

ANNUAL STATEMENT

OF THE

RECEIVED

APR 01 2019

**OFFICE OF RISK
ASSESSMENT**

Ohio Bankers Benefits Trust

Of

in the state of

Ohio

to the Insurance Department

of the state of Ohio

For the Year Ended

December 31, 2018

2018



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the

Ohio Bankers Benefits Trust

NAIC Group Code.....	N/A 0	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.....	1997		Commenced Business....1997		
Statutory Home Office	4215 Worth Avenue, Suite 300, Columbus, Ohio 43219 (Street and Number) (City or Town, State, Country and Zip Code)				
Main Administrative Office	Same.. .. (Street and Number) (City or Town, State, Country and Zip Code)			614-340-7595 (Area Code) (Telephone Number)	
Mail Address	Same.. .. (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	Same.. .. (Street and Number) (City or Town, State, Country and Zip Code)			614-340-7595 (Area Code) (Telephone Number)	
Internet Web Site Address					
Statutory Statement Contact	Jeff Quayle (Name) jquayle@ohiobankersleague.org (E-Mail Address)			614-340-7603 (Area Code) (Telephone Number) (Extension) 614-340-7599 (Fax Number)	

OFFICERS

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

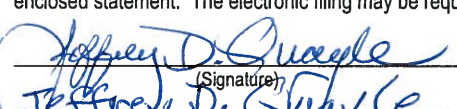
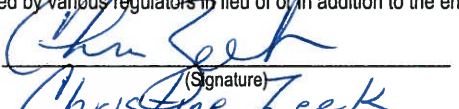
OTHER


DIRECTORS OR TRUSTEES

Dean Miller
Paul Reed
Ron Zimmerly
Lewis Renollet
John Essen

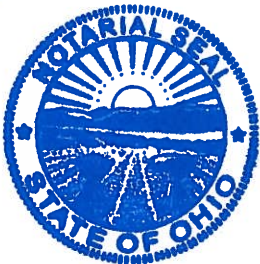
State of.....Ohio.
County of.....Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 (Signature)	 (Signature)	 (Signature)
1. (Printed Name) Jeffrey D. Quayle	2. (Printed Name) Christine Zeek	3. (Printed Name)
Managing Director	Plan Administrator	Trustee
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 29 day of March 2019


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



LYNN K. MOORE
Notary Public, State of Ohio
My Commission Expires 06-10-2021

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	6,058,818		6,058,818	6,115,324
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	681,412		681,412	161,483
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 (\$.....6,986,781, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	6,986,781		6,986,781	8,865,530
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).....	13,727,011	0	13,727,011	15,142,337
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	49,742		49,742	43,041
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	7,689
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	108,284	0	108,284	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	13,885,037	0	13,885,037	15,193,067
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	13,885,037	0	13,885,037	15,193,067

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. Prepaid runout fees.....	108,284		108,284	
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).....	108,284	0	108,284	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.000 reinsurance ceded).....	1,619,100		1,619,100	1,557,500
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	105,268		105,268	135,000
4. Aggregate health policy reserves, including the liability of \$.000 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.....	6,801		6,801	16,831
10.1 Current federal and foreign income tax payable and interest thereon (including \$.000 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 \$.000 current) and interest thereon \$.000 (including \$.000 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 (\$.000 authorized reinsurers, \$.000 unauthorized reinsurers and \$.000 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.000) 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 \$.000 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,731,169	0	1,731,169	1,709,331
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	12,153,868	13,483,736
32. Less treasury stock at cost:				
32.10.000 shares common (value included in Line 26 \$.000).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.000).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	12,153,868	13,483,736
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	13,885,037	15,193,067

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	17,143	15,853
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	16,963,988	14,942,110
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	16,963,988	14,942,110
Hospital and Medical:			
9. Hospital/medical benefits.....		16,576,356	10,775,047
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....		3,682,105	3,293,099
14. Aggregate write-ins for other hospital and medical.....	0	61,600	55,000
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	20,320,061	14,123,146
Less:			
17. Net reinsurance recoveries.....		3,596,684	
18. Total hospital and medical (Lines 16 minus 17).....	0	16,723,377	14,123,146
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		1,549,313	638,470
21. General administrative expenses.....		304,532	220,705
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	18,577,222	14,982,321
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(1,613,234)	(40,211)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		283,366	195,646
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	283,366	195,646
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(1,329,868)	155,435
31. Federal and foreign income taxes incurred.....	XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(1,329,868)	155,435

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. change in IBNR.....		61,600	55,000
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	61,600	55,000
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

Ohio Bankers Benefits Trust
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....13,483,73612,432,779
34. Net income or (loss) from Line 32.....(1,329,868)155,435
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.....0895,522
48. Net change in capital and surplus (Lines 34 to 47).....(1,329,868)1,050,957
49. Capital and surplus end of reporting period (Line 33 plus 48).....12,153,86813,483,736

DETAILS OF WRITE-INS

4701. Captial contribution back to Plan from OBL.....895,522
4702.
4703.
4798. Summary of remaining write-ins for Line 47 from overflow page.....00
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....0895,522

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	16,971,677	14,934,421
2. Net investment income.....	279,857	194,191
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	17,251,534	15,128,612
5. Benefit and loss related payments.....	18,663,667	14,992,030
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....		
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	18,663,667	14,992,030
11. Net cash from operations (Line 4 minus Line 10).....	(1,412,133)	136,582
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	550,000	900,000
12.2 Stocks.....	1,372,977	1,819,278
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).....	1,922,977	2,719,278
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	496,688	2,413,509
13.2 Stocks.....	1,892,905	1,194,191
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).....	2,389,593	3,607,700
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).....	(466,616)	(888,422)
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).....		895,522
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	0	895,522
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).....	(1,878,749)	143,682
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	8,865,530	8,721,848
19.2 End of year (Line 18 plus Line 19.1).....	6,986,781	8,865,530

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

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

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.....	16,963,988	16,963,988								
2. Change in unearned premium reserves and reserve for rate credit.....00							XXX
3. Fee-for-service (net of \$.....0 medical expenses).....00							XXX
4. Risk revenue.....00							XXX
5. Aggregate write-ins for other health care related revenues.....000000000XXX
6. Aggregate write-ins for other non-health care related revenues.....0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....0
7. Total revenues (Lines 1 to 6).....	16,963,988	16,963,98800000000
8. Hospital/medical benefits.....	16,576,356	16,576,356							XXX
9. Other professional services.....00							XXX
10. Outside referrals.....00							XXX
11. Emergency room and out-of-area.....00							XXX
12. Prescription drugs.....	3,682,105	3,682,105							XXX
13. Aggregate write-ins for other hospital and medical.....	61,600	61,6000000000XXX
14. Incentive pool, withhold adjustments and bonus amounts.....00							XXX
15. Subtotal (Lines 8 to 14).....	20,320,061	20,320,0610000000XXX
16. Net reinsurance recoveries.....	3,596,684	3,596,684							XXX
17. Total hospital and medical (Lines 15 minus 16).....	16,723,377	16,723,3770000000XXX
18. Non-health claims (net).....0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....XXX
19. Claims adjustment expenses including \$.....0 cost containment expenses.....	1,549,313	1,549,313								
20. General administrative expenses.....	304,532	304,532								
21. Increase in reserves for accident and health contracts.....00							XXX
22. Increase in reserve for life contracts.....0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....0
23. Total underwriting deductions (Lines 17 to 22).....	18,577,222	18,577,22200000000
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	(1,613,234)	(1,613,234)00000000

DETAILS OF WRITE-INS

0501.00							XXX
0502.00							XXX
0503.00							XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....000000000XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....000000000XXX
0601.0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....XXX
0602.0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....XXX
0603.0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....XXX
0698. Summary of remaining write-ins for Line 6 from overflow page.....0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above).....0	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....0
1301. Change in IBNR.....	61,600	61,600							XXX
1302.00							XXX
1303.00							XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....000000000XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above).....	61,600	61,6000000000XXX

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).....16,154,27216,154,272
2. Medicare supplement.....0
3. Dental only.....809,716809,716
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).....16,963,9880016,963,988
10. Life.....0
11. Property/casualty.....0
12. Totals (Lines 9 to 11).....16,963,9880016,963,988

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.....	20,258,461	19,611,131		647,330						
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	20,258,461	19,611,131	0	647,330	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	1,619,100	1,590,500		28,600						
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	1,619,100	1,590,500	0	28,600	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	1,557,500	1,530,000		27,500						
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	1,557,500	1,530,000	0	27,500	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	20,320,061	19,671,631	0	648,430	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	20,320,061	19,671,631	0	648,430	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	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.....	50,000	49,000		1,000						
1.2 Reinsurance assumed.....	.0									
1.3 Reinsurance ceded.....	.0									
1.4 Net.....	50,000	49,000	.0	1,000	.0	.0	.0	.0	.0	.0
2. Incurred but unreported:										
2.1 Direct.....	1,569,100	1,541,500		27,600						
2.2 Reinsurance assumed.....	.0									
2.3 Reinsurance ceded.....	.0									
2.4 Net.....	1,569,100	1,541,500	.0	27,600	.0	.0	.0	.0	.0	.0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	.0									
3.2 Reinsurance assumed.....	.0									
3.3 Reinsurance ceded.....	.0									
3.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Totals:										
4.1 Direct.....	1,619,100	1,590,500	.0	28,600	.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.....	1,619,100	1,590,500	.0	28,600	.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 December 31 of Current Year		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).....1,264,61018,337,32349,0001,541,5001,313,6101,530,000
2. Medicare supplement.....0
3. Dental only.....21,108635,4201,00027,60022,10827,500
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).....1,285,71818,972,74350,0001,569,1001,335,7181,557,500
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).....1,285,71818,972,74350,0001,569,1001,335,7181,557,500

(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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....						
2. 2014.....		1,386				
3. 2015.....		10,392	1,128			
4. 2016.....		XXX	11,663	1,119		
5. 2017.....		XXX	XXX	12,048		
6. 2018.....		XXX	XXX	XXX	13,005	1,286
		XXX	XXX	XXX	XXX	18,973

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....						
2. 2014.....		12,025				
3. 2015.....		XXX	12,719			
4. 2016.....		XXX	XXX	13,167		
5. 2017.....		XXX	XXX	XXX	14,088	
6. 2018.....		XXX	XXX	XXX	XXX	20,259

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. 2014.....	15,591	10,392	1,116	10.7	11,508	73.8	1,237	123	12,868	82.5
2. 2015.....	15,919	11,663	1,276	10.9	12,939	81.3	1,310	135	14,384	90.4
3. 2016.....	15,735	12,048	873	7.2	12,921	82.1	1,502	135	14,558	92.5
4. 2017.....	14,942	13,005	638	4.9	13,643	91.3	1,558	135	15,336	102.6
5. 2018.....	16,964	18,973	1,549	8.2	20,522	121.0	1,619	105	22,246	131.1

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

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....						
2. 2014.....		1,386				
3. 2015.....		10,392	1,128			10,392
4. 2016.....		XXX	11,663	1,119		11,663
5. 2017.....		XXX	XXX	12,048	1,063	12,048
6. 2018.....		XXX	XXX	XXX	13,005	13,005
		XXX	XXX	XXX	XXX	18,337

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

	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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....						
2. 2014.....						
3. 2015.....		12,025				
4. 2016.....		XXX	12,719			
5. 2017.....		XXX	XXX	13,167		
6. 2018.....		XXX	XXX	XXX	14,068	
		XXX	XXX	XXX	XXX	19,602

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. 2014.....	15,591	10,392	1,116	10.7	11,508	73.8	1,210	123	12,841	82.4
2. 2015.....	15,919	11,663	1,276	10.9	12,939	81.3	1,283	135	14,357	90.2
3. 2016.....	15,735	12,048	873	7.2	12,921	82.1	1,470	135	14,526	92.3
4. 2017.....	14,942	13,005	638	4.9	13,643	91.3	1,530	135	15,308	102.4
5. 2018.....	16,154	18,337	1,549	8.4	19,886	123.1	1,590	105	21,581	133.6

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

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

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 (Col. 4 + 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. 2014.....		000.0	NONE				0.0
2. 2015.....		000.0					0.0
3. 2016.....		000.0					0.0
4. 2017.....		000.0					0.0
5. 2018.....		000.0					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				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....						
2. 2014.....		526				526
3. 2015.....		XXX	17			596
4. 2016.....		XXX	596	30		617
5. 2017.....		XXX	XXX	617	21	627
6. 2018.....		XXX	XXX	XXX	627	635
		XXX	XXX	XXX	XXX	635

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				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....						
2. 2014.....		526				
3. 2015.....		XXX	613			
4. 2016.....		XXX	XXX	647		
5. 2017.....		XXX	XXX	XXX	648	
6. 2018.....		XXX	XXX	XXX	XXX	656

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL 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. 2014.....	704	526		.00	526	74.7	28		554	78.7
2. 2015.....	720	596		.00	596	82.8	28		624	86.7
3. 2016.....	726	617		.00	617	85.0	33		650	89.5
4. 2017.....	756	627		.00	627	82.9	28		655	86.6
5. 2018.....	810	635		.00	635	78.4	29		664	82.0

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....		XXX.....	XXX.....	XXX.....	XXX.....

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

Year in Which Losses Were Incurred		1 2014	2 2015	3 2016	4 2017	5 2018
Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year						
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....		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. 4 + 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. 2014.....000.000.0
2. 2015.....00.000.000.0
3. 2016.....00.000.000.0
4. 2017.....00.000.000.0
5. 2018.....00.000.000.0

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				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

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

Year in Which Losses Were Incurred		1 2014	2 2015	3 2016	4 2017	5 2018
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

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 (Col. 1 + 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)
		NONE									
1. 2014.....		000.000.000.0
2. 2015.....		000.000.000.0
3. 2016.....		000.000.000.0
4. 2017.....		000.000.000.0
5. 2018.....		000.000.000.0

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....		XXX				
4. 2016.....		XXX	XXX			
5. 2017.....		XXX	XXX	XXX		
6. 2018.....		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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....		XXX				
4. 2016.....		XXX	XXX			
5. 2017.....		XXX	XXX	XXX		
6. 2018.....		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 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 1 + 4)	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. 2014.....		0		0	NONE	0.0			0	0.0
2. 2015.....		0		0.0		0.0			0	0.0
3. 2016.....		0		0.0		0.0			0	0.0
4. 2017.....		0		0.0		0.0			0	0.0
5. 2018.....		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 XIX - MEDICAID

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred		1 2014	2 2015	3 2016	4 2017	5 2018
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

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. 4 + 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. 2014.....		0			NONE					0
2. 2015.....		0		0.0						0
3. 2016.....		0		0.0						0
4. 2017.....		0		0.0						0
5. 2018.....		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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

SECTION B - INCURRED HEALTH CLAIMS - OTHER

Year in Which Losses Were Incurred		1 2014	2 2015	3 2016	4 2017	5 2018
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
1. Prior.....		NONE				
2. 2014.....						
3. 2015.....						
4. 2016.....						
5. 2017.....						
6. 2018.....						

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

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. 1 + 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. 2014.....	0	NONE				0
2. 2015.....	00.0					0.0
3. 2016.....	00.0					0.0
4. 2017.....	00.0					0.0
5. 2018.....	00.0					0.0

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	Dental 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.....000000000
6. Totals (gross).....000000000
7. Reinsurance ceded.....0
8. Totals (net) (Page 3, Line 4).....000000000
9. Present value of amounts not yet due on claims.....1,619,1001,590,50028,600
10. Reserve for future contingent benefits.....0
11. Aggregate write-ins for other claim reserves.....000000000
12. Totals (gross).....1,619,1001,590,500028,60000000
13. Reinsurance ceded.....0
14. Totals (net) (Page 3, Line 7).....1,619,1001,590,500028,60000000

DETAILS OF WRITE-INS

0501.0
0502.0
0503.0
0598. Summary of remaining write-ins for Line 5 from overflow page.....000000000
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....000000000
1101.0
1102.0
1103.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....000000000
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....000000000

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....				0
2. Salaries, wages and other benefits.....				0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....				0
4. Legal fees and expenses.....		8,215	8,215
5. Certifications and accreditation fees.....				0
6. Auditing, actuarial and other consulting services.....		126,495	126,495
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.....	1,549,31357,000	1,606,313
15. Boards, bureaus and association fees.....				0
16. Insurance, except on real estate.....				0
17. Collection and bank service charges.....		61,454	61,454
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.....		51,368	51,368
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.....00000
26. Total expenses incurred (Lines 1 to 25).....01,549,313304,5320	(a).....1,853,845
27. Less expenses unpaid December 31, current year.....	105,2686,801	112,069
28. Add expenses unpaid December 31, prior year.....	135,00016,831	151,831
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).....01,579,045314,56201,893,607

DETAILS OF WRITE-INS

2501.0
2502.0
2503.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....00000
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....00000

(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).....105,478108,271
1.1 Bonds exempt from U.S. tax.....	(a).....
1.2 Other bonds (unaffiliated).....	(a).....22,25222,841
1.3 Bonds of affiliates.....	(a).....
2.1 Preferred stocks (unaffiliated).....	(b).....
2.11 Preferred stocks of affiliates.....	(b).....
2.2 Common stocks (unaffiliated).....
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).....125,336128,655
7. Derivative instruments.....	(f).....
8. Other invested assets.....
9. Aggregate write-ins for investment income.....00
10. Total gross investment income.....253,066259,767
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).....259,767

DETAILS OF WRITE-INS

0901.
0902.
0903.
0998. Summary of remaining write-ins for Line 9 from overflow page.....00
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....00
1501.
1502.
1503.
1598. Summary of remaining write-ins for Line 15 from overflow page.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....0

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....0
1.1 Bonds exempt from U.S. tax.....0
1.2 Other bonds (unaffiliated).....0
1.3 Bonds of affiliates.....0
2.1 Preferred stocks (unaffiliated).....0
2.11 Preferred stocks of affiliates.....0
2.2 Common stocks (unaffiliated).....0
2.21 Common stocks of affiliates.....0
3. Mortgage loans.....0
4. Real estate.....0
5. Contract loans.....0
6. Cash, cash equivalents and short-term investments.....0
7. Derivative instruments.....0
8. Other invested assets.....0
9. Aggregate write-ins for capital gains (losses).....00000
10. Total capital gains (losses).....00000

DETAILS OF WRITE-INS

0901.0
0902.0
0903.0
0998. Summary of remaining write-ins for Line 9 from overflow page...00000
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....00000

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.....000
12. Subtotals, cash and invested assets (Lines 1 to 11).....000
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 installments 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.....000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....000
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0
28. TOTALS (Lines 26 and 27).....000

DETAILS OF WRITE-INS

1101.0
1102.0
1103.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....000
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....000
2501.0
2502.0
2503.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....000
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....000

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....	1,322	1,494	1,322	1,431	1,419	17,143
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total.....	1,322	1,494	1,322	1,431	1,419	17,143

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

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

NONE

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current 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 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		
1. Pharmaceutical rebate receivables.....					0	
2. Claim overpayment receivables.....					0	
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....					0	
7. Totals (Lines 1 through 6).....	0	0	0	0	0	0

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

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	Name of Affiliate	2	3	4	5	6	Admitted	
							7	8
		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	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current

NONE

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.....00.0
2. Intermediaries.....00.0
3. All other providers.....00.0
4. Total capitation payments.....00.0000
Other Payments:						
5. Fee-for-service.....20,258,461100.0XXXXXX20,258,461
6. Contractual fee payments.....00.0XXXXXX
7. Bonus/withhold arrangements - fee-for-service.....00.0XXXXXX
8. Bonus/withhold arrangements - contractual fee payments.....00.0XXXXXX
9. Non-contingent salaries.....00.0XXXXXX
10. Aggregate cost arrangements.....00.0XXXXXX
11. All other payments.....00.0XXXXXX
12. Total other payments.....20,258,461100.0XXXXXX020,258,461
13. Total (Line 4 plus Line 12).....20,258,461100.0XXXXXX020,258,461

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			0
2. Medical furniture, equipment and fixtures.....					0
3. Pharmaceuticals and surgical supplies.....					0
4. Durable medical equipment.....					0
5. Other property and equipment.....					0
6. Total.....000000

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. Investments are reported as described below. Purchases of 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.

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 on short-term investments from date of purchase through year-end is included in accrued income.

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.

The state of income and changes in surplus - statutory basis, includes unrealized gains and losses on investments in common stocks and mutual funds. The unrealized gain (loss) on these investments represents the change in the difference between cost and market at the beginning and end of the year.

Note 2 – Accounting Changes and Correction of Errors

None

Note 3 – Business Combinations and Goodwill

None

Note 4 – Discontinued Operations

None

Note 5 – Investments

Cash and cash equivalents included as admitted assets at December 31, 2018 and 2017 were as follows.

	<u>2018</u>	<u>2017</u>
Checking account – Huntington National Bank	\$ 250,000	\$ 91,218
US Treasury Money Fund – Huntington National Bank	340,169	2,123,550
Certificates of Deposit	<u>6,396,612</u>	<u>6,650,762</u>
Total cash and cash equivalents	<u>\$ 6,986,781</u>	<u>\$ 8,865,530</u>

The Plan's investments are held by a bank serving as the investment agent for the Plan.

	<u>2018</u>	<u>2017</u>
Fixed income securities		
US Treasury Obligations	\$ 1,721,388	\$ 1,969,250
US Government Agencies	3,508,096	3,313,031
Corporate Bonds	<u>829,334</u>	<u>833,043</u>
Total fixed income securities	<u>\$ 6,058,818</u>	<u>\$ 6,115,324</u>
Money market mutual funds		
First Merit Private Bank Cash account	<u>\$ 681,412</u>	<u>\$ 161,483</u>

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

NOTES TO FINANCIAL STATEMENTS

None

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

None

Note 9 – Income Taxes

No significant changes

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

The participating employers of the Plan pay directly to OBL Bank Services, Inc. a 5% administrative fee. The amount totaled \$890,116 through December 31, 2018 and was included in the premium earned and claims adjustment expenses reported.

Note 11 – Debt

None

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

None

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

None

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

None

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

None

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

None

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

None

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

None

Note 20 – Fair Value Measurements

See Note 1 above

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 Aetna Life Insurance Company, for claims incurred during the year on a claimant in excess of \$300,000 annually. After a claim(s) exceed the stop loss ceiling, the stop loss carrier pays the remainder of the claim on behalf of the Plan. Claims totaling \$3,596,684 were paid during the current year by the stop loss carrier on behalf of the Plan. These amounts are reflected on page 4 of the annual report. In addition to stop loss coverage for specific claims, the Plan also carried aggregate stop loss coverage at 125% of prior year's claims.

NOTES TO FINANCIAL STATEMENTS

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The amount incurred but unpaid claims reserves as of December 31, 2018 and 2017 was based on a study completed by the Plan's actuary and included estimated IBNR of \$1,619,100 and LAE of \$105,268 for 2018 and IBNR of \$1,557,500 and LAE of \$135,000 for 2017.

Note 26 – Intercompany Pooling Arrangements

None

Note 27 – Structured Settlements

Not Applicable for Health Entities

Note 28 – Health Care Receivables

None

Note 29 – Participating Policies

None

Note 30 – Premium Deficiency Reserves

None

Note 31 – Anticipated Salvage and Subrogation

None

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

Yes [] No [X]

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?

1.4

Is the reporting entity publicly traded or a member of publicly traded group?

Yes [] No [X]

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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 [X] No [X]

2.2

If yes, date of change: June 6, 2018

3.1

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

12/31/2016

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.

5/17/2018

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).

5/17/2018

3.4

By what department or departments?
Ohio Dept of Insurance.

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 [X]

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?
If the answer is YES, complete and file the merger history data file with the NAIC.

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	2 NAIC Company Code	3 State of Domicile
Name of Entity		

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?
Hirth Norris & Garrison, LLP Grove City, OH 43123

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

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

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

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

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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?

Jeff Smith - Diamond Consulting- Columbus, Ohio

Jeff Smith, Columbus, OH 12.1

Yes [] No [X]

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

0
\$ 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?
N/A

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [X] No []

13.3 Have there been any changes made to any of the trust indentures during the year?

Yes [] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

14.2 Has the code of ethics for senior managers been amended?

Yes [] No [X]

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

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]

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 [X]

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

21.21 Rented from others

\$ 0

21.22 Borrowed from others

\$ 0

21.23 Leased from others

\$ 0

21.24 Other

\$ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$ 0

22.22 Amount paid as expenses

\$ 0

22.23 Other amounts paid

\$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

INVESTMENT

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 [X] 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 [X]

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 [X]

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

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 [X]

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 [X]

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 [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
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 [X]

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 [X] 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
Huntington National Bank	

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 [X]

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
Huntington National Bank - Bobby Blossum	U

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] 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
#2305	Huntington National Bank	31-0966785	OCC	DS

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 [X]

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 [X]

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 [X] No []

32.2 If no, list exceptions:

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- 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 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

35.2 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
Aetna Life Insurance Company - TPA	\$ 576131

36.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Vorys	\$ 3415

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

37.2 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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/> 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	2	
		Current Year	Prior Year	
2.1	Premium Numerator	\$	\$	0
2.2	Premium Denominator	\$	\$	0
2.3	Premium Ratio (2.1/2.2)			0.0%
2.4	Reserve Numerator	\$	\$	0
2.5	Reserve Denominator	\$	\$	0
2.6	Reserve Ratio (2.4/2.5)			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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/> 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 [<input type="checkbox"/>] No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?			Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?			Yes [<input checked="" type="checkbox"/> X] No [<input type="checkbox"/>]
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 [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 0

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

9.2 If yes, direct premium earned:

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

9.22 Business with rate guarantees over 36 months \$ 0

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

10.2 If yes:

10.21 Maximum amount payable bonuses 0

10.22 Amount actually paid for year bonuses 0

10.23 Maximum amount payable 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 [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

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

11.3 If yes, show the name of the state requiring such minimum capital and surplus.
Ohio

11.4 If yes, show the amount required. \$ 500,0000

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

11.6 If the amount is calculated, show the calculation

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

1
Name of Service Area

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

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

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

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

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

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

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

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

15.1 Direct Premium Written \$ 0

15.2 Total Incurred Claims \$ 0

15.3 Number of Covered Lives 0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No [X]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	13,885,037	15,193,067	14,151,819	11,710,831	10,011,384
2. Total liabilities (Page 3, Line 24).....	1,731,169	1,709,331	1,719,040	1,447,782	1,374,814
3. Statutory minimum capital and surplus requirement.....	500,000	500,000	500,000	500,000	150,000
4. Total capital and surplus (Page 3, Line 33).....	12,153,868	13,483,736	12,432,779	10,263,049	8,636,570
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	16,963,988	14,942,110	15,734,507	15,919,180	15,593,937
6. Total medical and hospital expenses (Line 18).....	16,723,377	14,123,146	13,354,459	12,863,743	11,530,414
7. Claims adjustment expenses (Line 20).....	1,549,313	638,470	873,717	1,288,130	1,115,490
8. Total administrative expenses (Line 21).....	304,532	220,705	315,559	215,940	318,786
9. Net underwriting gain (loss) (Line 24).....	(1,613,234)	(40,211)	1,190,772	1,551,367	2,629,247
10. Net investment gain (loss) (Line 27).....	283,366	195,646	165,906	75,112	64,281
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(1,329,868)	155,435	1,356,678	1,626,479	2,693,528
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(1,412,133)	136,582	1,622,571	1,696,383	2,439,050
Risk-Based Capital Analysis					
14. Total adjusted capital.....	12,153,868	13,483,736	12,432,779	10,263,049	8,636,570
15. Authorized control level risk-based capital.....	1,293,964	1,059,549	1,002,865	966,217	868,777
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	1,419	1,322	1,373	1,292	1,214
17. Total member months (Column 6, Line 7).....	17,143	15,853	16,357	15,252	14,244
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).	98.6	94.5	84.9	80.8	74.0
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....	9.1	4.3	5.6	8.1	7.2
22. Total underwriting deductions (Line 23).....	109.5	100.3	92.4	90.3	83.1
23. Total underwriting gain (loss) (Line 24).....	(9.5)	(0.3)	7.6	9.7	16.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	1,335,718	1,133,108	1,273,773	1,127,967	1,496,454
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	1,557,500	1,502,500	1,310,000	1,237,500	1,485,000
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?

Yes [] No [X]

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Ohio Bankers Benefits Trust 2. ,

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....N/A

NAIC Company Code.....00000

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,322	1,322								
2. First quarter.....	2,551	1,494				1,057				
3. Second quarter.....	2,230	1,322				908				
4. Third quarter.....	2,411	1,431				980				
5. Current year.....	2,374	1,419				955				
6. Current year member months.....	29,106	17,143				11,963				
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	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).....	16,963,988	16,154,272				809,716				
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	16,963,988	16,154,272				809,716				
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	18,663,667	18,007,139				656,528				
18. Amount incurred for provision of health care services.....	18,577,222	17,919,594				657,628				

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4		5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured		Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance 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
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
78700.....	068776836.....	01/01/2018	Aetna Life Insurance Company.....	CT.....3,596,684
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....			3,596,6840
2199999.	Total - Accident and Health Non-Affiliates.....			3,596,6840
2299999.	Total - Accident and Health.....			3,596,6840
2399999.	Total U.S.....			3,596,6840
9999999.	Total.....			3,596,6840

SCHEDULE S - PART 3 - SECTION 2
Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
78700....	06-8776836....	.01/01/2018	Aetna Life Insurance Company.....	CT.....		CMM.....931,208
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					931,208000000
1099999	Total - General Account - Authorized - Non-Affiliates.....					931,208000000
1199999	Total - General Account - Authorized.....					931,208000000
3499999	Total - General Account - Authorized, Unauthorized and Certified.....					931,208000000
6999999	Total - U.S.....					931,208000000
9999999	Total.....					931,208000000

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC 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 (a)	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
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% -100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
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.....					
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).....					

NONE

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 third inset 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		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama.....AL	...N.....						0	
2. Alaska.....AK	...N.....						0	
3. Arizona.....AZ	...N.....						0	
4. Arkansas.....AR	...N.....						0	
5. California.....CA	...N.....						0	
6. Colorado.....CO	...N.....						0	
7. Connecticut.....CT	...N.....						0	
8. Delaware.....DE	...N.....						0	
9. District of Columbia.....DC	...N.....						0	
10. Florida.....FL	...N.....						0	
11. Georgia.....GA	...N.....						0	
12. Hawaii.....HI	...N.....						0	
13. Idaho.....ID	...N.....						0	
14. Illinois.....IL	...N.....						0	
15. Indiana.....IN	...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.....16,736,930					16,736,930	
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	...L.....227,058					227,058	
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.....00000000
59. Subtotal.....	...XXX.....16,963,9880000016,963,9880
60. Reporting entity contributions for Employee Benefit Plans.....	...XXX.....						0	
61. Total (Direct Business).....	...XXX.....16,963,9880000016,963,9880

DETAILS OF WRITE-INS

58001.0	
58002.0	
58003.0	
58998. Summary of remaining write-ins for line 58.....	00000000
58999. Total (Lines 58001 through 58003 + 58998).....	00000000

Explanation of basis of allocation by states, premiums by state, etc.

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

R - Registered - Non-domiciled RRGs..... 0
Q - Qualified - Qualified or accredited reinsurer..... 0
N - None of the above - Not allowed to write business in the state..... 55

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	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.....000000

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

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

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 Taken/ (Liability)

NONE

Ohio Bankers Benefits Trust
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?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	WAIVED
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	WAIVED
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO

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

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?	YES

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
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?	NO
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?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
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?	NO

APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
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?	YES
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?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO

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



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2018
(To be filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer a member of a group of insurers or other holding company system?

Yes [] No [X]
- If yes, do the amounts below represent

1) total gross compensation paid each individual by or on behalf of all companies which are part of the group; or

2) allocation to each insurer?

Yes [] No []

Yes [] No []
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?

Yes [] No [X]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?

Yes [] No [X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	Annual Compensation							
		3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
1. Current: Principal Executive Officer									
None.....	20180
.....	20170
.....	20160
2. Current: Principal Financial Officer									
None.....	20180
.....	20170
.....	20160
3.	20180
.....	20170
.....	20160
4.	20180
.....	20170
.....	20160
5.	20180
.....	20170
.....	20160
6.	20180
.....	20170
.....	20160
7.	20180
.....	20170
.....	20160
8.	20180
.....	20170
.....	20160
9.	20180
.....	20170
.....	20160
10.	20180
.....	20170
.....	20160

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
Directors						
Dean Miller.....	0.....	0.....	0.....	0.....	0.....0
Paul Reed.....	0.....	0.....	0.....	0.....	0.....0
Ron Zimmerly.....	0.....	0.....	0.....	0.....	0.....0
Lewis Renollet.....	0.....	0.....	0.....	0.....	0.....0
John Essen.....	0.....	0.....	0.....	0.....	0.....0

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:


BAR CODE:


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21.
22.
23.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26.



* 0 0 0 0 0 2 0 1 8 3 9 0 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 2 8 5 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 2 1 0 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 3 6 0 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 2 0 5 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 4 2 0 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 3 7 1 0 0 0 0 0 *



* 0 0 0 0 0 2 0 1 8 3 7 0 0 0 0 0 0 *


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


* 0 0 0 0 0 2 0 1 8 2 2 4 0 0 0 0 0 *


* 0 0 0 0 0 2 0 1 8 2 2 5 0 0 0 0 0 *


* 0 0 0 0 0 2 0 1 8 2 2 6 0 0 0 0 0 *


* 0 0 0 0 0 2 0 1 8 3 0 6 0 0 0 0 0 *