

QUARTERLY STATEMENT
OF THE
Ohio Bankers Benefits Trust

Of

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**OFFICE OF RISK
ASSESSMENT**

in the state of

Ohio

**to the Insurance Department
of the State of Ohio**

**For the Period Ended
March 31, 2019**

2019



HEALTH QUARTERLY STATEMENT

As of March 31, 2019
of the Condition and Affairs of the

Ohio Bankers Benefits Trust

NAIC Group Code..... N/A (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		
Statutory Statement Contact	Jeff Quayle (Name) jqayle@ohiobankersleauge.com (E-Mail Address)	614-340-7603 (Area Code) (Telephone Number) (Extension) 614-340-7599 (Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Dean Miller
Paul Reed
Ron Zimmerly
Lewis Renollet
John Essen
Mark Masters

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

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

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

Subscribed and sworn to before me
This 15th day of May 2019



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

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....	5,709,292		5,709,292	6,058,818
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	910,594		910,594	681,412
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....7,761,831), cash equivalents (\$.....0) and short-term investments (\$.....0).....	7,761,831		7,761,831	6,986,781
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,381,717	0	14,381,717	13,727,011
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	50,189		50,189	49,742
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....	165,320		165,320	
25. Aggregate write-ins for other than invested assets.....	84,057	0	84,057	108,284
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	14,681,283	0	14,681,283	13,885,037
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	14,681,283	0	14,681,283	13,885,037

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid runout fees.....	84,057		84,057	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 thru 2503 plus 2598) (Line 25 above).....	84,057	0	84,057	108,284

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.000 reinsurance ceded).....	1,640,000		1,640,000	1,619,100
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	195,000		195,000	105,268
4. Aggregate health policy reserves, including the liability of \$.000 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	21,429		21,429	6,801
10.1 Current federal and foreign income tax payable and interest thereon (including \$.000 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.000 current) and interest thereon \$.000 (including \$.000 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.000 authorized reinsurers, \$.000 unauthorized reinsurers and certified \$.000 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.000) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.000 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,856,429	0	1,856,429	1,731,169
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	12,824,854	12,153,868
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.000).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.000).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	12,824,854	12,153,868
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	14,681,283	13,885,037

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	4,371.....	4,428.....	17,143.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	4,621,308.....	4,363,507.....	16,963,988.....
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.....	165,320.....0.....0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....0.....0.....0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	4,786,628.....	4,363,507.....	16,963,988.....
Hospital and Medical:				
9. Hospital/medical benefits.....	2,605,169.....	4,358,114.....	16,576,356.....
10. Other professional services.....
11. Outside referrals.....
12. Emergency room and out-of-area.....
13. Prescription drugs.....	937,501.....	897,153.....	3,682,105.....
14. Aggregate write-ins for other hospital and medical.....0.....	20,900.....	187,000.....	61,600.....
15. Incentive pool, withhold adjustments and bonus amounts.....
16. Subtotal (Lines 9 to 15).....0.....	3,563,570.....	5,442,267.....	20,320,061.....
Less:				
17. Net reinsurance recoveries.....	890,007.....	3,596,684.....
18. Total hospital and medical (Lines 16 minus 17).....0.....	3,563,570.....	4,552,260.....	16,723,377.....
19. Non-health claims (net).....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	364,688.....	188,585.....	1,549,313.....
21. General administrative expenses.....	281,029.....	259,673.....	304,532.....
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.....	4,209,287.....	5,000,518.....	18,577,222.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	577,341.....	(637,011).....	(1,613,234).....
25. Net investment income earned.....	93,645.....	71,013.....	283,366.....
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....
27. Net investment gains or (losses) (Lines 25 plus 26).....0.....	93,645.....	71,013.....	283,366.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....
29. Aggregate write-ins for other income or expenses.....0.....0.....0.....0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	670,986.....	(565,998).....	(1,329,868).....
31. Federal and foreign income taxes incurred.....	XXX.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	670,986.....	(565,998).....	(1,329,868).....

DETAILS OF WRITE-INS

0601. Prescription rebate revenue.....	XXX.....	165,320.....
0602.	XXX.....
0603.	XXX.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....0.....0.....0.....
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX.....	165,320.....0.....0.....
0701.	XXX.....
0702.	XXX.....
0703.	XXX.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....0.....0.....0.....
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX.....0.....0.....0.....
1401. change in IBNR.....	20,900.....	187,000.....	61,600.....
1402.
1403.
1498. Summary of remaining write-ins for Line 14 from overflow page.....0.....0.....0.....0.....
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....0.....	20,900.....	187,000.....	61,600.....
2901.
2902.
2903.
2998. Summary of remaining write-ins for Line 29 from overflow page.....0.....0.....0.....0.....
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....0.....0.....0.....0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT			
	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	12,153,868	13,483,736	13,483,736
34. Net income or (loss) from Line 32.....	670,986	(565,998)	(1,329,868)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....0	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	670,986	(565,998)	(1,329,868)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	12,824,854	12,917,738	12,153,868

DETAILS OF WRITE-INS

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	4,621,308	4,481,529	16,971,677
2. Net investment income.....	67,481	72,431	279,857
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	4,688,789	4,553,960	17,251,534
5. Benefit and loss related payments.....	4,059,800	4,802,726	18,663,667
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).....	4,059,800	4,802,726	18,663,667
11. Net cash from operations (Line 4 minus Line 10).....	628,989	(248,766)	(1,412,133)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	348,821		550,000
12.2 Stocks.....	1,282,912	307,871	1,372,977
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).....	1,631,733	307,871	1,922,977
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		297,707	496,688
13.2 Stocks.....	1,485,672	313,934	1,892,905
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).....	1,485,672	611,641	2,389,593
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	146,061	(303,770)	(466,616)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	775,050	(552,536)	(1,878,749)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	6,986,781	8,865,530	8,865,530
19.2 End of period (Line 18 plus Line 19.1).....	7,761,831	8,312,994	6,986,781

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	2,374	1,419				955				
2. First Quarter.....	2,424	1,418				1,006				
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	0									
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	4,621,308	4,621,308								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,621,308	4,621,308								
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	3,705,233	3,705,233								
18. Amount Incurred for Provision of Health Care Services.....	3,563,570	3,563,570								

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Liability End of Current Quarter				5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,075,531	2,482,305	400,000	1,211,000	1,475,531	1,590,500
2. Medicare Supplement					0	
3. Dental only	22,393	125,004	1,500	27,500	23,893	28,600
4. Vision only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid					0	
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	1,097,924	2,607,309	401,500	1,238,500	1,499,424	1,619,100
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9-10+11+12)	1,097,924	2,607,309	401,500	1,238,500	1,499,424	1,619,100

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

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 Corrections 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 March 31, 2019 and 2018 were as follows.

	<u>2019</u>	<u>2018</u>
Checking account – Huntington National Bank	\$ 266,969	\$ (69,333)
US Treasury Money Fund – Huntington National Bank	340,558	1,981,565
Checking account - LCNB National Bank	1,057,499	0
Certificates of Deposit	<u>6,096,806</u>	<u>6,400,762</u>
Total cash and cash equivalents	<u>\$ 7,761,832</u>	<u>\$ 8,312,994</u>

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

	<u>2019</u>	<u>2018</u>
Fixed income securities		
US Treasury Obligations	\$ 1,473,168	\$ 1,969,783
US Government Agencies	3,507,439	3,610,244
Corporate Bonds	<u>728,685</u>	<u>832,196</u>
Total fixed income securities	<u>\$ 5,709,292</u>	<u>\$ 6,412,223</u>
Money market mutual funds		
First Merit Private Bank Cash account	<u>\$ 311,515</u>	<u>\$ 167,546</u>
Stock and mutual fund equity holdings		
Various holdings w/ Huntington National Bank	<u>\$ 599,079</u>	<u>\$ 0</u>

NOTES TO FINANCIAL STATEMENTS

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

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 \$242,581 through March 31, 2019 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 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

Subsequent events have been considered through May 13, 2019 for these statutory financial statements which are to be issued on . There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Note 23 – Reinsurance

NA 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 \$0 were paid during the current year by the stop loss carrier on behalf of the Plan. These amounts, if any, 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.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

NOTES TO FINANCIAL STATEMENTS

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The amount incurred but unpaid claims reserves as of March 31, 2019 and 2018 was based on a study completed by the Plan's actuary and included estimated IBNR of \$1,640,000 and LAE of \$195,000 for 1st quarter 2019 and IBNR of \$1,744,500 and LAE of \$150,000 for 1st quarter 2018.

Note 26 – Intercompany Pooling Arrangements

None

Note 27 – Structured Settlements

Not Applicable for Health Companies

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

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒

1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes ☐ No ☒

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

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

Yes ☐ No ☒

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes ☐ No ☒

4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes ☐ No ☐ N/A ☒

6.1

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

12/31/2016

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

5/17/2018

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

5/17/2018

6.4

By what department or departments?

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☐

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes ☐ No ☒

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 ☒

8.4

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

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

9.1

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

Yes ☒ No ☐

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

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

Yes ☐ No ☒

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

Q11

05/14/2019 5:18:30 PM

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

Yes ☐ No ☒

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0

13. Amount of real estate and mortgages held in short-term investments:

\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☐

14.2 If yes, please complete the following:

14.21 Bonds

14.22 Preferred Stock

14.23 Common Stock

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate

14.26 All Other

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

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

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

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

Yes ☐ No ☒

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

Yes ☐ No ☐

If no, attach a description with this statement.

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

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

\$0

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

\$0

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

\$0

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

Yes ☒ No ☐

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

1	2
Name of Custodian(s)	Custodian Address
Huntington National Bank	106 S. Main Street, Akron, Ohio 44308

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

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

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

Yes ☐ No ☒

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

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

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

1	2
Name of Firm or Individual	Affiliation
Huntington Natiional Bank - Toby Blossom	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?

Yes ☒ No ☐

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes ☐ No ☒

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

1	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	Huntington National Bank - Toby Blossom	31-0966785	OCC	DS

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

Yes ☒ No ☐

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [☐]

No [☒]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [☐]

No [☒]

GENERAL INTERROGATORIES (continued)
PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		85.0 %
1.2	A&H cost containment percent		7.9 %
1.3	A&H expense percent excluding cost containment expenses		6.1 %
2.1	Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [X]	No []
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes []	No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
A&H Non-Affiliates								
10345.....	31-1440175.....	01/01/2019	Community Insurance Company.....	OH.....	SSL/G.....	Authorized.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							9
			2	3	4	5	6	7	8	
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1.	Alabama.....AL	..N...						0	
2.	Alaska.....AK	..N...						0	
3.	Arizona.....AZ	..N...						0	
4.	Arkansas.....AR	..N...						0	
5.	California.....CA	..N...						0	
6.	Colorado.....CO	..N...						0	
7.	Connecticut.....CT	..N...						0	
8.	Delaware.....DE	..N...						0	
9.	District of Columbia.....DC	..N...						0	
10.	Florida.....FL	..N...						0	
11.	Georgia.....GA	..N...						0	
12.	Hawaii.....HI	..N...						0	
13.	Idaho.....ID	..N...						0	
14.	Illinois.....IL	..N...						0	
15.	Indiana.....IN	..N...						0	
16.	Iowa.....IA	..N...						0	
17.	Kansas.....KS	..N...						0	
18.	Kentucky.....KY	..N...						0	
19.	Louisiana.....LA	..N...						0	
20.	Maine.....ME	..N...						0	
21.	Maryland.....MD	..N...						0	
22.	Massachusetts.....MA	..N...						0	
23.	Michigan.....MI	..N...						0	
24.	Minnesota.....MN	..N...						0	
25.	Mississippi.....MS	..N...						0	
26.	Missouri.....MO	..N...						0	
27.	Montana.....MT	..N...						0	
28.	Nebraska.....NE	..N...						0	
29.	Nevada.....NV	..N...						0	
30.	New Hampshire.....NH	..N...						0	
31.	New Jersey.....NJ	..N...						0	
32.	New Mexico.....NM	..N...						0	
33.	New York.....NY	..N...						0	
34.	North Carolina.....NC	..N...						0	
35.	North Dakota.....ND	..N...						0	
36.	Ohio.....OH	..L...4,621,308					4,621,308	
37.	Oklahoma.....OK	..N...						0	
38.	Oregon.....OR	..N...						0	
39.	Pennsylvania.....PA	..N...						0	
40.	Rhode Island.....RI	..N...						0	
41.	South Carolina.....SC	..N...						0	
42.	South Dakota.....SD	..N...						0	
43.	Tennessee.....TN	..N...						0	
44.	Texas.....TX	..N...						0	
45.	Utah.....UT	..N...						0	
46.	Vermont.....VT	..N...						0	
47.	Virginia.....VA	..N...						0	
48.	Washington.....WA	..N...						0	
49.	West Virginia.....WV	..L...						0	
50.	Wisconsin.....WI	..N...						0	
51.	Wyoming.....WY	..N...						0	
52.	American Samoa.....AS	..N...						0	
53.	Guam.....GU	..N...						0	
54.	Puerto Rico.....PR	..N...						0	
55.	U.S. Virgin Islands.....VI	..N...						0	
56.	Northern Mariana Islands.....MP	..N...						0	
57.	Canada.....CAN	..N...						0	
58.	Aggregate Other alien.....OT	..XXX..00000000
59.	Subtotal.....	..XXX..4,621,308000004,621,3080
60.	Reporting entity contributions for Employee Benefit Plans.....	..XXX..						0	
61.	Total (Direct Business).....	..XXX..4,621,308000004,621,3080

DETAILS OF WRITE-INS

58001.0
58002.0
58003.0
58998.	Summary of remaining write-ins for line 58 from overflow page.....	0000000
58999.	Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	0000000

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	2	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	55

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

PART 1 – ORGANIZATIONAL CHART

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

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

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

1.

Bar Code:

