

103

ANNUAL STATEMENT

RECEIVED

OF THE

APR 03 2018

**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 Year Ended

December 31, 2017

2017

HEALTH

ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

Cooperative Group Benefits Plan

NAIC Group Code....N/A NAIC Company Code..... N/A Employer's ID Number..... 31-1306485
 (Current Period) (Prior Period)
 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 614-766-5800
 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Mail Address Same 614-766-5800
 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Primary Location of Books and Records Same 614-766-5800
 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Internet Web Site Address
 Statutory Statement Contact Dan Brown 614-766-5800 ext. 595
 (Name) (Area Code) (Telephone Number) (Extension)
 dbrown@abmconline.com 614-766-0901
 (E-Mail Address) (Fax Number)

OFFICERS

Name		Title	
1.		2.	
3.		4.	

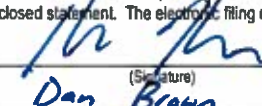
OTHER


DIRECTORS OR TRUSTEES

Jeff Troike
 Scott Logue
 Mike Hirt
 George Secor
 Harold Cooper

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)
Dan Brown		
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Exec VP - TPA		
(Title)	(Title)	(Title)

Subscribed and sworn to before me
 This 2ND day of APRIL 2018


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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	950,000		950,000	
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks	1,075,894		1,075,894	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)			0	
4.2 Properties held for the production of income (less \$ 0 encumbrances)			0	
4.3 Properties held for sale (less \$ 0 encumbrances)			0	
5. Cash (\$ 11,785,071, Schedule E-Part 1), cash equivalents (\$ 0, Schedule E-Part 2) and short-term investments (\$ 0, Schedule DA)	11,785,071		11,785,071	14,875,028
6. Contract loans (including \$ 0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	13,810,965	0	13,810,965	14,875,028
13. Title plants less \$ 0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	37,452		37,452	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 instalments 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	339,403		339,403	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 to 25)	14,187,820	0	14,187,820	14,958,451
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTAL (Lines 26 and 27)	14,187,820	0	14,187,820	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 through 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 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	3,240,000		3,240,000	3,061,000
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	263,000		263,000	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 reserves			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued			0	
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated			0	
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$0 current)	44,129	0	44,129	23,850
24. Total liabilities (Lines 1 to 23)	3,547,129	0	3,547,129	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	10,640,691	11,625,601
32. Less treasury stock at cost:				
32.10 000 shares common (value included in Line 26 \$0)	XXX	XXX		
32.20 000 shares preferred (value included in Line 27 \$0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	10,640,691	11,625,601
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	14,187,820	14,958,451

DETAILS OF WRITE-INS

2301 Accounts Payable	44,129		44,129	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 through 2303 plus 2398) (Line 23 above)	44,129	0	44,129	23,850
2501	XXX	XXX		
2502	XXX	XXX		
2503	XXX	XXX		
2598 Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001	XXX	XXX		
3002	XXX	XXX		
3003	XXX	XXX		
3098 Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099 Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**Cooperative Group Benefits Plan
STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	22,410	24,850
2. Net premium income (including \$ 0 non-health premium income)	XXX	24,032,586	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 revenues.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	24,032,586	27,918,959
Hospital and Medical:			
9. Hospital/medical benefits.....		19,354,583	19,312,882
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		3,918,891	4,766,224
14. Aggregate write-ins for other hospital and medical.....	0	179,000	431,000
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	23,452,474	24,510,106
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	23,452,474	24,510,106
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....		1,395,001	1,722,629
21. General administrative expenses.....		207,577	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	25,055,052	26,426,863
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(1,022,466)	1,482,076
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		197,055	39,976
26. Net realized capital gains or (losses) less capital gains tax of \$ 0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	197,055	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	(159,499)	(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	(984,910)	1,311,658
31. Federal and foreign income taxes incurred.....	XXX		
32. Net income (loss) (Lines 30 minus 31).....	XXX	(984,910)	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
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401. Increase (decrease) in IBNR.....		179,000	431,000
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	179,000	431,000
2901. ACA Transitional Reinsurance Fees.....		(159,499)	(200,184)
2902. IRS annual fees.....			(20,210)
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	(159,499)	(220,394)

Cooperative Group Benefits Plan

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	11,625,601	10,313,943
34. Net income or (loss) from Line 32.....	(984,910)	1,311,658
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....		
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(984,910)	1,311,658
49. Capital and surplus end of reporting period (Line 33 plus 48).....	10,640,691	11,625,601

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	24,032,586	27,853,107
2. Net investment income	95,144	35,845
3. Miscellaneous income		
4. Total (Lines 1 through 3)	24,127,730	27,888,952
5. Benefit and loss related payments	25,260,385	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 \$.00 tax on capital gains (losses)		
10. Total (Lines 5 through 9)	25,260,385	26,153,794
11. Net cash from operations (Line 4 minus Line 10)	(1,132,655)	1,735,158
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks	359,214	
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)	359,214	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	950,000	
13.2 Stocks	1,366,516	
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)	2,316,516	0
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(1,957,302)	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,089,957)	1,735,158
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	14,875,028	13,139,870
19.2 End of year (Line 18 plus Line 19.1)	11,785,071	14,875,028
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001		

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	24,032,586	24,032,586								
2. Change in unearned premium reserves and reserve for rate credit	0	0								
3. Fee-for-service (net of \$.....0 medical expenses)	0	0								
4. Risk revenue	0	0								
5. Aggregate write-ins for other health care related revenues	0	0								
6. Aggregate write-ins for other non-health care related revenues	0	0								
7. Total revenues (Lines 1 to 6)	24,032,586	24,032,586								
8. Hospital/medical benefits	19,354,583	19,354,583								
9. Other professional services	0	0								
10. Outside referrals	0	0								
11. Emergency room and out-of-area	0	0								
12. Prescription drugs	3,918,891	3,918,891								
13. Aggregate write-ins for other hospital and medical	179,000	179,000								
14. Incentive pool, withhold adjustments and bonus amounts	0	0								
15. Subtotal (Lines 8 to 14)	23,452,474	23,452,474								
16. Net reinsurance recoveries	0	0								
17. Total hospital and medical (Line 15 minus 16)	23,452,474	23,452,474								
18. Non-health claims (net)	0	0								
19. Claims adjustment expenses including \$.....0 cost containment expenses	1,395,001	1,395,001								
20. General administrative expenses	207,577	207,577								
21. Increase in reserves for accident and health contracts	0	0								
22. Increase in reserve for life contracts	0	0								
23. Total underwriting deductions (Lines 17 to 22)	25,055,052	25,055,052								
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(1,022,466)	(1,022,466)								

DETAILS OF WRITE-INS

0501.	0									
0502.	0									
0503.	0									
0598. Summary of remaining write-ins for Line 5 from overflow page	0									
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	0									
0601.	0									
0602.	0									
0603.	0									
0698. Summary of remaining write-ins for Line 6 from overflow page	0									
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0									
1301. Change in IBNR	179,000	179,000								
1302.	0									
1303.	0									
1398. Summary of remaining write-ins for Line 13 from overflow page	0									
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)	179,000	179,000								

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	26,029,906		1,997,320	24,032,586
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 through 8)	26,029,906	0	1,997,320	24,032,586
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	26,029,906	0	1,997,320	24,032,586

Cooperative Group Benefits Plan

Statement as of December 31, 2017 of the

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	23,273,474	23,273,474								
1.2 Reinsurance assumed.....	0	0								
1.3 Reinsurance ceded.....	23,273,474	23,273,474	0	0	0	0	0	0	0	0
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	3,240,000	3,240,000								
3.2 Reinsurance assumed.....	0	0								
3.3 Reinsurance ceded.....	3,240,000	3,240,000	0	0	0	0	0	0	0	0
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0	0								
4.2 Reinsurance assumed.....	0	0								
4.3 Reinsurance ceded.....	0	0								
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0	0								
6. Net healthcare receivables (a).....	0	0								
7. Amounts recoverable from reinsurers December 31, current year.....	0	0								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	3,061,000	3,061,000								
8.2 Reinsurance assumed.....	0	0								
8.3 Reinsurance ceded.....	3,061,000	3,061,000	0	0	0	0	0	0	0	0
8.4 Net.....	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0	0								
9.2 Reinsurance assumed.....	0	0								
9.3 Reinsurance ceded.....	0	0								
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0	0								
11. Amounts recoverable from reinsurers December 31, prior year.....	0	0								
12. Incurred benefits:										
12.1 Direct.....	23,452,474	23,452,474	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	23,452,474	23,452,474	0	0	0	0	0	0	0	0
12.4 Net.....	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0								

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	996,018	996,018								
1.2 Reinsurance assumed.....	0	0								
1.3 Reinsurance ceded.....	0	0								
1.4 Net.....	996,018	996,018	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	2,243,982	2,243,982								
2.2 Reinsurance assumed.....	0	0								
2.3 Reinsurance ceded.....	0	0								
2.4 Net.....	2,243,982	2,243,982	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0	0								
3.2 Reinsurance assumed.....	0	0								
3.3 Reinsurance ceded.....	0	0								
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	3,240,000	3,240,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	3,240,000	3,240,000	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year				Claim Reserve and Claim Liability		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year				
1. Comprehensive (hospital and medical)	3,568,532	19,883,942		3,240,000	3,568,532	3,061,000		
2. Medicare supplement					0			
3. Dental only					0			
4. Vision only					0			
5. Federal employees health benefit plan					0			
6. Title XVIII - Medicare					0			
7. Title XIX - Medicaid					0			
8. Other health					0			
9. Health subtotal (Lines 1 to 8)	3,568,532	19,883,942	0	3,240,000	3,568,532	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)	3,568,532	19,883,942	0	3,240,000	3,568,532	3,061,000		

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	2,528	2,765			
3. 2014	22,751	20,866	2,327		
4. 2015	XXX	XXX	19,141	2,755	
5. 2016	XXX	XXX	XXX	21,755	3,569
6. 2017	XXX	XXX	XXX	XXX	19,984

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	2,528	2,765			
3. 2014	22,751	20,866	2,327		
4. 2015	XXX	XXX	19,141	2,755	
5. 2016	XXX	XXX	XXX	21,755	3,569
6. 2017	XXX	XXX	XXX	XXX	19,984

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	26,602	25,279	1,750	6.9	27,029	101.6	2,770	177	29,976	112.7
2. 2014	29,630	23,631	1,812	7.7	25,443	85.9	2,657	199	26,299	95.5
3. 2015	27,262	21,469	1,566	7.3	23,035	84.5	2,630	192	25,857	94.8
4. 2016	27,919	24,510	1,723	7.0	26,233	94.0	3,061	248	29,542	105.8
5. 2017	24,033	23,452	1,395	5.9	24,847	103.4	3,240	263	28,350	118.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$5000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1 Prior		2,528			
2 2013		22,751			
3 2014	.XXX	2,765			
4 2015	.XXX	20,666	2,327		
5 2016	.XXX	.XXX	19,141	2,755	
6 2017	.XXX	.XXX	.XXX	21,755	3,569
				.XXX	19,984

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1 Prior		2,528			
2 2013		22,751			
3 2014	.XXX	2,765			
4 2015	.XXX	20,666	2,327		
5 2016	.XXX	.XXX	19,141	2,755	
6 2017	.XXX	.XXX	.XXX	21,755	3,569
				.XXX	19,984

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

	1	2	3	4	5	6	7	8	9	10
Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1 2013	26,602	0	1,750	0.0	1,750	6.6	2,770	177	4,697	17.7
2 2014	29,630	0	1,812	0.0	1,812	6.1	2,657	199	4,668	15.8
3 2015	27,262	0	1,566	0.0	1,566	5.7	2,630	192	4,388	16.1
4 2016	27,919	3,569	1,723	48.3	5,292	19.0	3,061	248	8,601	30.8
5 2017	24,033	19,864	1,395	7.0	21,279	89.5	3,240	283	24,782	100.1

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$5000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	0	0	0	NONE	0	0.0		0	0	0.0
2. 2014	0	0	0	0.0	0	0.0		0	0	0.0
3. 2015	0	0	0	0.0	0	0.0		0	0	0.0
4. 2016	0	0	0	0.0	0	0.0		0	0	0.0
5. 2017	0	0	0	0.0	0	0.0		0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	2013	2014	2015	2016	2017
1. Prior	NONE				
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	2013	2014	2015	2016	2017
1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 4 + 5)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2013					NONE					
2. 2014										
3. 2015										
4. 2016										
5. 2017										

Cooperative Group Benefits Plan

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013		0	0	NONE	0	0.0		0	0	0.0
2. 2014		0	0	0.0	0	0.0		0	0	0.0
3. 2015		0	0	0.0	0	0.0		0	0	0.0
4. 2016		0	0	0.0	0	0.0		0	0	0.0
5. 2017		0	0	0.0	0	0.0		0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	2013	2014	2015	2016	2017
1. Prior	NONE				
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	2013	2014	2015	2016	2017
1. Prior	NONE				
2. 2013	XXX				
3. 2014	XXX	XXX			
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX	XXX	
6. 2017	XXX	XXX	XXX	XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	0	0	0	NONE		0.0			0	0.0
2. 2014	0	0	0	0.0	0	0.0			0	0.0
3. 2015	0	0	0	0.0	0	0.0			0	0.0
4. 2016	0	0	0	0.0	0	0.0			0	0.0
5. 2017	0	0	0	0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
 (\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1 Prior	NONE				
2 2013	XXX				
3 2014	XXX	XXX			
4 2015	XXX	XXX	XXX		
5 2016	XXX	XXX	XXX	XXX	
6 2017	XXX	XXX	XXX	XXX	XXX

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1 Prior	NONE				
2 2013	XXX				
3 2014	XXX	XXX			
4 2015	XXX	XXX	XXX		
5 2016	XXX	XXX	XXX	XXX	
6 2017	XXX	XXX	XXX	XXX	XXX

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1 2013		0	0	NONE		0.00	0	0	0	0.00
2 2014		0	0	0.00	0	0.00	0	0	0	0.00
3 2015		0	0	0.00	0	0.00	0	0	0	0.00
4 2016		0	0	0.00	0	0.00	0	0	0	0.00
5 2017		0	0	0.00	0	0.00	0	0	0	0.00

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	.XXX				
4. 2015	.XXX	.XXX			
5. 2016	.XXX	.XXX	.XXX		
6. 2017	.XXX	.XXX	.XXX	.XXX	

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	.XXX				
4. 2015	.XXX	.XXX			
5. 2016	.XXX	.XXX	.XXX		
6. 2017	.XXX	.XXX	.XXX	.XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claim Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013		0		NONE	0	0.0			0	0.0
2. 2014		0		0.0	0	0.0			0	0.0
3. 2015		0		0.0	0	0.0			0	0.0
4. 2016		0		0.0	0	0.0			0	0.0
5. 2017		0		0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS
(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	.XXX				
4. 2015	.XXX	.XXX			
5. 2016	.XXX	.XXX	.XXX		
6. 2017	.XXX	.XXX	.XXX	.XXX	

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014	.XXX				
4. 2015	.XXX	.XXX			
5. 2016	.XXX	.XXX	.XXX		
6. 2017	.XXX	.XXX	.XXX	.XXX	

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2013		.0		.00	.0	.00			.0	.00
2. 2014		.0		.00	.0	.00			.0	.00
3. 2015		.0		.00	.0	.00			.0	.00
4. 2016		.0		.00	.0	.00			.0	.00
5. 2017		.0		.00	.0	.00			.0	.00

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Denial Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	0								
2. Additional policy reserves (a).....	0								
3. Reserve for future contingent benefits.....	0								
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income).....	0								
5. Aggregate write-ins for other policy reserves.....	0								
6. Totals (gross).....	0								
7. Reinsurance ceded.....	0								
8. Totals (net) (Page 3, Line 4).....	0								
9. Present value of amounts not yet due on claims.....	3,240,000	3,240,000							
10. Reserve for future contingent benefits.....	0								
11. Aggregate write-ins for other claim reserves.....	0								
12. Totals (gross).....	3,240,000	3,240,000							
13. Reinsurance ceded.....	0								
14. Totals (net) (Page 3, Line 7).....	3,240,000	3,240,000							

DETAILS OF WRITE-INS

0501.....	0								
0502.....	0								
0503.....	0								
0598. Summary of remaining write-ins for Line 5 from overflow page	0								
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0								
1101.....	0								
1102.....	0								
1103.....	0								
1198. Summary of remaining write-ins for Line 11 from overflow page	0								
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0								

(a) includes \$.....0 premium deficiency reserve

**Cooperative Group Benefits Plan
UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					.0
2. Salaries, wages and other benefits.....					.0
3. Commissions (less \$.....0 coded plus \$.....0 assumed).....					.0
4. Legal fees and expenses.....			94,388		94,388
5. Certifications and accreditation fees.....					.0
6. Auditing, actuarial and other consulting services.....			76,640		76,640
7. Traveling expenses.....					.0
8. Marketing and advertising.....					.0
9. Postage, express and telephone.....					.0
10. Printing and office supplies.....					.0
11. Occupancy, depreciation and amortization.....					.0
12. Equipment.....					.0
13. Cost or depreciation of EDP equipment and software.....					.0
14. Outsourced services including EDP, claims, and other services.....	271,968	1,123,033			1,395,001
15. Boards, bureaus and association fees.....					.0
16. Insurance, except on real estate.....					.0
17. Collection and bank service charges.....			7,929		7,929
18. Group service and administration fees.....					.0
19. Reimbursements by uninsured plans.....					.0
20. Reimbursements from fiscal intermediaries.....					.0
21. Real estate expenses.....					.0
22. Real estate taxes.....					.0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					.0
23.2 State premium taxes.....					.0
23.3 Regulatory authority licenses and fees.....			28,620		28,620
23.4 Payroll taxes.....					.0
23.5 Other (excluding federal income and real estate taxes).....					.0
24. Investment expenses not included elsewhere.....					.0
25. Aggregate write-ins for expenses.....	.0	.0	.0	.0	.0
26. Total expenses incurred (Lines 1 to 25).....	271,968	1,123,033	207,577	.0	(a) 1,602,578
27. Less expenses unpaid December 31, current year.....			44,129		44,129
28. Add expenses unpaid December 31, prior year.....		12,151	11,699		23,850
29. Amounts receivable relating to uninsured plans, prior year.....					.0
30. Amounts receivable relating to uninsured plans, current year.....					.0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	271,968	1,135,184	175,147	.0	1,582,299

DETAILS OF WRITE-INS

2501.0
2502.0
2503.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0	.0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	.0	.0	.0	.0	.0

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1 U.S. government bonds.....	(a)		
1.1 Bonds exempt from U.S. tax.....	(a)		7,567
1.2 Other bonds (unaffiliated).....	(a)		
1.3 Bonds of affiliates.....	(a)		
2.1 Preferred stocks (unaffiliated).....	(b)		
2.11 Preferred stocks of affiliates.....	(b)		
2.2 Common stocks (unaffiliated).....		13,436	13,436
2.21 Common stocks of affiliates.....			
3 Mortgage loans.....	(c)		
4 Real estate.....	(d)		
5 Contract loans.....			
6 Cash, cash equivalents and short-term investments.....	(e)	63,845	93,730
7 Derivative instruments.....	(f)		
8 Other invested assets.....			
9 Aggregate write-ins for investment income.....		0	0
10 Total gross investment income.....		77,281	114,733
11 Investment expenses.....	(g)		
12 Investment taxes, licenses and fees, excluding federal income taxes.....	(g)		
13 Interest expense.....	(h)		
14 Depreciation on real estate and other invested assets.....	(i)		0
15 Aggregate write-ins for deductions from investment income.....			0
16 Total deductions (Lines 11 through 15).....			0
17 Net investment income (Line 10 minus Line 16).....			114,733

DETAILS OF WRITE-INS

0901.....			
0902.....			
0903.....			
0998 Summary of remaining write-ins for Line 9 from overflow page.....		0	0
0999 Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....		0	0
1501.....			
1502.....			
1503.....			
1598 Summary of remaining write-ins for Line 15 from overflow page.....			0
1599 Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....			0

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1 U.S. government bonds.....			0		
1.1 Bonds exempt from U.S. tax.....			0		
1.2 Other bonds (unaffiliated).....			0		
1.3 Bonds of affiliates.....			0		
2.1 Preferred stocks (unaffiliated).....			0		
2.11 Preferred stocks of affiliates.....			0		
2.2 Common stocks (unaffiliated).....			0	66,666	
2.21 Common stocks of affiliates.....			0		
3 Mortgage loans.....			0		
4 Real estate.....			0		
5 Contract loans.....			0		
6 Cash, cash equivalents and short-term investments.....			0		
7 Derivative instruments.....			0		
8 Other invested assets.....			0		
9 Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10 Total capital gains (losses).....	0	0	0	66,666	0

DETAILS OF WRITE-INS

0901.....			0		
0902.....			0		
0903.....			0		
0998 Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999 Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks			.0
2.2 Common stocks			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			.0
3.2 Other than first liens			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			.0
4.2 Properties held for the production of income			.0
4.3 Properties held for sale			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			.0
6. Contract loans			.0
7. Derivatives (Schedule DB)			.0
8. Other invested assets (Schedule BA)			.0
9. Receivables for securities			.0
10. Securities lending reinvested collateral assets (Schedule DL)			.0
11. Aggregate write-ins for invested assets	0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	.0	.0
13. Title plants (for Title insurers only)			.0
14. Investment income due and accrued			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			.0
15.2 Deferred premiums, agents' balances and instalments booked but deferred and not yet due			.0
15.3 Accrued retrospective premiums and contracts subject to redetermination			.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
22. Net adjustment in assets and liabilities due to foreign exchange rates			.0
23. Receivables from parent, subsidiaries and affiliates			.0
24. Health care and other amounts receivable			.0
25. Aggregate write-ins for other-than-invested assets	0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	0	.0	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			.0
28. TOTALS (Lines 26 and 27)	0	.0	.0

NONE

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

Statement as of December 31, 2017 of the **Cooperative Group Benefits Plan**
EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health maintenance organizations						
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service	2,068	1,863	1,822	1,900	1,883	22,410
5. Indemnity only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business						
7. Total	2,068	1,863	1,822	1,900	1,883	22,410

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted

NONE

Cooperative Group Benefits Plan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	1	2	3	4	5	6	7
	Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
	Pharmaceutical Rebate Receivables						
	Medicaid Health RX rebates	19,133	65,420	23,092	231,754		319,403
	0199999 - Total Pharmaceutical Rebate Receivables	19,133	65,420	23,092	231,754	0	319,403
	0199999 - Gross Health Care Receivables	19,133	65,420	23,092	231,754	0	319,403

Statement as of December 31, 2017 of the **Cooperative Group Benefits Plan**
EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year				Health Care Receivables Accrued as of December 31 of Current Year		6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year	
1. Pharmaceutical rebates receivables	79,290	452,266	50,395	289,007	129,646	79,290	
2. Claim overpayment receivables					0		
3. Loans and advances to providers					0		
4. Capitalization arrangement receivables					0		
5. Risk sharing receivables					0		
6. Other health care receivables					0		
7. Totals (Lines 1 through 6)	79,290	452,266	50,395	289,007	129,646	79,290	

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

Statement as of December 31, 2017 of the **Cooperative Group Benefits Plan**
EXHIBIT 4 - 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 December 31, 2017 of the **Cooperative Group Benefits Plan**

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
----------------	------------------	-------------	--------------	------------------

NONE

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	0	0.0				
4. Total capitation payments.....	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service.....	0	0.0	XXX	XXX		
6. Contractual fee payments.....	23,452,474	100.0	XXX	XXX		23,452,474
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	23,452,474	100.0	XXX	XXX	0	23,452,474
13. Total (Line 4 plus Line 12).....	23,452,474	100.0	XXX	XXX	0	23,452,474

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....		NONE				
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....	0	0	0	0	0	0

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, mutual funds and one bond holding.

Checking accounts and money markets as well as short term holdings are classified as cash on page 2, line 5. See E26 for detail list of all cash accounts.

Investments include mutual fund holdings with fair market value of \$1,075,894 and cost basis of \$1,009,228 at December 31, 2017. Also included in investments are bond holdings with amortized cost basis of \$950,000 and market value of \$950,000 at December 31, 2017. See E10 and E12 for detail list of mutual funds and bonds 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 December 31, 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.

NOTES TO FINANCIAL STATEMENTS

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 and a bond 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. The government agency bond is reported at amortized cost but also has a 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 by unpaid claims reserve as of September 30, 2017 is based on a study by the Plan's actuary and includes estimated claims expenses of \$3,240,000 for IBNR and \$263,000 for LAE. These numbers as determined by the actuary have increased by \$179,000 and \$15,000 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

No significant changes

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 3.4 By what department or departments?
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 - 4.11 sales of new business? Yes [] No [X]
 - 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 - 4.21 sales of new business? Yes [] No [X]
 - 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
 - 7.21 State the percentage of foreign control _____ %
 - 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

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

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 16A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$ 0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes No
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes No
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers 0
- 20.23 Trustees, supreme or grand (Fraternal only) 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
- 22.22 Amount paid as expenses \$ 0
- 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes No

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes No N/A

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

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

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes No

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

25.21 Subject to repurchase agreements \$ 0

25.22 Subject to reverse repurchase agreements \$ 0

25.23 Subject to dollar repurchase agreements \$ 0

25.24 Subject to reverse dollar repurchase agreements \$ 0

25.25 Placed under option agreements \$ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0

25.27 FHLB Capital Stock \$ 0

25.28 On deposit with states \$ 0

25.29 On deposit with other regulatory bodies \$ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0

25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

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

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

1 Name of Custodian(s)	2 Custodian's Address
Meeder Investment Management	

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

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

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such: "...that have access to the investment accounts", "...handle securities".

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes No

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

Yes No

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

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

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

Yes No

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

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

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

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

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

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

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

Yes No

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

Yes No

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

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

Yes No

32.2 If no, list exceptions:

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes No

OTHER

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

\$ 0

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

1 Name	2 Amount Paid
Employee Benefits Management Corp	\$ 523,325

35.1 Amount of payments for legal expenses, if any?

\$ 0

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

1 Name	2 Amount Paid
Baker & Hostetler	\$ 94,388

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

\$ 0

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

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 0	\$ 0
2.3	Premium Ratio (2.1/2.2)	0.0%	0.0%
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 0	\$ 0
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?		Yes [] No [X]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?		Yes [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?		Yes [] No []
5.1	Does the reporting entity have stop-loss reinsurance?		Yes [X] No []
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$	0
5.32	Medical Only	\$	0
5.33	Medicare Supplement	\$	0
5.34	Dental and Vision	\$	0
5.35	Other Limited Benefit Plan	\$	0
5.36	Other	\$	0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

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

8. Provide the following information regarding participating providers:

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

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

9.2 If yes, direct premium earned:

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

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

10.2 If yes:

10.21 Maximum amount payable bonuses 0
 10.22 Amount actually paid for year bonuses 0
 10.23 Maximum amount payable withholds 0
 10.24 Amount actually paid for year withholds 0

11.1 Is the reporting entity organized as:

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

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

11.3 If yes, show the name of the state requiring such minimum capital and surplus.
 11.4 If yes, show the amount required. \$ 0

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

11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area

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

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

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

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

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

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

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

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

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

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

Statement as of December 31, 2017 of the **Cooperative Group Benefits Plan**
FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	14,187,820	14,958,451	13,266,135	9,542,197	5,589,217
2. Total liabilities (Page 3, Line 24)	3,547,129	3,332,850	2,952,192	2,954,167	3,043,058
3. Statutory minimum capital and surplus requirement			10,402,446	6,588,030	2,546,159
4. Total capital and surplus (Page 3, Line 33)	10,640,691	11,625,601	10,313,943	6,588,030	2,546,159
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	24,032,586	27,918,959	27,205,708	29,630,287	26,601,555
6. Total medical and hospital expenses (Line 18)	23,452,474	24,510,106	21,412,030	23,631,541	25,705,010
7. Claims adjustment expenses (Line 20)	1,395,001	1,722,629	1,565,902	1,811,737	1,776,652
8. Total administrative expenses (Line 21)	207,577	194,148	518,802	164,405	175,309
9. Net underwriting gain (loss) (Line 24)	(1,022,466)	1,492,076	3,708,974	4,022,604	(1,055,116)
10. Net investment gain (loss) (Line 27)	197,055	39,976	16,939	19,267	11,689
11. Total other income (Lines 28 plus 29)	(159,499)				
12. Net income or (loss) (Line 32)	(984,910)	1,311,658	3,725,913	4,041,871	(1,043,427)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,132,655)	1,735,158	3,870,154	4,729,732	(1,277,459)
Risk-Based Capital Analysis					
14. Total adjusted capital	10,640,691		10,313,943	6,443,030	2,546,159
15. Authorized control level risk-based capital	1,759,186		1,557,254	1,678,688	1,875,914
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,883	2,068	2,070	2,224	2,578
17. Total member months (Column 6, Line 7)	22,410	24,850	24,715	27,456	28,565
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	97.6	87.8	78.7	79.7	96.6
20. Cost containment expenses				1.3	1.3
21. Other claims adjustment expenses	4.7	6.1	4.5	4.7	5.3
22. Total underwriting deductions (Line 23)	104.3	94.7	86.4	86.4	103.9
23. Total underwriting gain (loss) (Line 24)	(4.3)	5.3	13.6	13.6	(3.9)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	3,568,532	2,754,751	2,675,000	2,770,000	2,528,285
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	3,061,000	2,630,000	2,657,000	2,770,000	2,344,000
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

Yes [] No []

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)
 REPORT FOR: 1. CORPORATION..... Cooperative Group Benefits Plan 2.,

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code.....N/A

(Location)

NAIC Company Code.....N/A

	1		2		3		4	5	6	7	8	9	10
	Total	Individual	Individual	Group	Medicare Supplement	Vision Only							
Total Members at end of:													
1. Prior year.....	2,068	2,068											
2. First quarter.....	1,863	1,863											
3. Second quarter.....	1,822	1,822											
4. Third quarter.....	1,900	1,900											
5. Current year.....	1,863	1,863											
6. Current year member months.....	22,410	22,410											
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	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 (b).....	24,032,566	24,032,566											
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	23,452,474	23,452,474											
18. Amount incurred for provision of health care services.....	23,452,474	23,452,474											

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products.....0

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

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

SCHEDULE S - PART 1 - SECTION 2

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Reinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
------------------------------	-------------------	------------------------	----------------------	----------------------------------	------------------	--------------------

NONE

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domestic Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

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

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (6)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14. But Not in Excess of Col. 8

NONE

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
MAC Company Code	ID Number	Effective Date	Name of Reinsurer	Contract Reinsured	Reinsured Date of Certification	Effective Date of Reinsurer Rating	Percent Ceded for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Credit Taken (Cols. 8 + 10 + 11)	Unsubstantiated Balances (Credit)	Net Obligation Subject to Ceded (Col. 12 - 13)	Dollar Amount of Ceded Requested for Full Credit (Col. 14 + Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Conferencing Bank Reference Number (1)	Trust Agreements	Funds Deposited by and Withdrawn from Reinsurers	Other	Total Ceded Provided (Cols. 19 + 20 + 21)	Percent of Ceded Subject to Ceded (Col. 22 / Col. 14)	Percent Ceded Subject to Ceded (Col. 23 / Col. 14 + Col. 22)	Amount of Credit Allowed for Subject to Ceded (Col. 24 + Col. 23)	Liability for Reinsurance with Certified Reinsurers Due to Ceded Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....	NONE				
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)			0
2. Accident and health premiums due and unpaid (Line 15)			0
3. Amounts recoverable from reinsurers (Line 16.1)			0
4. Net credit for ceded reinsurance	XXX		0
5. All other admitted assets (balance)			0
6. Totals assets (Line 28)	0	0	0
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			0
8. Accrued medical incentive pool and bonus payments (Line 2)			0
9. Premiums received in advance (Line 8)			0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12. Reinsurance with certified reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 through (e) amount)			0
14. All other liabilities (balance)			0
15. Total liabilities (Line 24)	0	0	0
16. Total capital and surplus (Line 33)		XXX	0
17. Total liabilities, capital and surplus (Line 34)	0	0	0
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with certified reinsurers	0		
28. Funds held under reinsurance treaties with certified reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

NONE

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

Allocated by States and Territories

1 State, Etc.	2 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		3 Accident & Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 7		
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	12,448,879						12,448,879	
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	11,583,707						11,583,707	
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		24,032,586	0	0	0	0	0	24,032,586	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a)	2	24,032,586	0	0	0	0	0	24,032,586	0

DETAILS OF WRITE-INS

58001									0	
58002									0	
58003									0	
58998. Summary of remaining write-ins for Line 58			0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)			0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domestic RRG; (R) - Registered - Non-domestic 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.
Explanation of basis of allocation by states, premiums by state, etc.

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

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
 Allocated by States and Territories

		Direct Business Only					
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

Statement as of December 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 December 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 Flag Requested? (Y/N)	

NONE

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

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Totals/ (Liability)

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	<u>WAIVED</u>
2. Will an actuarial opinion be filed by March 1?	<u>WAIVED</u>
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	<u>WAIVED</u>
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	<u>WAIVED</u>
APRIL FILING	
5. Will the Management's Discussion and Analysis be filed by April 1?	<u>YES</u>
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	<u>WAIVED</u>
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	<u>NO</u>
JUNE FILING	
8. Will an audited financial report be filed by June 1?	<u>YES</u>
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	<u>YES</u>
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	<u>YES</u>

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	<u>NO</u>
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	<u>NO</u>
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	<u>NO</u>
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	<u>NO</u>
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	<u>NO</u>
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	<u>NO</u>
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	<u>NO</u>
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	<u>NO</u>
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	<u>NO</u>
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	<u>NO</u>
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	<u>NO</u>
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	<u>YES</u>
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	<u>YES</u>
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	<u>YES</u>

Statement as of December 31, 2017 of the **Cooperative Group Benefits Plan**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

2.

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

3.

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

4.

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

5.

6.

• N / A 2 0 1 7 5 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

8.

9.

10.

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

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 5 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 0 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 3 7 1 0 0 0 0 0 •

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

• N / A 2 0 1 7 3 7 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 5 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 4 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 5 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 6 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 6 0 0 0 0 0 0 0 •

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

• N / A 2 0 1 7 1 0 0 0 0 0 0 0 •

22.

23.

24.

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

SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other, Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B.I.A.C.V. (13 - 11 - 12)	Total Foreign Exchange Change in B.I.A.C.V.	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

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

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Year.

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

NONE

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

SCHEDULE A - PART 3

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

1 Description of Property	2 Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expensed 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-Temporary Impairment	11 Current Year's Change in Encumbrances	12 Total Foreign Exchange Change in B/A C/V	13 Book/Adjusted Carrying Value Less Encumbrances on Disposal	14 Amount Received During Year	15 Foreign Exchange Gain (Loss) on Disposal	16 Realized Gain (Loss) on Disposal	17 Total Gain (Loss) on Disposal	18 Gross Income Earned Less Interest Income on Encumbrances	19 Taxes, Repairs and Expenses Incurred	20
	City	State																	

NONE

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

SCHEDULE B - PART 1

Showing all Mortgage Loans Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year (Amortization) / Accrual	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation

General Information:

1. Mortgages in good standing \$ 0 unpaid taxes \$ 0 interest due and unpaid.
2. Restructured mortgages \$ 0 unpaid taxes \$ 0 interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$ 0 unpaid taxes \$ 0 interest due and unpaid.
4. Mortgages in process of foreclosure \$ 0 unpaid taxes \$ 0 interest due and unpaid.

NONE

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

SCHEDULE B - PART 2

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

1 Loan Number	2 Location	3 City	4 State	5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Value of Land and Buildings
------------------	---------------	-----------	------------	----------------	--------------------	-----------------------	---	---	-----------------------------------

NONE

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

SCHEDULE B - PART 3

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
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	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal

NONE

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

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
CUSIP Identification	Name of Description	Code	City	State	Name of Vendor or General Partner	MAC Designation	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) / Accrual	Current Year's Other-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B/A C/V	Investment Income	Commitment by Additional Investment	Percentage of Ownership	

NONE

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

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets Acquired and Additions Made December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrance	Percentage of Demerage

NONE

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

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets Disposed, Transferred or Repaid During the Current Year

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	City	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 Other (Deduction or Amortization) / Accrual	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B/A C/V (9+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

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes			6 NAIC Designation	7 Actual Cost	8 Rate Used in Other Fair Value	9 Fair Value	10 Par Value	11 Book/Adjusted Carrying Value	12 Change in Book/Adjusted Carrying Value			13 Interest			21 Acquired	22 Stated Contractual Maturity Date	
		4 F	5 C	6 B							14 Current Year's Other-Than-Temporary Impairment Recognized	15 Total Foreign Exchange Change in B/A C/V	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due & Accrued			
31326H SZ 7	U.S. Government - Issuer Obligations Federal Farm Credit Bank Bond					950,000		919,325	950,000	950,000					1.900	SA	7,567	01/31/2017	06/02/2021
0199999	U.S. Government Issuer Obligations					950,000	XXX	919,325	950,000	950,000	0	0	0	0	XXX	XXX	7,567	0	XXX
0599999	Total - U.S. Government					950,000	XXX	919,325	950,000	950,000	0	0	0	0	XXX	XXX	7,567	0	XXX
Totals																			
7799999	Total Issuer Obligations					950,000	XXX	919,325	950,000	950,000	0	0	0	0	XXX	XXX	7,567	0	XXX
0599999	Grand Total - Bonds					950,000	XXX	919,325	950,000	950,000	0	0	0	0	XXX	XXX	7,567	0	XXX

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

SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Code	F or P	Number of Shares	Par Value per Share	Rate per Share	Book/Adjusting Carrying Value	Rate Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A.C.V. (15+16-17)	Total Foreign Exchange Change in B/A.C.V.	HAC Description	Date Acquired

NONE

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

SCHEDULE D - PART 2 - SECTION 2
Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CUSIP Identification	Description	Code	on	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted but Declared but Unpaid	Unrealized Valuation Increase (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B/A C/V (13-14)	Total Foreign Exchange Change in B/A C/V	NAC Market Indicator (b)	Date Acquired
	Common Stocks - Mutual Funds																
Energy Select Sector SPDR Fund				329,000	23,774	72,260	23,774	22,066	0	245	0	1,630	0	1,630			
Financial Select Sector SPDR				1,404,000	39,186	27,910	39,186	34,604	0	334	0	4,582	0	4,582			
Health Care Select Sector SPDR				454,000	37,537	82,680	37,537	35,433	0	282	0	2,104	0	2,104			
Health Care MSCI EAFE ETF				570,000	37,671	66,090	37,671	35,316	0	417	0	2,355	0	2,355			
Shares 1000 Growth In-Ar Fund				1,515,000	204,040	134,680	204,040	181,065	0	1,786	0	22,975	0	22,975			
Shares Core MSCI Emerging Markets				656,000	37,226	56,800	37,226	34,313	0	639	0	3,013	0	3,013			
Shares MSCI EAFE Sml-Cap ETF				237,000	15,287	64,500	15,287	13,773	0	179	0	1,514	0	1,514			
Shares Russell 1000 Value Index Fund				1,208,000	161,393	124,340	161,393	151,304	0	2,557	0	10,069	0	10,069			
Shares Russell 2000 Growth Index Fund				245,000	45,742	186,700	45,742	41,033	0	164	0	4,709	0	4,709			
Shares Russell 2000 Value Index Fund				60,000	7,545	125,750	7,545	7,095	0	209	0	450	0	450			
Shares Russell Mid Cap Value Index				257,000	22,912	89,150	22,912	21,514	0	540	0	1,398	0	1,398			
Shares Russell Midcap Growth				630,000	76,003	120,640	76,003	68,575	0	450	0	7,428	0	7,428			
Technology Select Sector SPDR Fund				811,000	51,853	63,860	51,853	44,894	0	371	0	6,969	0	6,969			
Shares 1-3 Year Treasury Bond FD				85,000	7,127	63,850	7,127	7,153	0	15	0	(26)	0	(26)			
Shares 3-7 Year Treasury Bond				380,000	46,421	122,160	46,421	46,965	0	241	0	(544)	0	(544)			
Shares 7-10 Yr Treasury Bond FD				506,000	53,410	105,570	53,410	54,143	0	330	0	(725)	0	(725)			
Shares Aggregate Bond Fund				390,000	42,639	109,330	42,639	42,797	0	432	0	(158)	0	(158)			
Shares Barclays 1-3 Year Credit Bond Fund				295,000	30,639	104,540	30,639	31,036	0	270	0	(197)	0	(197)			
Shares Boxx High Yield Corporate Bond ETF				136,000	11,867	87,260	11,867	12,008	0	749	0	(141)	0	(141)			
Shares iPathorpan USD Emerging Markets				208,000	23,917	118,100	23,917	23,616	0	1,361	0	101	0	101			
Shares iMBS ETF				126,000	13,430	108,590	13,430	13,464	0	140	0	(54)	0	(54)			
SPDR Barclays High Yield Bond ETF				324,000	11,897	36,720	11,897	12,035	0	795	0	(139)	0	(139)			
Vanguard Intermediate-Term Bond Fund				394,000	33,029	63,630	33,029	33,434	0	476	0	(405)	0	(405)			
Vanguard Mortgage Backed Securities ETF				256,000	13,425	52,440	13,425	13,506	0	155	0	(81)	0	(81)			
Vanguard Short-Term Bond Fund ETF				349,000	27,696	79,100	27,696	27,946	0	238	0	(240)	0	(240)			
929999 Total Common Stocks - Mutual Funds					1,075,894	XXX	1,075,894	1,009,228	0	13,345	0	66,666	0	66,666		XXX	XXX
929999 Total Common and Preferred Stock					1,075,894	XXX	1,075,894	1,009,228	0	13,345	0	66,666	0	66,666		XXX	XXX
929999 Total Common and Preferred Stock					1,075,894	XXX	1,075,894	1,009,228	0	13,345	0	66,666	0	66,666		XXX	XXX

(b) For all common stocks bearing the NAC market indicator "V" provide: the number of such issues; 0, the total \$ value (included in Column (6) of all such issues); 0

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

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks Acquired During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Per Value	Paid for Accrued Interest and Dividends
Bonds - U.S. Government								
31332H SZ 7	Federal Farm Credit Bank Bond		07/31/2017	Meeder Investment Management		950,000	950,000	0
8099999	Total - Bonds - U.S. Government					950,000	950,000	0
8099997	Total - Bonds - Part 3					950,000	950,000	0
8099999	Total - Bonds					950,000	950,000	0
Common Stocks - Mutual Funds								
	Consumer Discretionary Sector							
	Consumer Staples Sel Sector							
	Energy Select Sector SPDR Fund							
	Financial Select Sector SPDR							
	Health Care Select Secsz SPDR							
	Shares Core MSCI EAFE ETF							
	Shares Russell 1000 Value Index Fund							
	Shares Core MSCI Emerging Markets							
	Shares MSCI EAFE Small-Cap ETF							
	Shares Russell 1000 V Int Index Fund							
	Shares Russell 2000 Growth Index Fund							
	Shares Russell 2000 Value Index Fund							
	Shares Russell Mid Cap Value Index							
	Shares Russell Midcap Growth							
	Technology Select Sector SPDR Fund							
	Shares 1-3 Year Treasury Bond FD							
	Shares 3-7 Year Treasury Bond							
	Shares 7-10 Yr Treasury Bond FD							
	Shares Aggregate Bond Fund							
	Shares Barclays 1-3 Year Credit Bond Fund							
	Shares Black High Yield Corporate Bond ETF							
	Shares JP Morgan US Emerging Markets							
	Shares MBS ETF							
	SPDR Barclays High Yield Bond ETF							
	Vanguard Intermediate-Term Bond Fund							
	Vanguard Mortgage-Backed Securities ETF							
	Vanguard Short-Term Bond Fund							
8099999	Total - Common Stocks - Mutual Funds					2,127	21,271	0
9799997	Total - Common Stocks - Part 3					21,221	36,328	0
9799999	Total - Common Stocks					36,061	38,092	0
9809999	Total - Preferred and Common Stocks					42,900	165,923	0
9999999	Total - Bonds, Preferred and Common Stocks					14,132	158,678	0
						49,657	42,423	0
						57,905	92,769	0
						49,115	7,154	0
						63,096	68,877	0
						50,176	35,776	0
						42,836	64,185	0
						19,919	42,750	0
						38,378	20,004	0
						31,845	1,368,442	0
						1,368,442	1,368,442	0
						1,368,442	1,368,442	0
						2,218,442	2,218,442	0

Statement as of December 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 Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Disposition 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	
	Common Stocks - Mutual Funds																			
0299999	Consumer Discretionary Sector	various	Meeder Investment Management	various	21,267	XXX	21,267	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0799997	Consumer Staples 56 Stchr	various	Meeder Investment Management	various	21,221	XXX	21,221	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0799999	Energy Select Sector	various	Meeder Investment Management	various	14,242	XXX	14,242	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0899999	Financial Select Sector	various	Meeder Investment Management	various	4,457	XXX	4,457	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0999999	Health Care Select Sector	various	Meeder Investment Management	various	2,659	XXX	2,659	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Com MSCI EAFE ETF	various	Meeder Investment Management	various	7,584	XXX	7,584	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares 1000 Growth Index Fund	various	Meeder Investment Management	various	4,858	XXX	4,858	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Com MSCI Emerging Markets	various	Meeder Investment Management	various	1,860	XXX	1,860	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares MSCI EAFE Small-Cap ETF	various	Meeder Investment Management	various	368	XXX	368	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Russell 1000 Value Index Fund	various	Meeder Investment Management	various	5,374	XXX	5,374	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Russell 2000 Growth Index Fund	various	Meeder Investment Management	various	8,625	XXX	8,625	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Russell 2000 Value Index Fund	various	Meeder Investment Management	various	35,327	XXX	35,327	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Russell Mid-Cap Value Index	various	Meeder Investment Management	various	36,392	XXX	36,392	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Russell Mid-Cap Growth	various	Meeder Investment Management	various	24,194	XXX	24,194	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Technology Select Sector SPDR Fund	various	Meeder Investment Management	various	4,221	XXX	4,221	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares 1-3 Year Treasury Bond FD	various	Meeder Investment Management	various	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares 1-7 Year Treasury Bond	various	Meeder Investment Management	various	16,132	XXX	16,132	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares 1-10Yr Treasury Bond FD	various	Meeder Investment Management	various	14,533	XXX	14,533	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Aggregate Bond Fund	various	Meeder Investment Management	various	7,379	XXX	7,379	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares Barclays 1-3 Year Credit Bond Fund	various	Meeder Investment Management	various	4,740	XXX	4,740	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares iBoxx High Yield Corporate Bond ETF	various	Meeder Investment Management	various	30,829	XXX	30,829	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares JPMorgan USD Emerging Markets	various	Meeder Investment Management	various	40,369	XXX	40,369	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Shares iShares High Yield Corporate Bond ETF	various	Meeder Investment Management	various	6,435	XXX	6,435	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	SPDR Barclays High Yield Bond ETF	various	Meeder Investment Management	various	30,715	XXX	30,715	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Vanguard Intermediate-Term Bond Fund	various	Meeder Investment Management	various	4,944	XXX	4,944	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Vanguard Mortgage Backed Securities ETF	various	Meeder Investment Management	various	5,498	XXX	5,498	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	Vanguard Short-Term Bond Fund ETF	various	Meeder Investment Management	various	4,000	XXX	4,000	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0299999	Total - Common Stocks - Mutual Funds				359,213	XXX	359,213	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0799997	Total - Common Stocks - Part 4				359,213	XXX	359,213	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0799999	Total - Common Stocks				359,213	XXX	359,213	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0899999	Total - Preferred and Common Stocks				359,213	XXX	359,213	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0999999	Total - Bonds, Preferred and Common Stocks				359,213	XXX	359,213	0	0	0	0	0	0	0	0	0	0	0	0	XXX

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

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value				16	17	18	19	20	21
CUSIP Identification	Description	FIG	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	12	13	14	15	Total Foreign Exchange Change in B/A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends

NONE

Cooperative Group Benefits Plan

Statement as of December 31, 2017 of the

SCHEDULE D - PART 6 - SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	9	10	11	12
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAC Company Code	ID Number	NAC Valuation Method (See Purposes and Procedures Manual of the NAC Investment Analysis Office)	Do Issuer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book/Adjusted Carrying Value	Nonadjusted Amount	Number of Shares	Stock of Such Company Owned by Issuer on Statement Date
											% of Outstanding

1. Amount of issuer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein \$ 0.

2. Total amount of intangible assets nonadjusted \$ 0.

NONE

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	5	6
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 8, Section 1	Number of Shares	% of Outstanding

NONE

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

SCHEDULE DA - PART 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Description	Code	Code	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other Than-Temporary Impairment Recognized	Total Foreign Exchange Change in S.I.A.C.V.	Par Value	Actual Cost	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonamortized Due and Accrued	Rate of Interest	Effective Rate of Interest	When Paid	Amount Received During Year	Pad for Accrued Interest	

NONE

Statement as of December 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 Benefit (Hedged, Used for Income Generation or Replicated)	Schedule Entity Identifier	Type(s) of Restriction (if any)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Days of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Interest or Forward Rate	Cumulative Prior Year(s) Initial Cost of Premium Paid / Received Paid	Current Year Initial Cost of Premium / Received Paid	Current Year Premium	Book/Adjusted Carry Value	Carry Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange Change in B.J.A.C.V.	Current Year's Accretion (Amortization)	Adjustment to Carrying Value of Hedged Item	Proforma Earnings	Cost Duly of Reference Entry	Hedge Effectiveness at Inception and at Year-end (1)	

NONE

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

SCHEDULE DB - PART A - SECTION 2
Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Derivatives Hedged, Used for Income Generation or Replicated	Schedule Type(s) / Exhibit of Risk(s)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Expiration, Maturity or Termination Date	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prev Year(s) Initial Cost of Premium (Received) / Paid	Current Year Initial Cost of Premium (Received) / Paid	Consideration Received (Paid) on Termination	Current Year Excess	Book-Adjusted Carrying Value	Unrealized Increase (Decrease)	Total Foreign Exchange Gain or Loss (B/C/V)	Current Year's Increase (Decrease) / Accrual	Gain (Loss) on Termination Recognized	Adjustment to Carrying Value for Hedged Basis	Gain (Loss) on Termination Unrecognized	Hedge Effectiveness at Termination and at Termination Date		

NONE

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

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

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

NONE

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

SCHEDULE DB - PART B - SECTION 2
Futures Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change in Vendor Margin			19	20
Future Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) (Required, Used for Income Characterization of Regulated)	Schedule / Exhibit Reference	IP (Type) of Future(s)	Date of Issuance or Expiration	Leverage	Trade Date	Termination Price	Termination Date	Termination Price	Indicate if under Exposure to Safety at Risk	Cumulative Number of Contracts Terminated	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Hedge Other Hedged Item	Deferred	Indicate if hedge terminated prior to termination (Y)	Value of Open Position

NONE

Statement as of December 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	2	3	4	5		6	7	8		9	10	11	12
Description of Exchange, Counterparty or Central Clearinghouse	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	Exposure Net of Collateral	Contracts with Fair Value > 0	Contracts with Fair Value < 0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure		
				0	0								
1. Offset per SSAP No. 64				0	0								
2. Net after offset per SSAP No. 64				0	0								

NONE

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

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

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 (U, V or M)
---	----------------------------	---------------------------	------------------	-----------------	----------------	-----------------------------------	--------------------	---------------------------------

NONE

Cooperative Group Benefits Plan

SCHEDULE DL - PART 1

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

(Securities lending collateral assets reported in aggregate on one Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E.)

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
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 December 31 Current Year

(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)

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

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	
Open Depositories						
Huntington National Bank - checking		various	0	0	(665,294)	XXX
Columbus First Bank		various	2,003	0	248,502	XXX
Federally Insured Cash Act - US Bank		various	25,311	0	3,044,870	XXX
Federated Government Obligations Fund		various	1,453	0	325,000	XXX
Fidelity Institutional Prime Money Market		various	963	0	324,903	XXX
Huntington National Bank Conservative		various	483	0	33,231	XXX
Invesco		various	13,574	0	2,130,888	XXX
Meador Institutional Prime MMKT		various	797	0	323,074	XXX
Metro City Bank		various	851	0	7,248	XXX
Pacific Mercantile Bank		various	2,273	0	246,907	XXX
Plaza Bank		various	2,632	0	249,052	XXX
Seacoast Commerce Bank Deposit Account		various	430	0	249,211	XXX
Ally Bank CD		various	2,229	0	243,745	XXX
Bank of Baroda CD		various	0	0	134,820	XXX
Bank of ChinaNY		various	0	0	246,000	XXX
Bank of India		various	0	0	245,880	XXX
Capital One Bank NA CD		various	0	0	243,874	XXX
Capital One Bank NA CD		various	0	0	243,874	XXX
Discover Bank CD		various	0	0	206,244	XXX
First Community Bank		various	0	0	242,837	XXX
FirstBank CD		various	1,826	0	245,273	XXX
KeyBank NA CD		various	0	0	247,000	XXX
Morgan Stanley Bank NA CD		various	0	0	245,823	XXX
Morgan Stanley Private Bank CD		various	0	0	245,931	XXX
Safra National Bank CD		various	0	0	245,931	XXX
Salle Mae CD		various	0	0	243,743	XXX
Summit Community Bank		various	1,775	0	244,872	XXX
Bank of Tokyo-Mitsubishi Comm. Paper		various	0	0	320,743	XXX
BNY Capital Markets Comm. Paper		various	0	0	326,564	XXX
GE Capital Treasury Comm. Paper		various	0	0	325,114	XXX
ING (US) Funding Comm. Paper		various	0	0	329,081	XXX
Waukesha NY Comm. Paper		various	0	0	320,840	XXX
Toyota Motor Corp. Comm. Paper		various	0	0	320,710	XXX
0199999 Total - Open Depositories	XXX	XXX	56,000	0	11,785,071	XXX
0399999 Total Cash on Deposit	XXX	XXX	56,000	0	11,785,071	XXX
0599999 Total Cash	XXX	XXX	56,000	0	11,785,071	XXX

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

1 January	13,874,322	4 April	14,240,249	7 July	13,060,869	10 October	13,274,730
2 February	14,384,506	5 May	13,877,167	8 August	13,335,470	11 November	13,051,450
3 March	14,086,895	6 June	13,596,056	9 September	13,514,167	12 December	11,785,071

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
---------------------------	------------------	-----------	--------------------	-----------------------	--------------------	-----------------------------------	---------------------------------------	----------------------------------

NONE

Cooperative Group Benefits Plan

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1 States, Etc.	2 Type of Deposit	3 Purpose of Deposit	Deposits for the Benefit of All Policyholders		All Other Special Deposits		
				4 Book/Adjusting Carrying Value	5 Fair Value	6 Book/Adjusting Carrying Value	7 Fair Value	
1	Alabama	AL						
2	Alaska	AK						
3	Arizona	AZ						
4	Arkansas	AR						
5	California	CA						
6	Colorado	CO						
7	Connecticut	CT						
8	Delaware	DE						
9	Distict of Columbia	DC						
10	Florida	FL						
11	Georgia	GA						
12	Hawaii	HI						
13	Idaho	ID						
14	Illinois	IL						
15	Indiana	IN						
16	Iowa	IA						
17	Kansas	KS						
18	Kentucky	KY						
19	Louisiana	LA						
20	Maine	ME						
21	Maryland	MD						
22	Massachusetts	MA						
23	Michigan	MI						
24	Minnesota	MN						
25	Mississippi	MS						
26	Missouri	MO						
27	Montana	MT						
28	Nebraska	NE						
29	Nevada	NV						
30	New Hampshire	NH						
31	New Jersey	NJ						
32	New Mexico	NM						
33	New York	NY						
34	North Carolina	NC						
35	North Dakota	ND						
36	Ohio	OH						
37	Oklahoma	OK						
38	Oregon	OR						
39	Pennsylvania	PA						
40	Rhode Island	RI						
41	South Carolina	SC						
42	South Dakota	SD						
43	Tennessee	TN						
44	Texas	TX						
45	Utah	UT						
46	Vermont	VT						
47	Virginia	VA						
48	Washington	WA						
49	West Virginia	WV						
50	Wisconsin	WI						
51	Wyoming	WY						
52	American Samoa	AS						
53	Guam	GU						
54	Puerto Rico	PR						
55	US Virgin Islands	VI						
56	Northern Mariana Islands	MP						
57	Canada	CAN						
58	Aggregate Aiken and Other	OT	XXX	XXX	0	0	0	0
59	Total		XXX	XXX	0	0	0	0
DETAILS OF WRITE-INS								
5801								
5802								
5803								
5808	Summary of remaining write-ins for line 58 from overflow page	XXX	XXX	0	0	0	0	0
5899	Total (Lines 5801 thru 5803+5808) (Line 58 above)	XXX	XXX	0	0	0	0	0

NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities.....	950,000	6.9	950,000		950,000	6.9
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies.....		0.0			0	0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0	0.0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0	0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations.....		0.0			0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0	0.0
1.43 Revenue and assessment obligations.....		0.0			0	0.0
1.44 Industrial development and similar obligations.....		0.0			0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....		0.0			0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0	0.0
1.513 All other.....		0.0			0	0.0
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0	0.0
1.523 All other.....		0.0			0	0.0
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....		0.0			0	0.0
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0	0.0
2.3 Affiliated securities.....		0.0			0	0.0
3. Equity interests:						
3.1 Investments in mutual funds.....	1,075,894	7.8	1,075,894		1,075,894	7.8
3.2 Preferred stocks:						
3.21 Affiliated.....		0.0			0	0.0
3.22 Unaffiliated.....		0.0			0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated.....		0.0			0	0.0
3.32 Unaffiliated.....		0.0			0	0.0
3.4 Other equity securities:						
3.41 Affiliated.....		0.0			0	0.0
3.42 Unaffiliated.....		0.0			0	0.0
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated.....		0.0			0	0.0
3.52 Unaffiliated.....		0.0			0	0.0
4. Mortgage loans:						
4.1 Construction and land development.....		0.0			0	0.0
4.2 Agricultural.....		0.0			0	0.0
4.3 Single family residential properties.....		0.0			0	0.0
4.4 Multifamily residential properties.....		0.0			0	0.0
4.5 Commercial loans.....		0.0			0	0.0
4.6 Mezzanine real estate loans.....		0.0			0	0.0
5. Real estate investments:						
5.1 Property occupied by company.....		0.0			0	0.0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0	0.0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0	0.0
6. Contract loans.....		0.0			0	0.0
7. Derivatives.....		0.0			0	0.0
8. Receivables for securities.....		0.0			0	0.0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments.....	11,785,071	85.3	11,785,071		11,785,071	85.3
11. Other invested assets.....		0.0			0	0.0
12. Total invested assets.....	13,810,965	100.0	13,810,965	0	13,810,965	100.0

Statement as of December 31, 2017 of the **Cooperative Group Benefits Plan**
SCHEDULE A - VERIFICATION BETWEEN YEARS
 Real Estate

1.	Book/adjusted carrying value, December 31 of prior year	_____	
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6)	_____	
2.2	Additional investment made after acquisition (Part 2, Column 9)	_____	0
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13	_____	
3.2	Totals, Part 3, Column 11	_____	0
4.	Total gain (loss) on disposals, Part 3, Column 18	_____	
5.	Deduct amounts received on disposals, Part 3, Column 15	_____	
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15	_____	
6.2	Totals, Part 3, Column 13	_____	0
7.	Deduct current year's other-than-temporary impairment recognized:		
7.1	Totals, Part 1, Column 12	_____	
7.2	Totals, Part 3, Column 10	_____	0
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11	_____	
8.2	Totals, Part 3, Column 9	_____	0
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	_____	0
10.	Deduct total nonadmitted amounts	_____	
11.	Statement value at end of current period (Line 9 minus Line 10)	_____	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS
 Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	_____	
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7)	_____	
2.2	Additional investment made after acquisition (Part 2, Column 8)	_____	0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12	_____	
3.2	Totals, Part 3, Column 11	_____	0
4.	Accrual of discount	_____	
5.	Unrealized valuation increase ((decrease):		
5.1	Totals, Part 1, Column 9	_____	
5.2	Totals, Part 3, Column 8	_____	0
6.	Total gain (loss) on disposals, Part 3, Column 18	_____	
7.	Deduct amounts received on disposals, Part 3, Column 15	_____	
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:		
9.1	Totals, Part 1, Column 13	_____	
9.2	Totals, Part 3, Column 13	_____	0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 11	_____	
10.2	Totals, Part 3, Column 10	_____	0
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
12.	Total valuation allowance	_____	
13.	Subtotal (Line 11 plus Line 12)	_____	0
14.	Deduct total nonadmitted amounts	_____	
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14)	_____	0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8)		
2.2	Additional investment made after acquisition (Part 2, Column 9)		0
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 16		
3.2	Totals, Part 3, Column 12		0
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 13	NONE	
5.2	Totals, Part 3, Column 9		0
6.	Total gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Column 16		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Totals, Part 1, Column 17		
9.2	Totals, Part 3, Column 14		0
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 15		
10.2	Totals, Part 3, Column 11		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		0

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of bonds and stocks acquired, Part 3, Column 7		2,318,442
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease):		
4.1	Part 1, Column 12	66,666	
4.2	Part 2, Section 1, Column 15		
4.3	Part 2, Section 2, Column 13		
4.4	Part 4, Column 11		66,666
5.	Total gain (loss) on disposals, Part 4, Column 19		
6.	Deduct consideration for bonds and stocks disposed of, Part 4, Column 7		359,214
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Part 1, Column 15		
8.2	Part 2, Section 1, Column 19		
8.3	Part 2, Section 2, Column 16		
8.4	Part 4, Column 15		0
9.	Deduct current year's other-than-temporary impairment recognized:		
9.1	Part 1, Column 14		
9.2	Part 2, Section 1, Column 17		
9.3	Part 2, Section 2, Column 14		
9.4	Part 4, Column 13		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)		2,025,894
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		2,025,894

Cooperative Group Benefits Plan

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States.....	950,000	939,325	950,000	950,000
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	950,000	939,325	950,000	950,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals.....				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals.....				
U.S. Special Revenue and Special Assessment Obligations and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	7. Totals.....				
Industrial and Miscellaneous, SVO identified Funds and Hybrid Securities (Unaffiliated)	8. United States.....				
	9. Canada.....				
	10. Other Countries.....				
	11. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals.....				
	13. Total Bonds.....	950,000	939,325	950,000	950,000
PREFERRED STOCKS					
Industrial and Miscellaneous (Unaffiliated)	14. United States.....				
	15. Canada.....				
	16. Other Countries.....				
	17. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals.....				
	19. Total Preferred Stocks.....	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (Unaffiliated)	20. United States.....	1,075,894	1,075,894	1,009,228	
	21. Canada.....				
	22. Other Countries.....				
	23. Totals.....	1,075,894	1,075,894	1,009,228	
Parent, Subsidiaries and Affiliates	24. Totals.....				
	25. Total Common Stocks.....	1,075,894	1,075,894	1,009,228	
	26. Total Stocks.....	1,075,894	1,075,894	1,009,228	
	27. Total Bonds and Stocks.....	2,025,894	2,015,219	1,959,228	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Like 10.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (e)
1. U.S. Governments												
1.1 NAIC 1		950,000				XXX	950,000	100.0		0.0		
1.2 NAIC 2						XXX		0.0		0.0		
1.3 NAIC 3						XXX		0.0		0.0		
1.4 NAIC 4						XXX		0.0		0.0		
1.5 NAIC 5						XXX		0.0		0.0		
1.6 NAIC 6						XXX		0.0		0.0		
1.7 Totals	0	950,000	0	0	0	XXX	950,000	100.0	0	0.0	0	0
2. All Other Governments												
2.1 NAIC 1						XXX		0.0		0.0		
2.2 NAIC 2						XXX		0.0		0.0		
2.3 NAIC 3						XXX		0.0		0.0		
2.4 NAIC 4						XXX		0.0		0.0		
2.5 NAIC 5						XXX		0.0		0.0		
2.6 NAIC 6						XXX		0.0		0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX		0.0		0.0		
3.2 NAIC 2						XXX		0.0		0.0		
3.3 NAIC 3						XXX		0.0		0.0		
3.4 NAIC 4						XXX		0.0		0.0		
3.5 NAIC 5						XXX		0.0		0.0		
3.6 NAIC 6						XXX		0.0		0.0		
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX		0.0		0.0		
4.2 NAIC 2						XXX		0.0		0.0		
4.3 NAIC 3						XXX		0.0		0.0		
4.4 NAIC 4						XXX		0.0		0.0		
4.5 NAIC 5						XXX		0.0		0.0		
4.6 NAIC 6						XXX		0.0		0.0		
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX		0.0		0.0		
5.2 NAIC 2						XXX		0.0		0.0		
5.3 NAIC 3						XXX		0.0		0.0		
5.4 NAIC 4						XXX		0.0		0.0		
5.5 NAIC 5						XXX		0.0		0.0		
5.6 NAIC 6						XXX		0.0		0.0		
5.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1						XXX	0	0.0		0.0		
6.2 NAIC 2						XXX	0	0.0		0.0		
6.3 NAIC 3						XXX	0	0.0		0.0		
6.4 NAIC 4						XXX	0	0.0		0.0		
6.5 NAIC 5						XXX	0	0.0		0.0		
6.6 NAIC 6						XXX	0	0.0		0.0		
6.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0		0.0		
7.2 NAIC 2						XXX	0	0.0		0.0		
7.3 NAIC 3						XXX	0	0.0		0.0		
7.4 NAIC 4						XXX	0	0.0		0.0		
7.5 NAIC 5						XXX	0	0.0		0.0		
7.6 NAIC 6						XXX	0	0.0		0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX	0	0.0		0.0		
8.2 NAIC 2						XXX	0	0.0		0.0		
8.3 NAIC 3						XXX	0	0.0		0.0		
8.4 NAIC 4						XXX	0	0.0		0.0		
8.5 NAIC 5						XXX	0	0.0		0.0		
8.6 NAIC 6						XXX	0	0.0		0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SYD Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	0

NONE

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

10. NAIC Designation	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 10.7	Total from Column 7 Prior Year	% from Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10.1 NAIC 1	0	950,000	0	0	0	0	950,000	100.0	XXX	XXX	0	0
10.2 NAIC 2	0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 NAIC 3	0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 NAIC 4	0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 NAIC 6	0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	0	950,000	0	0	0	0	950,000	100.0	XXX	XXX	0	0
10.8 Line 10.7 as a % of Col. 7	0.0	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	0.0	0.0
11. Total Bonds Prior Year												
11.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
11.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
11.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
11.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
11.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
11.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
11.7 Totals	0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.8 Line 11.7 as a % of Col. 9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	0.0
12. Total Publicly Traded Bonds												
12.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	0	0
12.8 Line 12.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	0.0
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	0.0
13. Total Privately Placed Bonds												
13.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	0	0
13.8 Line 13.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	0.0

(a) Includes \$ if freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ 0 prior year of bonds with 2 designations and \$ 0 current year. \$ 0 prior year of bonds with 2 designations and \$ 0 current year. \$ 0 prior year of bonds with 2 designations and \$ 0 current year. "Z" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
 (c) Includes \$ 0 current year. \$ 0 prior year of bonds with 5 designations and \$ 0 current year. \$ 0 prior year of bonds with 5 designations and \$ 0 current year. "5" means the NAIC designation was assigned by the SVO in reliance on the issuer's certification that the issuer is current in all principal and interest payments. "6" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) 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.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 7 Prior Year	10 % from Col. 8 Prior Year	11 Total Priority Traded	12 Total Priority Paced
1. U.S. Governments							950,000	100.0		0.0		
1.1 Issuer Obligations		950,000				XXX						
1.2 Residential Mortgage-Backed Securities						XXX						
1.3 Commercial Mortgage-Backed Securities						XXX						
1.4 Other Loan-Backed and Structured Securities						XXX						
1.5 Totals	0	950,000	0	0	0	XXX	950,000	100.0	0	0.0	0	0
2. All Other Governments												
2.1 Issuer Obligations						XXX						
2.2 Residential Mortgage-Backed Securities						XXX						
2.3 Commercial Mortgage-Backed Securities						XXX						
2.4 Other Loan-Backed and Structured Securities						XXX						
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX						
3.2 Residential Mortgage-Backed Securities						XXX						
3.3 Commercial Mortgage-Backed Securities						XXX						
3.4 Other Loan-Backed and Structured Securities						XXX						
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX						
4.2 Residential Mortgage-Backed Securities						XXX						
4.3 Commercial Mortgage-Backed Securities						XXX						
4.4 Other Loan-Backed and Structured Securities						XXX						
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations						XXX						
5.2 Residential Mortgage-Backed Securities						XXX						
5.3 Commercial Mortgage-Backed Securities						XXX						
5.4 Other Loan-Backed and Structured Securities						XXX						
5.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous (unaffiliated)												
6.1 Issuer Obligations						XXX						
6.2 Residential Mortgage-Backed Securities						XXX						
6.3 Commercial Mortgage-Backed Securities						XXX						
6.4 Other Loan-Backed and Structured Securities						XXX						
6.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 Issuer Obligations						XXX						
7.2 Residential Mortgage-Backed Securities						XXX						
7.3 Commercial Mortgage-Backed Securities						XXX						
7.4 Other Loan-Backed and Structured Securities						XXX						
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX						
8.2 Residential Mortgage-Backed Securities						XXX						
8.3 Commercial Mortgage-Backed Securities						XXX						
8.4 Other Loan-Backed and Structured Securities						XXX						
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total from Column 7 Prior Year	10 % from Col 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX			0.00		0.00		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX			0.00		0.00		
9.3 Totals	XXX	XXX	XXX	XXX	XXX			0.00		0.00		
10. Total Bonds Current Year							950,000	100.00	XXX	XXX		
10.1 Issuer Obligations	0	950,000	0	0	0	XXX		100.00	XXX	XXX		
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX		0.00	XXX	XXX		
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX		0.00	XXX	XXX		
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX		0.00	XXX	XXX		
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0		0.00	XXX	XXX		
10.6 Totals	0	950,000	0	0	0	XXX		100.00	XXX	XXX		
10.7 Line 10.6 as a % of Col. 7	0.00	100.00	0.00	0.00	0.00	0.00		XXX	XXX	XXX		
11. Total Bonds Prior Year												
11.1 Issuer Obligations						XXX	XXX	XXX	0	0.00		
11.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.00		
11.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.00		
11.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.00		
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0		0.00	XXX	XXX		
11.6 Totals	0	0	0	0	0	XXX	XXX	XXX	0	100.00		
11.7 Line 11.6 as a % of Col. 9	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX	0.00	XXX		
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations						XXX		0.00		0.00		XXX
12.2 Residential Mortgage-Backed Securities						XXX		0.00		0.00		XXX
12.3 Commercial Mortgage-Backed Securities						XXX		0.00		0.00		XXX
12.4 Other Loan-Backed and Structured Securities						XXX		0.00		0.00		XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0		0.00		0.00		XXX
12.6 Totals	0	0	0	0	0	XXX		0.00		0.00		XXX
12.7 Line 12.6 as a % of Col. 7	0.00	0.00	0.00	0.00	0.00	0.00		XXX	XXX	XXX		XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	0.00	0.00	0.00	0.00	0.00	0.00		XXX	XXX	XXX		XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations						XXX		0.00		0.00	XXX	0
13.2 Residential Mortgage-Backed Securities						XXX		0.00		0.00	XXX	0
13.3 Commercial Mortgage-Backed Securities						XXX		0.00		0.00	XXX	0
13.4 Other Loan-Backed and Structured Securities						XXX		0.00		0.00	XXX	0
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0		0.00		0.00	XXX	0
13.6 Totals	0	0	0	0	0	XXX		0.00		0.00	XXX	0
13.7 Line 13.6 as a % of Col. 7	0.00	0.00	0.00	0.00	0.00	0.00		XXX	XXX	XXX	XXX	0.00
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	0.00	0.00	0.00	0.00	0.00	0.00		XXX	XXX	XXX	XXX	0.00

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

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	0				
2. Cost of short-term investments acquired.....	0				
3. Accrual or discount.....	0				
4. Unrealized valuation increase (decrease).....	0				
5. Total gain (loss) on disposals.....	0				
6. Deduct consideration received on disposals.....	NONE				
7. Deduct amortization of premium.....	0				
8. Total foreign exchange change in book/adjusted carrying value.....	0				
9. Deduct current year's other-than-temporary impairment recognized.....	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9).....	0	0	0	0	0
11. Deduct total nonsubmitted amounts.....	0				
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0	0	0	0

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

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

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:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12		
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14	0	
3.	Unrealized valuation increase/(decrease):		
3.1	Section 1, Column 17		
3.2	Section 2, Column 19	0	
4.	Total gain (loss) on termination recognized, Section 2, Column 22		
5.	Considerations received/(paid) on terminations, Section 2, Column 15	NONE	
6.	Amortization:		
6.1	Section 1, Column 19		
6.2	Section 2, Column 21	0	
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item:		
7.1	Section 1, Column 20		
7.2	Section 2, Column 23	0	
8.	Total foreign exchange change in Book/Adjusted Carrying Value:		
8.1	Section 1, Column 18		
8.2	Section 2, Column 20	0	
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	

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

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 minus		
3.12	Section 1, Column 15, prior year	0	
	Change in the valuation margin on open contracts - all other:		
3.13	Section 1, Column 18, current year 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 (Section 2, Column 15)		
4.2	Less:		
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)		
4.22	Amount recognized (Section 2, Column 16)	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 terminations in prior year		
6.	Book/Adjusted Carrying Value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)	0	
7.	Deduct nonadmitted assets		
8.	Statement value at end of current period (Line 6 minus Line 7)	0	

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

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

1 Number	2 Descriptor	Replication (Synthetic) Asset Transactions				Components of the Replication (Synthetic Asset) Transactions									
		3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	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 December 31, 2017 of the
Cooperative Group Benefits Plan

SCHEDULE DB - PART C - SECTION 2

Replication (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			0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		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

NONE

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

NONE

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

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

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

Cash Equivalents

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

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