

# QUARTERLY STATEMENT

OF THE

RECEIVED  
MAY 18 2018  
OFFICE OF RISK  
ASSESSMENT

## SOCA Benefit Plan

Of

Dayton

in the state of OH

to the Insurance Department  
of the State of

For the Period Ended  
March 31, 2018

# 2018

PLATE 1

PLATE 2

PLATE 3

PLATE 4

PLATE 5

PLATE 6

PLATE 7

PLATE 8

PLATE 9

PLATE 10

PLATE 11

PLATE 12

PLATE 13

PLATE 14

PLATE 15

PLATE 16

PLATE 17

PLATE 18

PLATE 19

PLATE 20

PLATE 21

PLATE 22



# HEALTH QUARTERLY STATEMENT

As of March 31, 2018  
of the Condition and Affairs of the

## SOCA Benefit Plan

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 120 Employer's ID Number..... 47-1277622

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Licensed as Business Type MEWA Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized..... February 1, 2016 Commenced Business..... May 1, 2016

Statutory Home Office 3931 South Dixie Drive .. Dayton .. OH .. US .. 45439  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3931 South Dixie Drive .. Dayton .. OH .. US .. 45439  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 49358 .. Dayton .. OH .. US .. 45449  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3931 South Dixie Drive .. Dayton .. OH .. US .. 45439  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address <http://www.joinsoca.com/soca-benefit-pla>

Statutory Statement Contact George John Stadtlander Mr. 216-389-2914  
(Name) (Area Code) (Telephone Number) (Extension)  
george.stadtlander@gmail.com 216-202-3499  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Catherine Marie Hutton	Trustee Chairperson	2. Matt James Appenzeller	Plan Administrator
3.		4.	

### OTHER

### DIRECTORS OR TRUSTEES

Catherine Marie Hutton Victoria Frances Hawke Matthew Patrick Owen Janet Lee Davis

State of..... Ohio  
County of..... Montgomery

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)
Catherine Marie Hutton	Matt James Appenzeller	_____
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Trustee Chairperson	Plan Administrator	_____
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 11 day of 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 \_\_\_\_\_



STEPHEN REDD  
Notary Public  
In and for the State of Ohio  
My Commission Expires  
May 22, 2022



1900  
1901  
1902  
1903  
1904  
1905  
1906  
1907  
1908  
1909  
1910  
1911  
1912  
1913  
1914  
1915  
1916  
1917  
1918  
1919  
1920

## ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....9,593,111), cash equivalents (\$.....0) and short-term investments (\$.....3,021,200).....	12,614,312		12,614,312	6,802,861
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	12,614,312	0	12,614,312	6,802,861
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	3,459		3,459	2,626
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	6,478,294		6,478,294	2,303,042
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	1,215,811		1,215,811	895,987
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	136,373	136,373	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	20,448,249	136,373	20,311,876	10,004,516
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	20,448,249	136,373	20,311,876	10,004,516

### DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Assets.....	136,373	136,373	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	136,373	136,373	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....7,437,796 reinsurance ceded).....	826,421		826,421	544,761
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	7,612		7,612	8,898
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	320,219		320,219	19,312
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	17,649,633		17,649,633	8,157,391
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	18,803,885	0	18,803,885	8,730,362
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	290,309
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	510,000	510,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	997,990	473,845
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,507,990	1,274,154
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	20,311,875	10,004,516

### DETAILS OF WRITE-INS

2301. ....			0	
2302. ....			0	
2303. ....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501. Special Surplus HIT tax.....	XXX	XXX		290,309
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	290,309
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	55,793	29,002	132,995
2. Net premium income (including \$.....0 non-health premium income).....	XXX	2,084,530	921,309	4,495,129
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	2,084,530	921,309	4,495,129
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		10,788,167	4,489,856	27,040,661
10. Other professional services.....		1,636,043	492,039	2,577,133
11. Outside referrals.....				
12. Emergency room and out-of-area.....		1,133,891	184,515	2,538,668
13. Prescription drugs.....		2,640,347	984,078	6,308,205
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	16,198,448	6,150,488	38,464,667
<b>Less:</b>				
17. Net reinsurance recoveries.....		14,679,246	5,631,413	34,778,396
18. Total hospital and medical (Lines 16 minus 17).....	0	1,519,202	519,075	3,686,271
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....16,172 cost containment expenses.....		50,537	32,524	108,489
21. General administrative expenses.....		312,637	90,539	16,239
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	1,882,376	642,138	3,810,999
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	202,154	279,171	684,130
25. Net investment income earned.....		9,538	2,439	5,390
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	9,538	2,439	5,390
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	211,692	281,610	689,520
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	211,692	281,610	689,520

**DETAILS OF WRITE-INS**

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

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	1,274,154	665,468	665,468
34. Net income or (loss) from Line 32.....	211,692	281,610	689,520
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	22,144		(80,835)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	233,836	281,610	608,686
49. Capital and surplus end of reporting period (Line 33 plus 48).....	1,507,990	947,078	1,274,154

**DETAILS OF WRITE-INS**

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

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	11,576,772	1,894,819	8,438,900
2. Net investment income.....	8,705	2,187	3,154
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	11,585,477	1,897,006	8,442,054
5. Benefit and loss related payments.....	5,732,618	1,014,316	4,761,291
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	63,553	226,203	239,890
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	5,796,171	1,240,519	5,001,181
11. Net cash from operations (Line 4 minus Line 10).....	5,789,306	656,487	3,440,873
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			80,835
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	80,835
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	(80,835)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	22,146		
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	22,146	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	5,811,452	656,487	3,360,038
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	6,802,860	3,442,822	3,442,822
19.2 End of period (Line 18 plus Line 19.1).....	12,614,312	4,099,309	6,802,860

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

20.0001			
---------	--	--	--

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	2		3	4	5	6	7	8	9	10	
	Total	Individual	Group									Comprehensive (Hospital & Medical)
<b>Total Members at End of:</b>												
1. Prior Year.....	13,399		13,399									
2. First Quarter.....	17,512		17,512									
3. Second Quarter.....	0											
4. Third Quarter.....	0											
5. Current Year.....	0											
6. Current Year Member Months.....	55,793		55,793									
<b>Total Member Ambulatory Encounters for Period:</b>												
7. Physician.....	0											
8. Non-Physician.....	0											
9. Total.....	0		0						0		0	
10. Hospital Patient Days Incurred.....	0											
11. Number of Inpatient Admissions.....	0											
12. Health Premiums Written (a).....	21,670,948		21,670,948									
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	21,670,948		21,670,948									
16. Property/Casualty Premiums Earned.....	0											
17. Amount Paid for Provision of Health Care Services.....	13,381,841		13,381,841									
18. Amount Incurred for Provision of Health Care Services.....	16,198,448		16,198,448									

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

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

Aging Analysis of Unpaid Claims

Account	1 1 - 30 Days	2 31 - 60 Days	3 61 - 90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total	7 Total
<b>Claims Unpaid (Reported)</b>							
0199999 - Individually Listed Claims Unpaid	8,264,217	0	0	0	0	0	8,264,217
0499999 - Subtotals	8,264,217	0	0	0	0	0	8,264,217
0799999 - Total Claims Unpaid	8,264,217	0	0	0	0	0	8,264,217

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**Analysis of Claims Unpaid - Prior Year - Net of Reinsurance**

Line of Business	Claims Paid Year to Date			Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year			
1. Comprehensive (hospital and medical)	565,683	671,859	2,407	824,014	568,090	544,761	
2. Medicare Supplement					0		
3. Dental only					0		
4. Vision only					0		
5. Federal Employees Health Benefits Plan					0		
6. Title XVIII - Medicare					0		
7. Title XIX - Medicaid					0		
8. Other health					0		
9. Health subtotal (Lines 1 to 8)	565,683	671,859	2,407	824,014	568,090	544,761	
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)	565,683	671,859	2,407	824,014	568,090	544,761	

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

**NOTES TO FINANCIAL STATEMENTS**

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

**A. Accounting Practices**

These financial statements of the Southern Ohio Chamber Alliance Benefit Plan ("SOCA BP" or the "Arrangement") have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, as prescribed by the Ohio Department of Insurance.

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) SOCA Benefit Plan Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 211,692	\$ 689,520
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 211,692	\$ 689,520
<b>SURPLUS</b>					
(5) SOCA Benefit Plan Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,507,990	\$ 1,274,157
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 1,507,990	\$ 1,274,157

**C. Accounting Policy**

(6) Basis for Loan-Backed Securities and Adjustment Methodology  
The Arrangement does not hold any loan-backed securities.

**D. Going Concern**

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

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

No significant changes

**Note 3 – Business Combinations and Goodwill**

No significant changes

**Note 4 – Discontinued Operations**

No significant changes

**Note 5 – Investments**

**D. Loan-Backed Securities - None**

(1) Description of Sources Used to Determine Prepayment Assumptions

(2) Other-Than-Temporary Impairments

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
<b>OTTI Recognized 1<sup>st</sup> Quarter</b>			
a. Intent to sell	\$	\$	\$
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c. Total 1 <sup>st</sup> Quarter	\$	\$	\$
<b>OTTI Recognized 2<sup>nd</sup> Quarter</b>			
d. Intent to sell	\$	\$	\$
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f. Total 2 <sup>nd</sup> Quarter	\$	\$	\$
<b>OTTI Recognized 3<sup>rd</sup> Quarter</b>			

**NOTES TO FINANCIAL STATEMENTS**

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1-2
g. Intent to sell	\$	\$	\$
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i. Total 3rd Quarter	\$	\$	\$
OTTI Recognized 4 <sup>th</sup> Quarter			
j. Intent to sell	\$	\$	\$
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l. Total 4th Quarter	\$	\$	\$
m. Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
	\$	\$	\$	\$	\$	
Total			\$			

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$
	2. 12 Months or Longer	\$
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$
	2. 12 Months or Longer	\$

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$
--	----

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

(1) Company Policies or Strategies for Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Maturity Time Frame

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open - No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

  

	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16

**NOTES TO FINANCIAL STATEMENTS**

	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Securities "Sold" Under Repo – Secured Borrowing

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds- BACV	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds- FV								
c. LB & SS- BACV								
d. LB & SS- FV								
e. Preferred Stock- BACV								
f. Preferred Stock- FV								
g. Common Stock								
h. Mortgage Loans- BACV								
i. Mortgage Loans- FV								
j. Real Estate- BACV								
k. Real Estate- FV								
l. Derivatives- BACV								
m. Derivatives- FV								
n. Other Invested								

**NOTES TO FINANCIAL STATEMENTS**

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
Assets- BACV								
o. Other Invested Assets- FV								
p. Total Assets- BACV	\$	\$	\$	\$	\$	\$	\$	\$
q. Total Assets- FV	\$	\$	\$	\$	\$	\$	\$	\$

p = a + c + e + g + h + j + l + n      q = b + d + f + g + i + k + m + o

(7) Collateral Received – Secured Borrowing

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Does Not Qualify as Admitted
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds- FV								
c. LB & SS- FV								
d. Preferred Stock- FV								
e. Common Stock								
f. Mortgage Loans- FV								
g. Real Estate- FV								
h. Derivatives- FV								
i. Other Invested Assets- FV								
j. Total Collateral Assets- FV (Sum of a through i)								

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

	Fair Value
a. Overnight and Continuous	\$
b. 30 Days or Less	\$
c. 31 to 90 Days	\$
d. >90 Days	\$

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

	Amortized Cost	Fair Value
a. 30 Days or Less	\$	\$
b. 31 to 60 Days	\$	\$
c. 61 to 90 Days	\$	\$
d. 91 to 120 Days	\$	\$
e. 121 to 180 Days	\$	\$
f. 181 to 365 Days	\$	\$
g. 1 to 2 Years	\$	\$
h. 2 to 3 Years	\$	\$
i. >3 Years	\$	\$

(11) Liability to Return Collateral – Secured Borrowing (Total)

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash (Collateral – All)	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities Collateral (FV)	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance

**NOTES TO FINANCIAL STATEMENTS**

a. Cash (Collateral – All)	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities Collateral (FV)	\$	\$	\$	\$	\$	\$	\$	\$

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**  
 Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions - None

(1) Company Policy or Strategies for Engaging in Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) and Residual Maturity

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Fair Value of Securities Acquired Under Repo – Secured Borrowing

First Quarter	Second Quarter
---------------	----------------

**NOTES TO FINANCIAL STATEMENTS**

1	2	3	4	5	6	7	8
Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

Third Quarter				Fourth Quarter			
9	10	11	12	13	14	15	16
Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation

	1	2	3	4	5	6	7	8
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3	NAIC 4	NAIC 5	NAIC 6	Does Not Qualify as Admitted
a. Bonds- FV	\$	\$	\$	\$	\$	\$	\$	\$
b. LB & SS- FV								
c. Preferred Stock- FV								
d. Common Stock								
e. Mortgage Loans- FV								
f. Real Estate- FV								
g. Derivatives- FV								
h. Other Invested Assets- FV								
i. Total Assets- FV (Sum of a through h)	\$	\$	\$	\$	\$	\$	\$	\$

(7) Collateral Pledged – Secured Borrowing

	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	Amortized Cost	Fair Value
a. Overnight and Continuous	\$	\$
b. 30 Days or Less	\$	\$
c. 31 to 90 Days	\$	\$
d. >90 Days	\$	\$

(9) Recognized Receivable for Return of Collateral – Secured Borrowing

	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash								
b. Securities (FV)								

	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash								
b. Securities (FV)								

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance

**NOTES TO FINANCIAL STATEMENTS**

a. Repo Securities Sold/Acquired with Cash Collateral								
b. Repo Securities Sold/Acquired with Securities Collateral (FV)								

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Repo Securities Sold/Acquired with Cash Collateral								
b. Repo Securities Sold/Acquired with Securities Collateral (FV)								

H. Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions - None

(1) Company Policy or Strategies for Engaging in Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

1	2	Third Quarter	Fourth Quarter
---	---	---------------	----------------

**NOTES TO FINANCIAL STATEMENTS**

	Juris- diction	11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Securities "Sold" Under Repo – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Sold Under Repo – Sale by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds-FV								
c. LB & SS-BACV								
d. LB & SS-FV								
e. Preferred Stock-BACV								
f. Preferred Stock-FV								
g. Common Stock								
h. Mortgage Loans-BACV								
i. Mortgage Loans-FV								
j. Real Estate-BACV								
k. Real Estate-FV								
l. Derivatives-BACV								
m. Derivatives-FV								
n. Other Invested Assets-BACV								
o. Other Invested Assets-FV								
p. Total Assets-BACV	\$	\$	\$	\$	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$	\$	\$	\$	\$

$p = a + c + e + g + h + j + l + n$        $q = b + d + f + g + i + k + m + o$

(7) Proceeds Received – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Nonadmitted	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Nonadmitted	\$	\$	\$	\$	\$	\$	\$	\$

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-FV	\$	\$	\$	\$	\$	\$	\$	\$
b. LB & SS-FV								
c. Preferred Stock-FV								

## NOTES TO FINANCIAL STATEMENTS

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
d. Common Stock								
e. Mortgage Loans-FV								
f. Real Estate-FV								
g. Derivatives-FV								
h. Other Invested Assets-FV								
i. Total Assets-FV (Sum of a through h)								

## (9) Recognized Forward Resale Commitment

First Quarter				Second Quarter			
1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

Third Quarter				Fourth Quarter			
9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
 Repurchase Transaction – Cash Provider – Overview of Sale Transactions - None

## (1) Company Policy or Strategies for Engaging in Repo Programs

## (2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

## (3) Original (Flow) &amp; Residual Maturity

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

## (4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

**NOTES TO FINANCIAL STATEMENTS**

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Securities Acquired Under Repo – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Acquired Under Repo – Sale by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds-FV								
c. LB & SS-BACV								
d. LB & SS-FV								
e. Preferred Stock-BACV								
f. Preferred Stock-FV								
g. Common Stock								
h. Mortgage Loans-BACV								
i. Mortgage Loans-FV								
j. Real Estate-BACV								
k. Real Estate-FV								
l. Derivatives-BACV								
m. Derivatives-FV								
n. Other Invested Assets-BACV								
o. Other Invested Assets-FV								
p. Total Assets-BACV	\$	\$	\$	\$	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$	\$	\$	\$	\$

$p = a + c + e + g + h + j + l + n$        $q = b + d + f + g + i + k + m + o$

(7) Proceeds Provided – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

(8) Recognized Forward Resale Commitment

1	First Quarter				Second Quarter			
	2	3	4	5	6	7	8	

## NOTES TO FINANCIAL STATEMENTS

Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

  

Third Quarter				Fourth Quarter			
9	10	11	12	13	14	15	16
Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

**M. Working Capital Finance Investments - None**

**(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs**

	Book/Adjusted Carrying Value
a. Up to 180 Days	\$
b. 181 to 365 Days	\$
c. Total	\$

T05L029901;99;NINVEST:WORKCAP;D

**(3) Any Events of Default or Working Capital Finance Investments**

**N. Offsetting and Netting of Assets and Liabilities - None**

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets	\$	\$	\$
(2) Liabilities	\$	\$	\$

\* For derivative assets and derivative liabilities, the amount of offset shall agree to Schedule DB, Part D, Section 1.

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

No significant changes

**Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

**H. Total Premium Costs for Contracts**

None

**Note 9 – Income Taxes**

No significant changes

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

No significant changes

**Note 11 – Debt**

None

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

The Arrangement has no retirement plans, deferred compensation, postemployment benefits and compensated absences or other postretirement benefit plans.

**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**

**NOTES TO FINANCIAL STATEMENTS**

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**

B. Transfer and Servicing of Financial Assets - None

(2) Servicing Assets and Servicing Liabilities

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales

C. Wash Sales - None

(1) Description of the Objectives Regarding These Transactions

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2018 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
			\$	\$	\$

**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**

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

Not applicable as all Arrangement assets are reportable at valuations recognized by the Securities and Valuation Office.

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
<b>Assets at Fair Value</b>					
	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$
<b>Liabilities at Fair Value</b>					
	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

	Beginning Balance at 1/1/2018	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2018
<b>a. Assets</b>										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>b. Liabilities</b>										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Policies when Transfers Between Levels are Recognized

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

(5) Fair Value Disclosures

**NOTES TO FINANCIAL STATEMENTS**

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - Not applicable

C. Fair Value Level - Not applicable

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
	\$	\$	\$	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value - Not applicable

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

**Note 21 – Other Items**

No significant changes

**Note 22 – Events Subsequent**

No significant changes

**Note 23 – Reinsurance**

During 2018, the Plan was subject to a quota share reinsurance agreement with Community Insurance Company to cede 90% of the Plan's health business.

During 2018, the Plan was subject to a stop loss reinsurance agreement with Community Insurance Company for medical and prescription drug coverage. The premium is based upon the monthly funding rates and number of participants in each month of the contract. The specific stop loss threshold per covered person is \$400,000, for the policy year ending 4/30/18.

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

E. Risk Sharing Provisions of the Affordable Care Act - Not applicable

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

A. Change in Incurred Losses and Loss Adjustment Expenses

None

B. Information about Significant Changes in Methodologies and Assumptions

None

**Note 26 – Intercompany Pooling Arrangements**

No significant changes

**Note 27 – Structured Settlements**

Not Applicable for Health Companies

**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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [ ] No [X]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [XX]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

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

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

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

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

- 6.4 By what department or departments? \_\_\_\_\_
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]
- 7.2 If yes, give full information: \_\_\_\_\_

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. \_\_\_\_\_

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

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

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.

- 9.11 If the response to 9.1 is No, please explain: \_\_\_\_\_
- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). \_\_\_\_\_

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). \_\_\_\_\_

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes  No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes  No
- 14.2 If yes, please complete the following:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes  No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes  No   
If no, attach a description with this statement.

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

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

1 Name of Custodian(s)	2 Custodian Address
PNC Bank, National Association	One PNC Plaza, 249 Fifth Avenue, Pittsburgh, PA 15222

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Southern Ohio Chamber Alliance Benefit Plan Board of Trustees	I

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes  No
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes  No

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

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

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes  No
- 18.2 If no, list exceptions:

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

19. By self-designating 5<sup>th</sup> GI securities, the reporting entity is certifying the following elements for each self-designated 5<sup>th</sup> 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<sup>th</sup> GI securities?

Yes [ ] No [XX]

# GENERAL INTERROGATORIES (continued)

## PART 2 - HEALTH

- 1. Operating Percentages:
  - 1.1 A&H loss percent ..... 0.0 %
  - 1.2 A&H cost containment percent ..... 0.0 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 0.0 %
  
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... 0
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the amount of funds administered as of the reporting date. ..... 0
  
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [ ] No [ X ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?..... Yes [ ] No [ X ]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
<b>A&amp;H Non-Affiliates</b>								
10345.....	31-1440175.....	05/01/2016	Community Insurance Comapny.....	OH.....	QA/G.....	Authorized.....		
10345.....	31-1440175.....	05/01/2016	Community Insurance Comapny.....	OH.....	SSL/G.....	Authorized.....		
10345.....	31-1440175.....	05/01/2016	Community Insurance Comapny.....	OH.....	ASL/G.....	Authorized.....		

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 through 7	
1. Alabama.....AL	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	N								0
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	21,670,948							21,670,948
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		21,670,948	0	0	0	0	0	0	21,670,948
60. Reporting entity contributions for Employee Benefit Plans.....XXX									0
61. Total (Direct Business).....XXX		21,670,948	0	0	0	0	0	0	21,670,948

**DETAILS OF WRITE-INS**

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 – ORGANIZATIONAL CHART**

---

**Southern Ohio Chamber Alliance Benefit Plan**

Employer's ID Number: 47-1277622

NAIC Company Code: 00120

State of Domicile: OH

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

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

**NONE**

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

YES

Explanation:

1.

Bar Code:

**Overflow Page  
NONE**

**Sch. A - Verification  
NONE**

**Sch. B - Verification  
NONE**

**Sch. BA - Verification  
NONE**

**Sch. D - Verification  
NONE**

**Sch. D - Pt. 1B  
NONE**

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	3,021,200	XXX.....	3,010,000	9,458	3,459

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	3,012,495	1,509,732
2. Cost of short-term investments acquired.....		1,000,000
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....	8,705	502,763
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,021,200	3,012,495
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	3,021,200	3,012,495

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

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

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

**Sch. DB - Verification**  
**NONE**

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

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

**Sch. A - Pt. 3**  
**NONE**

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

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**Sch. D - Pt. 3**  
**NONE**

**Sch. D - Pt. 4**  
**NONE**

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

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

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

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

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

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

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

PNC Bank..... 249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222					3,399,212	5,658,388	9,593,111	XXX
0199999, Total Open Depositories.....	XXX	XXX	0	0	3,399,212	5,658,388	9,593,111	XXX
0399999, Total Cash on Deposit.....	XXX	XXX	0	0	3,399,212	5,658,388	9,593,111	XXX
0599999, Total Cash.....	XXX	XXX	0	0	3,399,212	5,658,388	9,593,111	XXX

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

Show Investments Owned End of Current Quarter

1 CUSIP	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**

Vertical column of empty rectangular boxes for data entry.



