	1,401,002	1,311,658
49. Capital and surplus end of reporting period (Line 33 plus 48).....	12,609,435	11,714,945	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.....	12,137,818	14,064,369	27,853,107
2. Net investment income.....	57,023	14,021	35,645
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	12,194,841	14,078,390	27,888,952
5. Benefit and loss related payments.....	12,485,213	12,380,822	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).....	12,485,213	12,380,822	26,153,794
11. Net cash from operations (Line 4 minus Line 10).....	(290,372)	1,697,568	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.....	988,600		
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).....	988,600	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).....	(988,600)	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).....	(1,278,972)	1,697,568	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).....	13,596,056	14,837,438	14,875,028

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

20.0001			
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Statement as of June 30, 2017 of the Cooperative Group Benefits Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	Group							
<b>Total Members at End of:</b>										
1. Prior Year.....	2,068	2,068								
2. First Quarter.....	1,863	1,863								
3. Second Quarter.....	1,822	1,822								
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	11,117	11,117								
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	12,137,818	12,137,818								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	12,137,818	12,137,818								
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	12,485,213	12,485,213								
18. Amount Incurred for Provision of Health Care Services.....	9,867,722	9,867,722								

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.00.

Statement as of June 30, 2017 of the **Cooperative Group Benefits Plan**  
**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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

NONE



## UNDERWRITING AND INVESTMENT EXHIBIT

## Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Liability End of Current Quarter					6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (hospital and medical).....	3,380,705	7,948,017		1,829,000	3,380,705	3,061,000
2. Medicare Supplement.....					0	
3. Dental only.....					0	
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	3,380,705	7,948,017	0	1,829,000	3,380,705	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).....	3,380,705	7,948,017	0	1,829,000	3,380,705	3,061,000

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

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## NOTES TO FINANCIAL STATEMENTS

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**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 and mutual funds.

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.

Investments include mutual fund holdings with fair market value of \$988,600 and cost basis of \$990,526 at June 30, 2017. See QE04 for detail list of mutual funds acquired.

**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**

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

The Plan does not believe there are currently any tax positions which have a reasonable possibility of change from taxing authorities. Accrued interest and penalties with uncertain tax positions, if any, are recognized as part of administrative expense. There were no taxes or accrued interest or penalties related to the tax positions of the Plan as of June 30, 2017 or 2016. The Internal Revenue Service and Department of Labor have jurisdiction over the Plan. The Plan administrator believes it is no longer subject to income tax examinations for years ended prior to December 31, 2014.

**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.

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## NOTES TO FINANCIAL STATEMENTS

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

No significant changes

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

No significant changes.

**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**

The Plan invested in mutual funds during the current period. All mutual funds held are reported at fair market value based on prices determined by the open market in which they are traded. These investments are considered Level 1 investments with respect to the valuation techniques used to report fair market values.

**Note 21 – Other Items**

No significant changes

**Note 22 – Events Subsequent**

No significant changes

**Note 23 – Reinsurance**

A stop loss insurance policy is carried by the Plan with IOA RE, Inc. 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 limit. If a claim exceeds \$375,000 and the corridor amount has been met the carrier reimburses the Plan for the excess. In addition to stop loss coverage for specific claims, the Plan also carries aggregate stop loss coverage. This insurance reimburses the Plan if total claims exceed a specified amount.

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

No significant changes

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

The amount incurred but unpaid claims reserve as of June 30, 2017 is based on a study by the Plan's actuary and includes estimated claims expenses of \$1,829,000 for IBNR and \$148,000 for LAE. These numbers as determined by the actuary have declined by \$1,232,000 and \$100,000 respectively for IBNR and LAE since December 31, 2016.

**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**

**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	2	3
Name of Entity	NAIC Company Code	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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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:

14.21 Bonds

14.22 Preferred Stock

14.23 Common Stock

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate

14.26 All Other

14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

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

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

Yes [ ] No [ X ]

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

Yes [ ] No [ X ]

If no, attach a description with this statement.

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

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

\$ 0

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

\$ 0

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

\$ 0

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

Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

Yes [ ] No [ X ]

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

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

17.5 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 June 30, 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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	<u>0</u>
2.3 Do you act as an administrator for health savings accounts?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
2.4 If yes, please provide the amount of funds administered as of the reporting date.	<u>0</u>

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
<b>A&amp;H Non-Affiliates</b>								
		01/01/2017	IOA Reinsurance, Inc.....	PA.....	SSL/G.....	Authorized.....		

## Cooperative Group Benefits Plan

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

Current Year to Date - Allocated by States and Territories										
		Direct Business Only								
		1	2	3	4	5	6	7	8	9
		Active	Accident	Medicare	Medicaid	Federal	Life and	Property/	Total	Deposit-Type
State, Etc.		Status	and Health	Title XVIII	Title XIX	Employees	Annuity	Casualty	Columns	Contracts
			Premiums			Health Benefits	Premiums and	Premiums	2 through 7	
						Program	Other			
						Premiums	Considerations			
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	6,352,934						6,352,934	
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	5,784,884						5,784,884	
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	12,137,818	0	0	0	0	0	12,137,818	0
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61.	Total (Direct Business).....	(a).....2	12,137,818	0	0	0	0	0	12,137,818	

## DETAILS OF WRITE-INS

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

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

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

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





**SCHEDULE Y**

**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:**



**SCHEDULE A - PART 2**

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

1 Description of Property	2 Location		3 City	4 State	5 Date Acquired	6 Name of Vendor	7 Actual Cost at Time of Acquisition	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Additional Investment Made After Acquisition

**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 City	4 State	5 Disposal Date	6 Name of Purchaser	7 Actual Cost	8 Expanded for Additions, Permanent Improvements and Changes in Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances Prior Year	10 Current Year's Depreciation	11 Current Year's Other-Than-Temporary Impairment Recognized	12 Current Year's Change in Encumbrances	13 Total Change in B.I.A.C.V. (11 - 9 - 10)	14 Total Foreign Exchange Change in B.I.A.C.V.	15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Amounts Received During Year	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Gross Income Earned Less Interest Incurred on Encumbrances	21 Taxes, Repairs, and Expenses Incurred

**NONE**

**SCHEDULE B - PART 2**  
Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

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

**NONE**

QE02

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

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

**NONE**

SCHEDULE BA - PART 2

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

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

NONE

QE03

SCHEDULE BA - PART 3

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

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

NONE

**SCHEDULE D - PART 3**

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Per Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Common Stocks - Mutual Funds</b>									
929999	Consumer Discretionary Sector		06/15/2017	Neder Investment Management	76,000	6,849	XXX		U
929997	Consumer Staples Sel Sector SPDR Fund		06/15/2017	Neder Investment Management	123,000	6,995	XXX		U
929995	Energy Select Sector SPDR		06/15/2017	Neder Investment Management	215,000	14,161	XXX		U
929993	Financial Select Sector SPDR		06/15/2017	Neder Investment Management	1,191,000	29,150	XXX		U
929991	Health Care Select Sector SPDR		06/15/2017	Neder Investment Management	455,000	35,404	XXX		U
929989	Share Core MSCI EAFE ETF		06/15/2017	Neder Investment Management	567,000	34,783	XXX		U
929987	Share 1000 Growth Index Fund		06/15/2017	Neder Investment Management	1,464,000	174,545	XXX		U
929985	Shares Core MSCI Emerging Markets		06/15/2017	Neder Investment Management	420,000	20,905	XXX		U
929983	Shares MSCI EAFE Small-Cap ETF		06/15/2017	Neder Investment Management	240,000	13,934	XXX		U
929981	Share Russell 1000 Value Index Fund		06/15/2017	Neder Investment Management	1,178,000	137,396	XXX		U
929979	Share Russell 2000 Growth Index Fund		06/15/2017	Neder Investment Management	253,000	42,160	XXX		U
929977	Share Russell 2000 Value Index Fund		06/15/2017	Neder Investment Management	180,000	21,469	XXX		U
929975	Share Russell Mid Cap Value Index		06/15/2017	Neder Investment Management	504,000	42,434	XXX		U
929973	Share Russell Midcap Growth		06/15/2017	Neder Investment Management	579,000	62,789	XXX		U
929971	Technology Select Sector SPDR Fund		06/15/2017	Neder Investment Management	863,000	47,728	XXX		U
929969	Shares 3-7 Year Treasury Bond Fund		06/15/2017	Neder Investment Management	152,000	18,862	XXX		U
929967	Shares 7-10 Year Treasury Bond Fund		06/15/2017	Neder Investment Management	175,000	18,840	XXX		U
929965	Shares Aggregate Bond Fund		06/15/2017	Neder Investment Management	335,000	36,808	XXX		U
929963	Shares Barclays 1-3 Year Credit Bond Fund		06/15/2017	Neder Investment Management	242,000	25,474	XXX		U
929961	Shares iBoxx High Yield Corporate Bond ETF		06/15/2017	Neder Investment Management	382,000	33,744	XXX		U
929959	Shares JP Morgan USD Emerging Markets Bond ETF		06/15/2017	Neder Investment Management	522,000	60,372	XXX		U
929957	Shares MBS ETF		06/15/2017	Neder Investment Management	98,000	10,511	XXX		U
929955	SPDR Barclays High Yield Bond ETF		06/15/2017	Neder Investment Management	906,000	33,690	XXX		U
929953	Vanguard Intermediate - Term Bond Fund ETF		06/15/2017	Neder Investment Management	327,000	27,813	XXX		U
929951	Vanguard Mortgage Backed Securities ETF		06/15/2017	Neder Investment Management	198,000	10,461	XXX		U
929949	Vanguard Short-Term Bond Fund ETF		06/15/2017	Neder Investment Management	291,000	23,249	XXX		U
929999	Total - Common Stocks - Mutual Funds					990,526	XXX	0	XXX
929997	Total - Common Stocks - Part 3					990,526	XXX	0	XXX
929995	Total - Common Stocks					990,526	XXX	0	XXX
929993	Total - Preferred and Common Stocks					990,526	XXX	0	XXX
929991	Total - Bonds, Preferred and Common Stocks					990,526	XXX	0	XXX

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

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	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21	22
CUSIP Identification	Description	For Sale	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. (14-15)	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 (a)	

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

NONE



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 Generation or Replicated	Schedule / Exhibit Identifier (a)	Type(s) of Risk(s)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Maturity or Expiration 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 Carrying Value	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 (b)

NONE

**SCHEDULE DB - PART B - SECTION 1**  
Futures Contracts Open as of the Current Statement Date

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

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NONE

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SCHEDULE DB - PART D - SECTION 1  
Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

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

NONE

SCHEDULE DB - PART D - SECTION 2  
Collateral for Derivative Instruments Open as of Current Statement Date

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (L, V or N)

NONE

Statement as of June 30, 2017 of the **Cooperative Group Benefits Plan**  
**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	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

**NONE**

## SCHEDULE E - PART 1 - CASH

## Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Huntington National Bank - checking.....		varies.....			(334,348)	(302,318)	(399,890)	XXX
Bank Midwest, NA.....		varies.....	443		249,679	249,838	249,142	XXX
Capital Bank.....		varies.....	497		249,313	249,482	249,646	XXX
Cash in Transit.....		varies.....				2,500,000	(245,034)	XXX
CAT floating rate demand note.....		varies.....	103		149,280	46		XXX
Columbus First Bank.....		varies.....	461		249,350	249,509	249,154	XXX
Everbank.....		varies.....	334		249,362	249,500	78	XXX
Federally Insured Cash Act - US Bank.....		varies.....	5,675		3,025,807	3,027,734	3,029,667	XXX
Invesco.....		varies.....	3,328		4,635,106	1,736,394	2,537,271	XXX
Federated Government Obligations Fund.....		varies.....	1,453				1,146,610	XXX
Fidelity Institutional Prime Money Market.....		varies.....	555			374,944	374,944	XXX
Huntington Conservative Deposit Acct.....		varies.....	85		85,142	58,179	250,000	XXX
Meeder Institutional Prime MMKT.....		varies.....	712		323,993	374,995	1,501	XXX
Metro City Bank.....		varies.....	414		249,273	249,441	249,595	XXX
Mid American Bank.....		varies.....	157		249,327	51		XXX
Nationwide Bank.....		varies.....	5		5			XXX
Pacific Mercantile Bank.....		varies.....	533		249,650	249,842	250,028	XXX
Piazza Bank.....		varies.....	482		249,335	249,499	249,667	XXX
Trans Pacific National Bank.....		varies.....	257		194,030	194,146	66	XXX
Ally Bank CD.....		1.800.....					247,047	XXX
Bank of China/NY.....		0.850.....			246,987	246,978	246,978	XXX
Bank of India.....		0.800.....			247,988	247,980	247,980	XXX
Comenity Capital Bank.....		0.700.....	439		248,990	248,975	248,973	XXX
First Community Bank.....		1.750.....					246,684	XXX
InsBank CD.....		1.750.....					246,681	XXX
Keybank NA CD.....		1.800.....					247,000	XXX
Santander Bank NA.....		0.750.....			247,988	247,977	247,980	XXX
Summit Community Bank.....		1.700.....					248,318	XXX
The Citizens St. Bank.....		0.700.....	439		248,992	248,975	248,970	XXX
Abbey National Treas Comm Paper.....		1.330.....			325,000	325,000	325,000	XXX
Bank of Tokyo Comm. Paper.....		1.550.....			325,000	325,000	325,000	XXX
Canadian Imp Hold Comm. Paper.....		1.160.....			325,000	325,000	325,000	XXX
Credit Agricole Comm.Paper.....		1.380.....			325,000	325,000	325,000	XXX
Dexia Credit Local C/P.....		1.450.....			325,000	325,000	325,000	XXX
ING (US) Funding Comm. Paper.....		1.500.....			325,000	325,000	325,000	XXX
JP Morgan Sec. Comm. Paper.....		1.470.....			325,000	325,000	325,000	XXX
Natixis NY Comm. Paper.....		1.360.....			325,000	325,000	325,000	XXX
Toyota Motor Corp. Comm. Paper.....		1.340.....			325,000	325,000	325,000	XXX
0199999. Total Open Depositories.....	XXX	XXX	16,372	0	14,240,249	13,877,167	13,596,056	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	16,372	0	14,240,249	13,877,167	13,596,056	XXX
0599999. Total Cash.....	XXX	XXX	16,372	0	14,240,249	13,877,167	13,596,056	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 June 30, 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.....	990,526	
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....	(1,926)	
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).....	988,600	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	988,600	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	<b>NONE</b> 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	0	0	0
15. Total Bonds and Preferred Stock.....	0	0	0	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.

Statement as of June 30, 2017 of the **Cooperative Group Benefits Plan**  
**SCHEDULE DA - PART 1**

Short-Term Investments

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

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

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

**SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

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

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

Futures Contracts

1. Book/adjusted carrying value, December 31, prior year (Line 6, prior year).....	
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column).....	
3.1 Add:	
Change in variation margin on open contracts - Highly Effective Hedges:	
3.11 Section 1, Column 15, current year to date minus.....	
3.12 Section 1, Column 15, prior year.....	0
Change in variation margin on open contracts - All Other:	
3.13 Section 1, Column 18, current year to date minus.....	
3.14 Section 1, Column 18, prior year.....	0 0
3.2 Add:	
Change in adjustment to basis of hedged item:	
3.21 Section 1, Column 17, current year to date minus.....	
3.22 Section 1, Column 17, prior year.....	0
Change in amount recognized:	
3.23 Section 1, Column 19, current year to date minus.....	
3.24 Section 1, Column 19, prior year.....	0 0
3.3 Subtotal (Line 3.1 minus Line 3.2).....	0
4.1 Cumulative variation margin on terminated contracts during the year.....	
4.2 Less:	
4.21 Amount used to adjust basis of hedged item.....	
4.22 Amount recognized.....	0
4.3 Subtotal (Line 4.1 minus Line 4.2).....	0
5. Dispositions gains (losses) on contracts terminated in prior year:	
5.1 Total gain (loss) recognized for terminations in prior year.....	
5.2 Total gain (loss) adjusted into the hedged item(s) for the terminations in prior year.....	
6. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2).....	0
7. Deduct nonadmitted assets.....	
8. Statement value at end of current period (Line 6 minus Line 7).....	0

**NONE**

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

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

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

NONE

# **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
	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory.....										
2. Add: Opened or acquired transactions.....										
3. Add: Increases in replication (synthetic asset) transactions statement value.....	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.....										

**SCHEDULE DB - VERIFICATION**

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

## Book/Adjusted Carrying Value Check

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

## Fair Value Check

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

## Potential Exposure Check

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

**NONE**

**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**