

ANNUAL STATEMENT

OF THE

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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

HEALTH



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
(Current Period) (Prior Period)

NAIC Company Code.....N/A

Employer's ID Number..... 31-1306485

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile USA

Licensed as Business Type MEWA

Is HMO Federally Qualified? Yes [] No [] N/A

Incorporated/Organized.... 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

Jeff Quayle
(Name)
jquayle@ohiobankersleague.org

614-340-7603
(Area Code) (Telephone Number) (Extension)
614-340-7599
(Fax Number)

Statutory Statement Contact

(E-Mail Address)

OFFICERS

1. Name

Title

2.
3.

Name

Title

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)
Jeffrey D. Quayle
1. (Printed Name)
Managing Director
(Title)


(Signature)
Christine Zeek
2. (Printed Name)
Plan Administrator
(Title)

(Signature)
3. (Printed Name)
Trustee
(Title)

Subscribed and sworn to before me
This 24 day of March 2019

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

Yes [X] No []



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

03/29/2019 2:49:54 AM

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 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 \$.....0 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 \$.....0 for medical loss ratio rebate per the Public Health Service Act..... | | | 0 | |
| 5. Aggregate life policy reserves..... | | | 0 | |
| 6. Property/casualty unearned premium reserves..... | | | 0 | |
| 7. Aggregate health claim reserves..... | | | 0 | |
| 8. Premiums received in advance..... | | | 0 | |
| 9. General expenses due or accrued..... | 6,801 | | 6,801 | 16,831 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))..... | | | 0 | |
| 10.2 Net deferred tax liability..... | | | 0 | |
| 11. Ceded reinsurance premiums payable..... | | | 0 | |
| 12. Amounts withheld or retained for the account of others..... | | | 0 | |
| 13. Remittances and items not allocated..... | | | 0 | |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)..... | | | 0 | |
| 15. Amounts due to parent, subsidiaries and affiliates..... | | | 0 | |
| 16. Derivatives..... | | | 0 | |
| 17. Payable for securities..... | | | 0 | |
| 18. Payable for securities lending..... | | | 0 | |
| 19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)..... | | | 0 | |
| 20. Reinsurance in unauthorized and certified (\$.....0) companies..... | | | 0 | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 22. Liability for amounts held under uninsured plans..... | | | 0 | |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current)..... | 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: | | | | |
| 32.1 .....0.000 shares common (value included in Line 26 \$.....0)..... | XXX | XXX | | |
| 32.2 .....0.000 shares preferred (value included in Line 27 \$.....0)..... | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 12,153,868 | 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 |

Ohio Bankers Benefits Trust

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 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| 33. Capital and surplus prior reporting period..... | 13,483,736 | 12,432,779 |
| 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..... | 0 | .895,522 |
| 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)..... | 12,153,868 | 13,483,736 |

DETAILS OF WRITE-INS

| | | |
|--|---|----------|
| 4701. Capital contribution back to Plan from OBL..... | | .895,522 |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page..... | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)..... | 0 | .895,522 |

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 | | |
|---------------|-------|-------|

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

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 |
| 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 |
| 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 |
| 5. Accrued medical incentive pools and bonuses, current year..... | | | | | | | | | | |
| 6. Net healthcare receivables (a): | | | | | | | | | | |
| 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 |
| 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 |
| 10. Accrued medical incentive pools and bonuses, prior year..... | | | | | | | | | | |
| 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 |
| 12.2 Reinsurance assumed..... | 0 | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded..... | 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 |
| 13. Incurred medical incentive pools and bonuses..... | 0 | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |

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

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 Benefits Plan | Title XVII 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 4. Totals: | | | | | | | | | | |
| 4.1 Direct..... | 1,619,100 |1,590,500 | | |28,600 | | | | | |
| 4.2 Reinsurance assumed..... | 0 | | | | 0 | | | | | |
| 4.3 Reinsurance ceded..... | 0 | | | | 0 | | | | | |
| 4.4 Net..... | 1,619,100 |1,590,500 | | | 0 |28,600 | | | | |

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 | | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|--|-------------------------------|---|---|--|---|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 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) | 1,264,610 | 18,337,323 | 49,000 | 1,541,500 | 1,313,610 | 1,530,000 |
| 2. Medicare supplement | | | | | 0 | 0 |
| 3. Dental only | 21,108 | 635,420 | 1,000 | 27,600 | 22,108 | 27,500 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Federal employees health benefits plan | | | | | 0 | 0 |
| 6. Title XVII - Medicare | | | | | 0 | 0 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 1,285,718 | 18,972,743 | 50,000 | 1,569,100 | 1,335,718 | 1,557,500 |
| 10. Healthcare receivables (a) | | | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | 0 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 1,285,718 | 18,972,743 | 50,000 | 1,569,100 | 1,335,718 | 1,557,500 |

(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 | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
|----------|------------------------------------|-----------|-----------|-----------|-----------|-----------|
| 1. Prior | | 1,386 | | | | |
| 2. 2014 | | 10,392 | | 1,128 | | |
| 3. 2015 | XXX | | | 11,663 | | |
| 4. 2016 | XXX | | | | 1,119 | |
| 5. 2017 | XXX | | | | 12,048 | 1,063 |
| 6. 2018 | XXX | | | | | 1,286 |
| | | | | | | 18,973 |

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

| | Year in Which Losses Were Incurred | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
|----------|------------------------------------|-----------|-----------|-----------|-----------|-----------|
| 1. Prior | | | | | | |
| 2. 2014 | | | 12,025 | | | |
| 3. 2015 | XXX | | | 12,719 | | |
| 4. 2016 | XXX | | | | 13,167 | |
| 5. 2017 | XXX | | | | | 14,068 |
| 6. 2018 | 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 | 12,868 | 82.5 |
| 2. 2015 | | 15,919 | 11,663 | 1,276 | 10.9 | 12,339 | .81.3 | | 1,310 | 14,384 | 90.4 |
| 3. 2016 | | 15,735 | 12,048 | 873 | 7.2 | 12,921 | .82.1 | | 1,502 | 14,558 | 92.5 |
| 4. 2017 | | 14,942 | 13,005 | 688 | 4.9 | 13,643 | .91.3 | | 1,558 | 15,336 | 102.6 |
| 5. 2018 | | 16,964 | 18,973 | 1,549 | 8.2 | 20,522 | .121.0 | | 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 |1,392 |1,128 |1,119 |10,392 |10,392 |
| 3. 2015..... |XXX |XXX |11,663 |XXX |11,663 |11,663 |
| 4. 2016..... |XXX |XXX |XXX |12,048 |1,063 |12,048 |
| 5. 2017..... |XXX |XXX |XXX |XXX |13,005 |13,005 |
| 6. 2018..... |XXX |XXX |XXX |XXX |18,337 |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..... | |12,025 |12,025 |12,025 |12,025 |12,025 |
| 3. 2015..... |XXX |XXX |12,719 |XXX |12,719 |12,719 |
| 4. 2016..... |XXX |XXX |XXX |13,167 |XXX |13,167 |
| 5. 2017..... |XXX |XXX |XXX |14,068 |XXX |14,068 |
| 6. 2018..... |XXX |XXX |XXX |XXX |19,602 |19,602 |

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

| | Years in Which Premiums were Earned and Claims were Incurred | Premiums Earned | Claim Payments | Claim Adjustment Expense Payments | Percent: (Col. 2 + 3) | Claim and Claim Adjustment Expense Payments | Percent (Col. 5/1) | Claims Unpaid | Unpaid Claim Adjustment Expenses | Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8) | | Percent (Col. 9/1) |
|--------------|--|-----------------|----------------|-----------------------------------|-----------------------|---|--------------------|---------------|----------------------------------|--|-------------|--------------------|
| | | | | | | | | | | 1 | 2 | |
| 1. 2014..... | |15,591 |10,392 |1,116 |10.7 |11,508 |73.8 |1,210 |12,841 |12,841 |12,841 |82.4 |
| 2. 2015..... | |15,919 |11,663 |1,276 |10.9 |12,939 |81.3 |1,283 |135 |14,357 |14,357 |90.2 |
| 3. 2016..... | |15,735 |12,048 |873 |7.2 |12,921 |82.1 |1,470 |135 |14,526 |14,526 |92.3 |
| 4. 2017..... | |14,942 |13,005 |638 |4.9 |13,643 |91.3 |1,530 |135 |15,308 |15,308 |102.4 |
| 5. 2018..... | |16,154 |18,337 |1,549 |8.4 |19,886 |123.1 |1,590 |105 |21,581 |21,581 |133.6 |

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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. Prior | | 2. 2015 | | 3. 2016 | | 4. 2017 | |
| 1. | Prior | | | | | | | | |
| 2. | 2014 | | | | | | | | |
| 3. | 2015 | | | | | | | | |
| 4. | 2016 | | | | | | | | |
| 5. | 2017 | | | | | | | | |
| 6. | 2018 | | | | | | | | |

NONE

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. Prior | | 2. 2014 | | 3. 2015 | | 4. 2017 | | 5. 2018 | |
| 1. | Prior | | | | | | | | | | |
| 2. | 2014 | | | | | | | | | | |
| 3. | 2015 | | | | | | | | | | |
| 4. | 2016 | | | | | | | | | | |
| 5. | 2017 | | | | | | | | | | |
| 6. | 2018 | | | | | | | | | | |

NONE

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

| | | Years in Which Premiums were Earned and Claims were Incurred | | | | Claim and Claim Adjustment Expense Payments (Col. 5/2) | | | | Total Claims and Claims Adjustment Expenses Incurred (Col. 5 + 7 + 8) | | Percent (Col. 9/1) | |
|----|------|--|--|---------|--|--|--|---------|--|---|--|--------------------|--|
| | | 1. 2014 | | 2. 2015 | | 3. 2016 | | 4. 2017 | | 5. 2018 | | 10 | |
| 1. | 2014 | | | | | | | | | | | | |
| 2. | 2015 | | | | | | | | | | | | |
| 3. | 2016 | | | | | | | | | | | | |
| 4. | 2017 | | | | | | | | | | | | |
| 5. | 2018 | | | | | | | | | | | | |

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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 | | | .617 |
| 5. 2017 | XXX | | XXX | | | .627 |
| 6. 2018 | 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 | | | | | .647 |
| 5. 2017 | XXX | | | | | .648 |
| 6. 2018 | 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 | Premiums Earned | Claim Payments | Claim Adjustment Expenses 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 | 2 | |
| 1. 2014 | | 704 | 526 | 0.0 | 526 | 74.7 | | | 554 | | .78.7 |
| 2. 2015 | | 720 | 596 | 0.0 | 596 | 82.8 | | | 624 | | .86.7 |
| 3. 2016 | | 726 | 617 | 0.0 | 617 | 85.0 | | | 650 | | .89.5 |
| 4. 2017 | | 756 | 627 | 0.0 | 627 | 82.9 | | | 655 | | .86.6 |
| 5. 2018 | | 810 | 635 | 0.0 | 635 | 78.4 | | | 664 | | .82.0 |

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

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

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

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

| | Years in Which Premiums were Earned and Claims were Incurred | Premiums Earned | Claim Payments | Claim Adjustment Expenses Payments | Percent (Col. 3/2) | Expense Payments Col. 5 + 7 | Claim and Claim Adjustment Expenses | Percent (Col. 5/1) | Claims Unpaid | Unpaid Claim Adjustment Expenses | Total Claims and Claims Adjustment Expenses Incurred (Col. 5 + 7 + 8) | | | Percent (Col. 9/1) | | | | | | |
|---------|--|-----------------|----------------|------------------------------------|--------------------|--|--|--------------------|---------------|----------------------------------|---|---|---|--------------------|---|---|---|---|---|----|
| | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. 2014 | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2015 | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2016 | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2017 | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2018 | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

(\$000 Omitted)

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

| | Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | |
|----------|------------------------------------|-----------------------------|------|------|------|
| | | 2014 | 2015 | 2016 | 2017 |
| 1. Prior | | | | | |
| 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 | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | |
|----------|------------------------------------|--|------|------|------|
| | | 2014 | 2015 | 2016 | 2017 |
| 1. Prior | | | | | |
| 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 | Claim Payments | Claim Adjustment Expenses Payments | Claim and Claim Adjustment Expenses Payments | | | | Unpaid Claim Adjustment Expenses | Total Claims and Claims Adjustment Expenses Incurred (Col. 5 + 7 + 8) | Percent (Col. 9/1) |
|---------|--|----------------|------------------------------------|--|--------------------|----------------------|--------------------------|----------------------------------|---|--------------------|
| | | | | Percent (Col. 3/2) | Percent (Col. 5/1) | Percent (Col. 5 + 7) | Percent (Col. 5 + 7 + 8) | | | |
| 1. 2014 | | | | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 2. 2015 | | | | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 3. 2016 | | | | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 4. 2017 | | | | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 5. 2018 | | | | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

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

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

| | Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|----|------------------------------------|-----------------------------|---------|---------|---------|---------|
| | | 1. Prior | 2. 2015 | 3. 2016 | 4. 2017 | 5. 2018 |
| 1. | Prior | | | | | |
| 2. | 2014 | | | | | |
| 3. | 2015 | | | | | |
| 4. | 2016 | | | | | |
| 5. | 2017 | | | | | |
| 6. | 2018 | | | | | |

NONE

014

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. Prior | 2. 2014 | 3. 2016 | 4. 2017 | 5. 2018 |
| 1. | Prior | | | | | |
| 2. | 2014 | | | | | |
| 3. | 2015 | | | | | |
| 4. | 2016 | | | | | |
| 5. | 2017 | | | | | |
| 6. | 2018 | | | | | |

NONE

014

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

| | Years in Which Premiums were Earned and Claims were Incurred | Premiums Earned | Claim Payments | Claim Adjustment Expense Payments | Percent: (Col. 3/2) | NONE | 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 | | | | 0 | NONE | 0 | | | 0 | 0.0 |
| 2. | 2015 | | | | 0 | | 0 | | | 0 | 0.0 |
| 3. | 2016 | | | | 0 | | 0 | | | 0 | 0.0 |
| 4. | 2017 | | | | 0 | | 0 | | | 0 | 0.0 |
| 5. | 2018 | | | | 0 | | 0 | | | 0 | 0.0 |

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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 | | | 5 2018 |
|----------|------------------------------------|-----------------------------|-----------|-----------|-----------|
| | | 1 2014 | 2 2015 | 3 2016 | |
| 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 | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | 5 2018 |
|----------|------------------------------------|--|-----------|-----------|-----------|
| | | 1 2014 | 2 2015 | 3 2016 | |
| 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 | Premiums Earned | Claim Payments | Claim Adjustment Expense Payments | Percent (Col. 5/2) | NONE | Unpaid Claim Adjustment Expenses | Claims Unpaid | Total Claims and Claims Adjustment Expenses Incurred (Col. 5 + 7 + 8) | Percent (Col. 9/1) |
|---------|--|-----------------|----------------|-----------------------------------|--------------------|-------------|----------------------------------|---------------|---|--------------------|
| | | | | | | | | | | |
| 1. 2014 | | | | | 0 | NONE | | | 0 | 0.0 |
| 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

| | | Cumulative Net Amounts Paid | | | |
|----|-------|------------------------------------|------|------|------|
| | | 1 | 2 | 3 | 4 |
| | | Year in Which Losses Were Incurred | 2015 | 2016 | 2017 |
| 1. | Prior | NONE ⁰¹⁴ | | | |
| 2. | 2014 | | | | |
| 3. | 2015 | | | | |
| 4. | 2016 | | | | |
| 5. | 2017 | | | | |
| 6. | 2018 | | | | |

SECTION B - INCURRED HEALTH CLAIMS - OTHER

| | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | |
|----|-------|--|------|------|------|
| | | 1 | 2 | 3 | 4 |
| | | Year in Which Losses Were Incurred | 2014 | 2015 | 2016 |
| 1. | Prior | NONE ⁰¹⁴ | | | |
| 2. | 2014 | | | | |
| 3. | 2015 | | | | |
| 4. | 2016 | | | | |
| 5. | 2017 | | | | |
| 6. | 2018 | | | | |

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

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----|------|--|----------------|-----------------------------------|--------------------|-------------------------------------|--------------------|---------------|----------------------------------|--|--------------------|
| | | Premiums Earned | Claim Payments | Claim Adjustment Expense Payments | Percent (Col. 3/2) | Claim and Claim Adjustment Expenses | 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) |
| | | Years in Which Premiums were Earned and Claims were Incurred | | | | | | | | | |
| 1. | 2014 | | | | | | | | | | |
| 2. | 2015 | | | | | | | | | | |
| 3. | 2016 | | | | | | | | | | |
| 4. | 2017 | | | | | | | | | | |
| 5. | 2018 | | | | | | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT

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

2 3 3 4 5

| | 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 \$..... for investment income)..... | 0 | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves..... | 0 | | | | | | | | |
| 6. Totals (gross)..... | 0 | | | | | | | | |
| 7. Reinsurance ceded..... | 0 | | | | | | | | |
| 8. Totals (net) (Page 3, Line 4)..... | 0 | | | | | | | | |
| 9. Present value of amounts not yet due on claims..... | 1,619,100 | 1,590,500 | | | | | | | |
| 10. Reserve for future contingent benefits..... | 0 | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves..... | 0 | | | | | | | | |
| 12. Totals (gross)..... | 1,619,100 | 1,590,500 | | | | | | | |
| 13. Reinsurance ceded..... | 0 | | | | | | | | |
| 14. Totals (net) (Page 3, Line 7)..... | 1,619,100 | 1,590,500 | 0 | 28,600 | 0 | 0 | 0 | 0 | 0 |

סעיפים 2 ו-3

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

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

Ohio Bankers Benefits Trust
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..... | | 1,549,313 | 57,000 | | 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..... | 0 | 0 | 0 | 0 | 0 |
| 26. Total expenses incurred (Lines 1 to 25)..... | 0 | 1,549,313 | 304,532 | 0 | (a).....1,853,845 |
| 27. Less expenses unpaid December 31, current year..... | | 105,268 | 6,801 | | 112,069 |
| 28. Add expenses unpaid December 31, prior year..... | | 135,000 | 16,831 | | 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)..... | 0 | 1,579,045 | 314,562 | 0 | 1,893,607 |

DETAILS OF WRITE-INS

| | | | | | |
|--|---|---|---|---|---|
| 2501. | | | | | 0 |
| 2502. | | | | | 0 |
| 2503. | | | | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 | 0 |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 | 0 | 0 |

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

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. government bonds..... | (a).....105,478 |108,271 |
| 1.1 Bonds exempt from U.S. tax..... | (a)..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | (a).....22,252 |22,841 |
| 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).....125,336 |128,655 |
| 7. Derivative instruments..... | (f)..... | ..... |
| 8. Other invested assets..... | ..... | ..... |
| 9. Aggregate write-ins for investment income..... |0 |0 |
| 10. Total gross investment income..... |253,066 |259,767 |
| 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..... |0 |0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)..... |0 |0 |
| 1501..... | ..... | ..... |
| 1502..... | ..... | ..... |
| 1503..... | ..... | ..... |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... |0 |0 |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)..... |0 |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)..... |0 |0 |0 |0 |0 |
| 10. Total capital gains (losses)..... |0 |0 |0 |0 |0 |

NONE**DETAILS OF WRITE-INS**

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

EXHIBIT OF NONADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|--|--|--|---|
| 1. Bonds (Schedule D)..... | | | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks..... | | | 0 |
| 2.2 Common stocks..... | | | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | 0 |
| 3.1 First liens..... | | | 0 |
| 3.2 Other than first liens..... | | | 0 |
| 4. Real estate (Schedule A): | | | 0 |
| 4.1 Properties occupied by the company..... | | | 0 |
| 4.2 Properties held for the production of income..... | | | 0 |
| 4.3 Properties held for sale..... | | | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | | | 0 |
| 6. Contract loans..... | | | 0 |
| 7. Derivatives (Schedule DB)..... | | | 0 |
| 8. Other invested assets (Schedule BA)..... | | | 0 |
| 9. Receivables for securities..... | | | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only)..... | | | 0 |
| 14. Investment income due and accrued..... | | | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 |
| 15.2 Deferred premiums, agents' balances and 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..... | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 0 | 0 | 0 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 |
| 28. TOTALS (Lines 26 and 27)..... | 0 | 0 | 0 |

NONE**DETAILS OF WRITE-INS**

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | Total Members at End of | |
|---|--------------------|-----------------------|------------------------|-----------------------|-------------------------|---------------------------------------|
| | | | | | 5 Current Year | 6 Current Year Member Months |
| 1. Health maintenance organizations..... | | | | | | |
| 2. Provider service organizations..... | | | | | | |
| 3. Preferred provider organizations..... | | | | | | |
| 4. Point of service..... | | | | | | |
| 5. Indemnity only..... | | | | | | |
| 6. Aggregate write-ins for other lines of business..... | | | | | | |
| 7. Total..... | 1,322 | 1,322 | 1,494 | 1,494 | 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 |
| 0699. | Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | 0 | 0 | 0 |

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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

NONE

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

| Type of Health Care Receivable | Health Care Receivables Collected | | Health Care Receivables Accrued | | Health Care Receivables in Prior Years (Columns 1 + 3) | 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 | ..... |

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

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Capitation Payments: | Payment Method | Direct Medical Expense Payment | Column 1 as a % of Total Payment | Total Members Covered | Column 3 as a % of Total Members | Column 1 Expenses Paid to Affiliated Providers | 5 | 6 |
|--|----------------|--------------------------------|--|-----------------------|--|--|--|--|
| | | | | | | | Column 1 Expenses Paid to Non-Affiliated Providers | Column 1 Expenses Paid to Non-Affiliated Providers |
| 1. Medical groups..... | | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 |
| 2. Intermediaries..... | | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 |
| 3. All other providers..... | | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 |
| 4. Total capitation payments..... | | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 |
| Other Payments: | | | | | | | | |
| 5. Fee-for-service..... | | 20,258,461 | 100.0 | XXX | XXX | XXX | 0 | 20,258,461 |
| 6. Contractual fee payments..... | | 0 | 0.0 | XXX | XXX | XXX | 0 | 0 |
| 7. Bonus/withhold arrangements - fee-for-service..... | | 0 | 0.0 | XXX | XXX | XXX | 0 | 0 |
| 8. Bonus/withhold arrangements - contractual fee payments..... | | 0 | 0.0 | XXX | XXX | XXX | 0 | 0 |
| 9. Non-contingent salaries..... | | 0 | 0.0 | XXX | XXX | XXX | 0 | 0 |
| 10. Aggregate cost arrangements..... | | 0 | 0.0 | XXX | XXX | XXX | 0 | 0 |
| 11. All other payments..... | | 0 | 0.0 | XXX | XXX | XXX | 0 | 0 |
| 12. Total other payments..... | | 20,258,461 | 100.0 | XXX | XXX | XXX | 0 | 20,258,461 |
| 13. Total (Line 4 plus Line 12)..... | | 20,258,461 | 100.0 | XXX | XXX | XXX | 0 | 20,258,461 |

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

| | 1 Description | 2 Cost | 3 Improvements | 4 Accumulated Depreciation | 5 Book Value Less Encumbrances | 6 Assets Not Admitted | Net Admitted Assets |
|----|--|-----------|-------------------|----------------------------------|---|--------------------------------|------------------------|
| 1. | Administrative furniture and equipment..... | | | | | | 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..... | 0 | 0 | 0 | 0 | 0 | 0 |

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****Basis of Accounting**

These financial statements have been prepared on the statutory basis of accounting as prescribed by the State of Ohio Department of Insurance. 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? Yes [] No [X]

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

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating? Yes [] No [X]

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? Yes [] No [X]

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

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

Yes [] No [X]

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 |
|---|--------------------------------------|---|-------------|
| | | | \$ 0 |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [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 reported 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. \$ 024.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 024.07 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: \$ 024.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 024.103 Total payable for securities lending reported on the liability page: \$ 025.1 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 \$ 025.22 Subject to reverse repurchase agreements \$ 025.23 Subject to dollar repurchase agreements \$ 025.24 Subject to reverse dollar repurchase agreements \$ 025.25 Placed under option agreements \$ 025.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 025.27 FHLB Capital Stock \$ 025.28 On deposit with states \$ 025.29 On deposit with other regulatory bodies \$ 025.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 025.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 025.32 Other \$ 0

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | \$ <u>0</u> |

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: \$ 028. 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 - Tobby 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 | 2 | 3 | 4 |
|---|---|---|-------------------|
| Name of Mutual Fund (from above table) | Name of Significant Holding of the Mutual Fund | Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 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 | 2 | 3 |
|-----------------------|----------------------------|------------|---|
| | Statement (Admitted) Value | Fair Value | 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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Yes [] No [X]

Has the reporting entity self-designated 5GI securities?

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Yes [] No [X]

Has the reporting entity self-designated PLGI securities?

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

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [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 withhold 0

10.24 Amount actually paid for year withhold 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 charted, 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]

Ohio Bankers Benefits Trust

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

NAIC Group Code.....N/A

| | NAIC Group Code.....N/A | 1 | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVII Medicare | 9 Title XIX Medicaid | 10 Other | (location) NAIC Company Code.....00000 |
|--|-------------------------|------------|------------------------------------|---------------------|-----------------------------|---------------------|---------------------|---|-----------------------------|----------------------------|-------------|---|
| | | | Total | Individual Group | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior year..... | | 1,322 | 1,322 | | | | | | | | | |
| 2. First quarter..... | | 2,551 | 1,494 | | | | | | | | | |
| 3. Second quarter..... | | 2,230 | 1,322 | | | | | | | | | |
| 4. Third quarter..... | | 2,411 | 1,431 | | | | | | | | | |
| 5. Current year..... | | 2,374 | 1,419 | | | | | | | | | |
| 6. Current year member months..... | | 29,106 | 17,143 | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician..... | | 0 | | | | | | | | | | |
| 8. Non-physician..... | | 0 | | | | | | | | | | |
| 9. Totals..... | | 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 | | | | | | | | | |
| 13. Life premiums direct..... | | 0 | | | | | | | | | | |
| 14. Property/casualty premiums written..... | | 0 | | | | | | | | | | |
| 15. Health premiums earned..... | | 16,963,988 | 16,154,272 | | | | | | | | | |
| 16. Property/casualty premiums earned..... | | 0 | | | | | | | | | | |
| 17. Amount paid for provision of health care services..... | | 18,663,667 | 18,007,139 | | | | | | | | | |
| 18. Amount incurred for provision of health care services..... | | 18,577,222 | 17,919,94 | | | | | | | | | |

(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 XVII 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 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Type of Business Assumed | 8 Premiums | 9 Unearned Premiums | 10 Reserve Liability Other Than for Unearned Premiums | 11 Reinsurance Payable on Paid and Unpaid Losses | 12 Modified Coinsurance Reserve | 13 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..... | | | |3,596,684 |0 |
| 2199999. | Total - Accident and Health Non-Affiliates..... | | | |3,596,684 |0 |
| 2299999. | Total - Accident and Health..... | | | |3,596,684 |0 |
| 2399999. | Total U.S..... | | | |3,596,684 |0 |
| 9999999. | Total..... | | | |3,596,684 |0 |

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 | 11 Current Year | 12 Prior Year | 13 Outstanding Surplus Relief | 14 Funds Withheld Under Coinsurance | |
|---|-------------------|------------------------|----------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|--|-----------------------|---------------------|-------------------------------------|---|--|
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | | |
| 78700.....06-8776836.....01/01/2018 | | | | | | | | | | | | | | |
| 0899999. Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates..... | | | | | | | | | | | | | | |
| 1099999. Total - General Account - Authorized - Non-Affiliates..... | | | | | | | | | | | | | | |
| 1199999. Total - General Account - Authorized..... | | | | | | | | | | | | | | |
| 3499999. Total - General Account - Authorized, Unauthorized and Certified..... | | | | | | | | | | | | | | |
| 6999999. Total - U.S..... | | | | | | | | | | | | | | |
| 9999999. Total..... | | | | | | | | | | | | | | |

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Reserve Credit Taken | 6 Paid and Unpaid Losses Recoverable (Debit) | 7 Other Debits | 8 Total (Cols. 5 + 6 + 7) | 9 Letters of Credit | 10 Issuing or Confirming Bank Reference Number. (a) | 11 Funds Deposited by and Withheld from Reinsurers | 12 Trust Agreements | 13 Other | 14 Miscellaneous Balances (Credit) | 15 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 | Collateral | | | 21 | 22 | 23 | 24 | 25 | |
|-------------------|-----------|----------------|-------------------|-----------------|------|--------------|------|---------|---------|---------|---------|---------|---------|----|---------------------------|------------------------|----------------------|--------------------------------------|--|---|---|--|--|
| | | | | | | | | | | | | | | | Total Recoverable Reserve | Paid and Unpaid Losses | Reserve Credit Taken | Net Obligation Subject to Collateral | Dollar Amount of Collateral Required for Full Credit | Percent Collateral Required for Full Credit | | | |
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domestic Rating | 1 hr | Jurisdiction | 1 hr | 10 | 10 | 11 | 12 | 13 | 14 | 15 | Total Recoverable Reserve | Paid and Unpaid Losses | Reserve Credit Taken | Net Obligation Subject to Collateral | Dollar Amount of Collateral Required for Full Credit | Percent Collateral Required for Full Credit | Percent of Collateral Provided for Net Obligation Subject to Collateral | Percent Credit Allowed on Net Obligation Subject to Collateral | Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 x Col. 25) |
| | | | | | | | | 10 + 11 | 10 + 11 | 11 + 12 | 12 + 13 | 13 + 14 | 14 + 15 | 15 | 16 | 17 | 18 | 19 | 20 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

NONE

SCHEDULE S - PART 6Five-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. | Active Status (a) | Direct Business Only | | | | | | | | Deposit-Type Contracts |
|--|----------------------|---------------------------------|---------------------------|-------------------------|--|---|---------------------------------|--------------------------------|------------|------------------------|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Plan Premiums | 6 Life & Annuity Premiums and Other Considerations | 7 Property/Casualty Premiums | 8 Total Columns 2 Through 7 | | |
| 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 | L.....16,736,930 | | | | | | | 16,736,930 | |
| 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 | L.....227,058 | | | | | | | 227,058 | |
| 50. Wisconsin..... | WI | | | | | | | | 0 | |
| 51. Wyoming..... | WY | | | | | | | | 0 | |
| 52. American Samoa..... | AS | | | | | | | | 0 | |
| 53. Guam..... | GU | | | | | | | | 0 | |
| 54. Puerto Rico..... | PR | | | | | | | | 0 | |
| 55. U.S. Virgin Islands..... | VI | N..... | | | | | | | 0 | |
| 56. Northern Mariana Islands..... | MP | | | | | | | | 0 | |
| 57. Canada..... | CAN | | | | | | | | 0 | |
| 58. Aggregate Other alien..... | OT | XXX.....0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 59. Subtotal..... | XXX..... | 16,963,988 | 0 | 0 | 0 | 0 | 0 | 0 | 16,963,988 | |
| 60. Reporting entity contributions for Employee Benefit Plans..... | XXX..... | | | | | | | | 0 | |
| 61. Total (Direct Business)..... | XXX..... | 16,963,988 | 0 | 0 | 0 | 0 | 0 | 0 | 16,963,988 | 0 |

DETAILS OF WRITE-INS

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

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

NONE

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

| 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 Entity 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) | * |
|------------|------------|-------------------|-----------|--------------|-----|--|---|----------------------|---|--|---|--|--|----------------------------------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

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

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

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

| |
|--------|
| YES |
| YES |
| WAIVED |
| YES |

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

| |
|--------|
| YES |
| WAIVED |
| NO |

JUNE FILING

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

| |
|-----|
| YES |
| 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?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
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?
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?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
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?
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?
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?
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 |
| YES |
| YES |
| YES |
| NO |
| NO |
| 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 |
|-----|



* 0 0 0 0 0 2 0 1 8 4 6 0 0 0 0 0 0 *

SUPPLEMENTAL COMPENSATION EXHIBITFor 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 Yes [] No []
2) allocation to each insurer? 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 | | | | | | | | 10 Totals |
|---|-----------|---------------------|------------|----------------------|-----------------------|--------------------------|----------------------------|--------------------------------|-------|--------------|
| | | 3 Salary | 4 Bonus | 5 Stock Awards | 6 Option Awards | 7 Sign-on Payments | 8 Severance Payments | 9 All Other Compensation | | |
| 1. Current: Principal Executive Officer | | | | | | | | | | |
| None..... | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 2. Current: Principal Financial Officer | | | | | | | | | | |
| None..... | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 3. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 4. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 5. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 6. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 7. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 8. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 9. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| 10. | 2018 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2017 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |
| ..... | 2016 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 0 |

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.

Statement as of December 31, 2018 of the **Ohio Bankers Benefits Trust**
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.