

QUARTERLY STATEMENT

OF THE

Ohio Bankers Benefits Trust

Of

Ohio

in the state of

Ohio

to the Insurance Department

of the State of

For the Period Ended

September 30, 2021

2021



HEALTH QUARTERLY STATEMENT

As of September 30, 2021
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	Gauri Airi (Name) gairi@ohiobankersleague.com (E-Mail Address)	614-340-7598 (Area Code) (Telephone Number) (Extension) 614-340-7599 (Fax Number)

OFFICERS

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

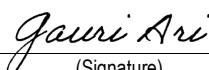
OTHER

DIRECTORS OR TRUSTEES

Dean Miller	Mark Masters
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)
Gauri Airi

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 _____ day of _____

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 []

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	.....6,572,436		.....6,572,436	.....4,537,881
2. Stocks:				
2.1 Preferred stocks.....			.....0	
2.2 Common stocks.....	.....1,704,176		.....1,704,176	.....1,525,610
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 (\$....10,377,040), cash equivalents (\$.....0) and short-term investments (\$.....0).....	.....10,377,040		.....10,377,040	.....10,258,923
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).....	.....18,653,652	.....0	.....18,653,652	.....16,322,414
13. Title plants less \$.....0 charged off (for Title insurers only).....			.....0	
14. Investment income due and accrued.....	.....28,362		.....28,362	.....33,885
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.....	.....596,949		.....596,949	.....506,709
25. Aggregate write-ins for other than invested assets.....	.....0	.....0	.....0	.....0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....19,278,963	.....0	.....19,278,963	.....16,863,008
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0	
28. Total (Lines 26 and 27).....	.....19,278,963	.....0	.....19,278,963	.....16,863,008

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

Ohio Bankers Benefits Trust

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	1,285,650		1,285,650	1,561,650
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	195,000		195,000	195,000
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 reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....			0	
9. General expenses due or accrued.....	199,809		199,809	33,424
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			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 certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,680,459	0	1,680,459	1,790,074
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	17,598,504	15,072,934
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	17,598,504	15,072,934
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	19,278,963	16,863,008

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

Ohio Bankers Benefits Trust

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.....	13,638	13,061	17,535
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	14,911,666	14,197,798	19,253,666
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.....	64,764	109,771	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	1,204,438	355,603	608,263
8. Total revenues (Lines 2 to 7).....	XXX.....	16,180,868	14,663,172	19,861,929
Hospital and Medical:				
9. Hospital/medical benefits.....		8,521,265	9,241,147	12,631,901
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....		3,970,435	3,050,249	4,506,558
14. Aggregate write-ins for other hospital and medical.....	0	(276,000)	94,600	(34,350)
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	12,215,700	12,385,996	17,104,109
Less:				
17. Net reinsurance recoveries.....		0	227,895	285,176
18. Total hospital and medical (Lines 16 minus 17).....	0	12,215,700	12,158,101	16,818,933
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		814,561	790,912	1,036,166
21. General administrative expenses.....		1,002,488	919,024	1,221,620
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	14,032,749	13,868,037	19,076,719
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	2,148,119	795,135	785,210
25. Net investment income earned.....		377,451	359,821	704,690
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				39,597
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	377,451	359,821	744,287
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.....	2,525,570	1,154,956	1,529,497
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	2,525,570	1,154,956	1,529,497

DETAILS OF WRITE-INS

0601. Miscellaneous revenue.....	XXX.....	64,764	109,771	
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.....	64,764	109,771	0
0701. Prescription rebate revenue.....	XXX.....	1,204,438	355,603	500,602
0702. Prescription guarantee credit.....	XXX.....			107,661
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.....	1,204,438	355,603	608,263
1401. change in IBNR.....		(276,000)	94,600	(34,350)
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	(276,000)	94,600	(34,350)
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

Ohio Bankers Benefits Trust
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.....	15,072,934	13,543,437	13,543,437
34. Net income or (loss) from Line 32.....	2,525,570	1,154,956	1,529,497
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
48. Net change in capital and surplus (Lines 34 to 47).....	2,525,570	1,154,956	1,529,497
49. Capital and surplus end of reporting period (Line 33 plus 48).....	17,598,504	14,698,393	15,072,934

DETAILS OF WRITE-INS

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

Ohio Bankers Benefits Trust

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.....	16,091,784	14,602,567	19,956,422
2. Net investment income.....	390,282	376,840	761,558
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	16,482,066	14,979,407	20,717,980
5. Benefit and loss related payments.....	14,142,364	13,780,196	19,108,212
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).....	14,142,364	13,780,196	19,108,212
11. Net cash from operations (Line 4 minus Line 10).....	2,339,702	1,199,211	1,609,768
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,000,000	2,168,709	2,768,709
12.2 Stocks.....	229,700	206,401	206,401
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.....	(211,391)	(89,509)	(120,171)
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,018,309	2,285,601	2,854,939
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,043,019	1,001,406	2,210,007
13.2 Stocks.....	196,875	429,976	536,183
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).....	3,239,894	1,431,382	2,746,190
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).....	(2,221,585)	854,219	108,749
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).....	118,117	2,053,430	1,718,517
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	10,258,923	8,540,406	8,540,406
19.2 End of period (Line 18 plus Line 19.1).....	10,377,040	10,593,836	10,258,923

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

20.001			
--------	--	--	--

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.....	2,648	1,497				1,151				
2. First Quarter.....	2,676	1,477				1,199				
3. Second Quarter.....	3,122	1,689				1,433				
4. Third Quarter.....	2,782	1,521				1,261				
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).....	14,911,666	14,242,840				668,826				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	14,911,666	14,242,840				668,826				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	12,346,268	11,769,009				577,259				
18. Amount Incurred for Provision of Health Care Services.....	12,215,700	11,636,643				579,057				

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

Q07

1/1/12/2021 1:19:38 PM

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total

NONE

Q08

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	829,286	109,939,722	19,100	1,518,400	848,386	1,537,500
2. Medicare Supplement.....					0	
3. Dental only.....	18,201	559,057	1,000	23,150	19,201	24,150
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).....	847,487	110,498,779	20,100	1,541,550	867,587	1,561,650
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).....	847,487	110,498,779	20,100	1,541,550	867,587	1,561,650

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

Q09

1/1/2021 1:19:38 PM

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

Financial statements are prepared on the statutory basis of accounting as prescribed by the State of Ohio Department of Insurance. Investments are reported as described below. Purchases and sales of securities are reflected on the settlement date. Investment income is reflected when earned. Interest income includes the amortization of bond and note premiums and discounts.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2020
NET INCOME					
(1) Ohio Bankers Benefits Trust Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 2,525,570	\$ 1,529,497
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP None				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP None				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$	\$
SURPLUS					
(5) Ohio Bankers Benefits Trust Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 17,598,504	\$ 15,072,934
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP None				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP None				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$	\$

B. Use of Estimates in the Preparation of the Financial Statement

No significant changes

C. Accounting Policy

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 security 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 interest. Any fixed income security whose value is significantly less than cost or amortized cost due to the financial difficulties of the issuer, is valued at its net realizable value. The statement 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.

- (1) Basis for Short-Term Investments
No significant changes
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
No significant changes
- (3) Basis for Common Stocks
No significant changes
- (4) Basis for Preferred Stocks
No significant changes
- (5) Basis for Mortgage Loans
No significant changes
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
No significant changes
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
No significant changes
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
No significant changes
- (9) Accounting Policies for Derivatives
No significant changes
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
No significant changes
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
No significant changes
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
No significant changes
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables
No significant changes

D. Going Concern - No going concern issues present**Note 2 – Accounting Changes and Corrections of Errors**

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

NOTES TO FINANCIAL STATEMENTS**Note 5 – Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans
No significant changes

B. Debt Restructuring
No significant changes

C. Reverse Mortgages
No significant changes

D. Loan-Backed Securities
(1) Description of Sources Used to Determine Prepayment Assumptions
N/A
(2) Other-Than-Temporary Impairments
N/A

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

(3) Recognized OTTI securities

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

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

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

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) Policy for Requiring Collateral or Other Security
No significant changes

(2) Disclose the Carrying Amount and Classification of Both Assets and Liabilities
No significant changes

(3) Collateral Received

- a. Aggregate Amount Collateral Received
No significant changes
- b. The Fair Value of that Collateral and of the Portion of that Collateral that it has Sold or Repledged

\$ _____

NOTES TO FINANCIAL STATEMENTS

c. Information about Sources and Uses of Collateral

No significant changes

(4) Aggregate Value of the Reinvested Collateral

No significant changes

(5) Collateral Reinvestment

No significant changes

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - N/A

Repurchase Transaction – Cash Taker – Overview of Secured Borrowing Transactions

(1) Company Policies or Strategies for Repo Programs

(2) Type of Repo Trades Used

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

(3) Original (Flow) and Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
b. Ending Balance				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$

(4) Fair Value Securities Sold and/or Acquired that Resulted in Default

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

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
b. Ending Balance				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$

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

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

Ending Balance	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds- BACV	\$	\$	\$	\$
b. Bonds- FV				
c. LB & SS- BACV				
d. LB & SS- FV				
e. Preferred Stock- BACV				
f. Preferred Stock- FV				
g. Common Stock				
h. Mortgage Loans- BACV				
i. Mortgage Loans- FV				

NOTES TO FINANCIAL STATEMENTS

Ending Balance	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
j. Real Estate- BACV				
k. Real Estate- FV				
l. Derivatives- BACV				
m. Derivatives- FV				
n. Other Invested Assets- BACV				
o. Other Invested Assets- FV				
p. Total Assets- BACV	\$	\$	\$	\$
q. Total Assets- FV	\$	\$	\$	\$

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

(7) Collateral Received – Secured Borrowing

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
b. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$

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

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Cash	\$	\$	\$	\$
b. Bonds- FV				
c. LB & SS- FV				
d. Preferred Stock- FV				
e. Common Stock				
f. Mortgage Loans- FV				
g. Real Estate- FV				
h. Derivatives- FV				
i. Other Invested Assets- FV				
j. Total Collateral Assets – FV (Sum of a through i)	\$	\$	\$	\$

Ending Balance	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Does Not Qualify as Admitted
a. Cash	\$	\$	\$	\$
b. Bonds- FV				
c. LB & SS- FV				
d. Preferred Stock- FV				
e. Common Stock				
f. Mortgage Loans- FV				
g. Real Estate- FV				
h. Derivatives- FV				
i. Other Invested Assets- FV				
j. Total Collateral Assets – FV (Sum of a through i)	\$	\$	\$	\$

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

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

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

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

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

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash (Collateral – All)	\$	\$	\$	\$
2. Securities Collateral (FV)	\$	\$	\$	\$
b. Ending Balance				
1. Cash (Collateral – All)	\$	\$	\$	\$
2. Securities Collateral (FV)	\$	\$	\$	\$

G.

Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions N/A

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

NOTES TO FINANCIAL STATEMENTS

(2) Type of Repo Trades Used

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

(3) Original (Flow) and Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
b. Ending Balance				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$

(4) Fair Value Securities Sold and/or Acquired that Resulted in Default

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

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount	\$	\$	\$	\$
b. Ending Balance	\$	\$	\$	\$

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

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds- FV	\$	\$	\$	\$
b. LB & SS- FV				
c. Preferred Stock- FV				
d. Common Stock				
e. Mortgage Loans- FV				
f. Real Estate- FV				
g. Derivatives- FV				
h. Other Invested Assets- FV				
i. Total Assets- FV (Sum of a through h)	\$	\$	\$	\$

Ending Balance	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Does Not Qualify as Admitted
a. Bonds- FV	\$	\$	\$	\$
b. LB & SS- FV				
c. Preferred Stock- FV				
d. Common Stock				
e. Mortgage Loans- FV				
f. Real Estate- FV				
g. Derivatives- FV				
h. Other Invested Assets- FV				
i. Total Assets- FV (Sum of a through h)	\$	\$	\$	\$

(7) Collateral Provided – Secured Borrowing

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Securities (BACV)	\$	\$	\$	\$
4. Nonadmitted Subset (BACV)	\$	\$	\$	\$

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

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

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

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
B. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Repo Securities Sold/Acquired with Cash Collateral	\$	\$	\$	\$
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	\$	\$	\$	\$
b. Ending Balance				
1. Repo Securities Sold/Acquired with Cash Collateral	\$	\$	\$	\$
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	\$	\$	\$	\$
H. Repurchase Agreements Transactions Accounted for as a Sale - N/A				
Repurchase Transaction – Cash Taker – Overview of Sale Transactions				
(1) Company Policy or Strategies for Engaging in Repo Programs				
(2) Type of Repo Trades Used	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				
(3) Original (Flow) & Residual Maturity	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
b. Ending Balance				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
(4) Fair Value Securities Sold and/or Acquired that Resulted in Default				
(5) Securities "Sold" Under Repo – Sale	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
b. Ending Balance				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
(6) Securities Sold Under Repo – Sale by NAIC Designation	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3
Ending Balance				
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
j. Real Estate-BACV				
k. Real Estate-FV				
l. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

Ending Balance	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
j. Real Estate-BACV				
k. Real Estate-FV				
l. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$

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

(7) **Proceeds Received – Sale**

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Nonadmitted	\$	\$	\$	\$
b. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Nonadmitted	\$	\$	\$	\$

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

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

(9) **Recognized Forward Resale Commitment**

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount	\$	\$	\$	\$
b. Ending Balance	\$	\$	\$	\$

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale N/A

Repurchase Transaction – Cash Provider – Overview of Sale Transactions

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

(2) Type of Repo Trades Used

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

(3) Original (Flow) & Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
b. Ending Balance				
1. Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
(4) Fair Value Securities Sold and/or Acquired that Resulted in Default				
(5) Securities Acquired Under Repo – Sale				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
b. Ending Balance				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
(6) Securities Acquired Under Repo – Sale by NAIC Designation				
	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
j. Real Estate-BACV				
k. Real Estate-FV				
l. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$
	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
j. Real Estate-BACV				
k. Real Estate-FV				
l. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$
p = a + c + e + g + h + j + l + n q = b + d + f + g + i + k + m + o				
(7) Proceeds Provided – Sale				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Securities (BACV)	\$	\$	\$	\$
4. Nonadmitted Subset	\$	\$	\$	\$
(8) Recognized Forward Resale Commitment				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter

NOTES TO FINANCIAL STATEMENTS

a. Maximum Amount	\$	\$	\$	\$
b. Ending Balance	\$	\$	\$	\$

J. Real Estate
No significant changes

K. Low-Income Housing Tax Credits (LIHTC)
No significant changes

L. Restricted Assets
No significant changes

M. Working Capital Finance Investments
(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:
No significant changes
(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

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

T05M029901;99;NINVEST:WORKCAP:D
(3) Any Events of Default or Working Capital Finance Investments

N. Offsetting and Netting of Assets and Liabilities
None present

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

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

O. 5GI Securities
No significant changes

P. Short Sales
No significant changes

Q. Prepayment Penalty and Acceleration Fees
No significant changes

R. Reporting Entity's Share of Cash Pool by Asset Type
No significant changes

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

N/A

A. Derivatives Under SSAP No. 86 – *Derivatives*
(1) Market Risk, Credit Risk and Cash Requirements
No significant changes
(2) Objectives for Derivative Use
No significant changes
(3) Accounting Policies for Recognition and Measurement
No significant changes
(4) Identification of Whether Derivative Contracts with Financing Premiums
No significant changes
(5) Net Gain or Loss Recognized
No significant changes
(6) Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting
No significant changes
(7) Derivatives Accounted for as Cash Flow Hedges
No significant changes
(8) Total Premium Costs for Contracts

a. Scheduled Amortization Fiscal Year	Derivative Premium Payments Due
1. 2020	\$

NOTES TO FINANCIAL STATEMENTS

2. 2021	
3. 2022	
4. 2023	
5. Thereafter	
6. Total Future Settled Premiums	\$

b.	Undiscounted Future Premium Commitments	Derivative Fair Value with Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
1. Prior Year	\$	\$	\$
2. Current Year to Date	\$	\$	\$

B. Derivatives under SSAP No. 108 – *Derivatives Hedging Variable Annuity Guarantees*

(1) Discussion of Hedged Item/Hedging Instruments and Hedging Strategy

No significant changes

(2) Recognition of Gains/Losses and Deferred Assets and Liabilities

a. Scheduled Amortization

Amortization Year	Deferred Assets	Deferred Liabilities
1. 2020	\$	\$
2. 2021		
3. 2022		
4. 2023		
5. 2024		
6. 2025		
7. 2026		
8. 2027		
9. 2028		
10. 2029		
11. Total	\$	\$

b. Total Deferred Balance

(Should agree to column 19 of Schedule DB, Part E)	\$
--	----

c. Reconciliation of Amortization

1. Prior year total deferred balance	\$
2. Current year to date amortization	
3. Current year to date deferred recognition	
4. Ending deferred balance ([1-(2+3)])	\$

(3) Hedging Strategies Identified as No Longer Highly Effective

No significant changes

(4) Hedging Strategies Terminated

No significant changes

Note 9 – Income Taxes

No significant changes

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

A. Nature of the Relationship Involved

OBL Bank Services, a wholly owned subsidiary of the Ohio Bankers League, was paid directly by participating employers of the Plan for administrative services performed. The amounts are not received by the Plan, but as required by Ohio law, regulations and guidelines, have included in the statement of income and changes in surplus.

B. Transactions

See above. Total for 1st quarter 2021 was \$511,935.

C. Transactions with Related Parties who are not Reported on Schedule Y

(1) Detail of Material Related Party Transactions

Ref #	Date of Transaction	Name of Related Party	Nature of Relationship	Type of Transaction	Written Agreement (Yes/No)	Due Date	Reporting Period Date Amount Due From (To)
0							\$

(2) Detail of Material Related Party Transactions Involving Services

Ref #	Name of Related Party	Overview Description	Amount Charged	Amount Based on Allocation of Costs or Market Rates	Amount Charged Modified or Waived (Yes/No)
0			\$	\$	
Total			\$	\$	

(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

a. Description of Transaction

Ref #	Name of Related Party	Overview Description	Have Terms Changed from Preceding

NOTES TO FINANCIAL STATEMENTS

			Period? (Yes/No)
0			

b. Assets Received

Ref #	Name of Related Party	Description of Assets Received	Statement Value of Asset Received
0			\$
Total			\$

c. Assets Transferred

Ref #	Name of Related Party	Description of Assets Transferred	Statement Value of Assets Transferred
0			\$
Total			\$

(4) Detail of Amounts Owed To/From a Related Party

Ref #	Name of Related Party	Aggregate Reporting Period Amount Due From	Aggregate Reporting Period (Amount Due To)	Amount Offset in Financial Statement (if qualifying)	Net Amount Recoverable/ (Payable) by Related Party	Admitted Recoverable
0		\$	\$	\$	\$	\$

D. Amounts Due From or To Related Parties

None

E. Material Management or Service Contracts and Cost-Sharing Arrangements

N/A

F. Guarantees or Undertakings

N/A

G. Nature of the Control Relationship

N/A

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

N/A

I. Investments in SCA that Exceed 10% of Admitted Assets

N/A

J. Investments in Impaired SCAs

N/A

K. Investment in Foreign Insurance Subsidiary

N/A

L. Investment in Downstream Noninsurance Holding Company

N/A

M. All SCA Investments

N/A

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities	% \$	\$	\$	
Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b. SSAP No. 97 8b(ii) Entities	% \$	\$	\$	
Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$
c. SSAP No. 97 8b(iii) Entities	% \$	\$	\$	
Total SSAP No. 97 8b(iii) Entities	XXX	\$	\$	\$
d. SSAP No. 97 8b(iv) Entities	% \$	\$	\$	
Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e. Total SSAP No. 97 8b Entities (except 8b(i) entities)	XXX	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
(b + c + d)				
f. Aggregate Total (a + e)	XXX	\$	\$	\$

(2) NAIC Filing Response Information

SCA Entity (Should be the same entities as shown in M(1) above)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method	Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities			\$				
Total SSAP No. 97 8a Entities	XXX	XXX	\$	XXX	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities			\$				
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$	XXX	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities			\$				
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$	XXX	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities			\$				
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$	XXX	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8b(i) entities) (b + c + d)	XXX	XXX	\$	XXX	XXX	XXX	XXX
f. Aggregate Total (a + e)	XXX	XXX	\$	XXX	XXX	XXX	XXX

* S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

** I – Immaterial or M – Material

N. Investment in Insurance SCAs

N/A

(1) Accounting Practice that Differs from NAIC Statutory Accounting Practices and Procedures

(2) Monetary Effect on Net Income and Surplus

SCA Entity (Investments in Insurance SCA Entities)	Monetary Effect On NAIC SAP		Amount of Investment	
	Net Income Increase (Decrease)	Surplus Increase (Decrease)	Per Audited Statutory Equity	If the Insurance SCA Had Completed Statutory Financial Statements*
	\$	\$	\$	\$

* Per AP&P Manual (without permitted or prescribed practices)

(3) RBC Regulatory Event Because of Prescribed or Permitted Practice

O. SCA or SSAP 48 Entity Loss Tracking

N/A

SCA Entity	Reporting Entity's Share of Net Income (Loss)	Accumulated Share of Net Income (Losses)	Reporting Entity's Share of Equity, Including Negative Equity	Guaranteed Obligation / Commitment for Financial Support (Yes/No)	Amount of Guarantee Recognized Under SSAP No. 5R
	\$	\$	\$		\$

Note 11 – DebtA. Debt Including Capital Notes - No debt
No significant changes

B. FHLB (Federal Home Loan Bank) Agreements

(1) Nature of the Agreement

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year to Date

	Total
(a) Membership Stock – Class A	\$
(b) Membership Stock – Class B	

NOTES TO FINANCIAL STATEMENTS

		Total					
(c) Activity Stock							
(d) Excess Stock							
(e) Aggregate Total (a+b+c+d)		\$					
(f) Actual or estimated borrowing capacity as determined by the insurer		\$					
2. Prior Year-End		Total					
(a) Membership Stock – Class A		\$					
(b) Membership Stock – Class B							
(c) Activity Stock							
(d) Excess Stock							
(e) Aggregate Total (a+b+c+d)		\$					
(f) Actual or estimated borrowing capacity as determined by the insurer		\$					
b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption		Eligible for Redemption					
		1		2			
		3		4			
Membership Stock		Current Year to Date Total (2+3+4+5+6)		Not Eligible for Redemption			
1. Class A		\$		\$			
2. Class B		\$		\$			
6 Months to Less Than 1 Year		\$		\$			
1 to Less Than 3 Years		\$		\$			
3 to 5 Years		\$		\$			
(3) Collateral Pledged to FHLB							
a. Amount Pledged as of Reporting Date (Current Year to Date)		1 Fair Value		2 Carrying Value			
Current Year to Date Total Collateral Pledged		\$		\$			
Prior Year Total Collateral Pledged		\$		\$			
b. Maximum Amount Pledged During Year		1 Fair Value		2 Carrying Value			
Current Year to Date Total Collateral Pledged		\$		\$			
Prior Year Total Collateral Pledged		\$		\$			
(4) Borrowing from FHLB							
a. Amount as of the Reporting Date							
1. Current Year to Date		1 Total		2 Funding Agreements Reserves Established			
(a) Debt		\$		XXX			
(b) Funding Agreements		\$					
(c) Other		\$		XXX			
(d) Aggregate Total (a+b+c)		\$					
2. Prior Year		1 Total		2 Funding Agreements Reserves Established			
(a) Debt		\$		XXX			
(b) Funding Agreements		\$					
(c) Other		\$		XXX			
(d) Aggregate Total (a+b+c)		\$					
b. Maximum Amount During Reporting Period (Current Year to Date)		Total					
1. Debt		\$					
2. Funding Agreements		\$					
3. Other		\$					
4. Aggregate Total (Lines 1+2+3)		\$					
c. FHLB – Prepayment Obligations		Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)					
1. Debt							
2. Funding Agreements							
3. Other							

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

A. Defined Benefit Plan - The Plan does not have any benefit plans mentioned above.

- (1) Change in Benefit Obligation
No significant changes
- (2) Change in Plan Assets
No significant changes
- (3) Funded Status
No significant changes
- (4) Components of Net Periodic Benefit Cost

NOTES TO FINANCIAL STATEMENTS

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	Current Year to Date	2020	Current Year to Date	2020	Current Year to Date	2020
a. Service cost	\$	\$	\$	\$	\$	\$
b. Interest cost						
c. Expected return on plan assets						
d. Transition asset or obligation						
e. Gains and losses						
f. Prior service cost or credit						
g. Gain or loss recognized due to a settlement curtailment						
h. Total net periodic benefit cost	\$	\$	\$	\$	\$	\$

(5) Amounts in Unassigned Funds (Surplus) Recognized as Components of Net Period Benefit Cost
No significant changes

(6) Amounts in Unassigned Funds (Surplus) That Have Not Yet Been Recognized as Components of Net Period Benefit Cost
No significant changes

(7) Weighted Average Assumptions Used to Determine Net Period Benefit Cost as of Current Period
No significant changes

(8) Accumulated Benefit Obligation for Defined Benefit Pension Plans
No significant changes

(9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s)
No significant changes

(10) Estimated Future Payments, Which Reflect Unexpected Future Service
No significant changes

(11) Estimate of Contributions Expected to be Paid to the Plan
No significant changes

(12) Amounts and Types of Securities Included in Plan Assets
No significant changes

(13) Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses
No significant changes

(14) Substantive Comment Used to Account for Benefit Obligations
No significant changes

(15) Cost of Providing Special or Contractual Termination Benefits Recognized
No significant changes

(16) Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations Assets Not Otherwise Apparent
No significant changes

(17) Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans
No significant changes

(18) Full Transition Surplus Impact of SSAP 102
No significant changes

B. Investment Policies and Strategies
No significant changes

C. Fair Value of Plan Assets
No significant changes

D. Basis Used to Determine Expected Long-Term Rate-of-Return
No significant changes

E. Defined Contribution Plans
No significant changes

F. Multiemployer Plans
No significant changes

G. Consolidated/Holding Company Plans
No significant changes

H. Postemployment Benefits and Compensated Absences
No significant changes

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
No significant changes

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

N/A - Plan is welfare benefits trust

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

NOTES TO FINANCIAL STATEMENTS**Note 15 – Leases**

No significant changes

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

No significant changes

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

A. Transfers of Receivables Reported as Sales
No significant changes

B. Transfer and Servicing of Financial Assets

- (1) Description of any Loaned Securities
No significant changes
- (2) Servicing Assets and Servicing Liabilities
N/A
- (3) When Servicing Assets and Liabilities are Measured at Fair Value
No significant changes
- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales
 - (a)
 - (b)
- (5) Disclosure Requirements for Transfers of Assets Accounted for as Secured Borrowing
No significant changes
- (6) Transfer of Receivables with Recourse
No significant changes
- (7) Securities Underlying Repurchase and Reverse Repurchase Agreements, Dollar Repurchase and Dollar Reverse Repurchase Agreements
No significant changes

C. Wash Sales

- (1) Description of the Objectives Regarding These Transactions
N/A
- (2) The details by NAIC designation 3 or below, or unrated of securities sold during the current period and reacquired within 30 days of the sale date are:

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

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

No significant changes

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

No significant changes

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date
All invested assets are openly traded in market, with other assets and liabilities estimated at their fair market value.

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
Investements(bonds,stocks,cash),acct int, rebates rec	\$ 19,278,963	\$	\$	\$	\$ 19,278,963
Total	\$ 19,278,963	\$	\$	\$	\$ 19,278,963
Liabilities at Fair Value					
Unpaid claims, LAE, general payables	\$ 1,680,459	\$	\$	\$	\$ 1,680,459
Total	\$ 1,680,459	\$	\$	\$	\$ 1,680,459

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy
None

Description	Beginning Balance	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlem-ents	Ending Balance as of Current Period
a. Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Policies when Transfers Between Levels are Recognized

N/A

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

As defined in the applicable accounting guidance for fair value measurements and disclosures, fair value is the price to sell an asset or transfer a liability

NOTES TO FINANCIAL STATEMENTS

in an orderly transaction between market participants in the principal market. In other words, fair value represents an exit price at the measurement date. Market participants are buyers and sellers who are independent, knowledgeable, and willing and able to transact in the principal (or most advantageous) market for the asset or liability being measured. Current market conditions, including imbalances between supply and demand, are considered in determining fair value. The Plan's assets are valued based on the principal market where each would be sold. The principal market is the forum with the greatest volume and level of activity. In the absence of a principal market, valuation is based on the most advantageous market (i.e., the market where the asset could be sold at a price that maximizes the amount to be received.) Valuation inputs refer to the assumptions market participants would use in pricing a given asset. Inputs can be observable or unobservable. Observable inputs are assumptions based on market data obtained from an independent source. Unobservable inputs are assumptions based on the Trustee's own information or assessment of assumptions used by other market participants in pricing the asset. Unobservable inputs are based on the best and most current information available on the measurement date. All inputs, whether observable or unobservable, are ranked in accordance with a prescribed fair value hierarchy that gives the highest ranking to quoted prices in active markets for identical assets (Level 1) and the lowest ranking to unobservable inputs (Level 3). Fair values for assets classified as (Level 2) are based on one or a combination of the following factors: (a) quoted market prices for similar assets in active markets; (b) quoted prices for identical or similar assets in inactive markets; (c) observable inputs, such as interest rates or yield curves; or (d) inputs derived principally from or corroborated by observable market data. The level in the fair value hierarchy ascribed to a fair value measurement in its entirety is based on the lowest level input that is significant to the measurement. The Plan considers an input to be significant if it drives 10% or more of the total fair value of a particular asset. Assets may transfer between levels based on the observable and unobservable inputs used at the valuation date, as the inputs may be influenced by certain market conditions.

(5) Fair Value Disclosures for Derivative Assets and Liabilities
None held

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

See above

C. Fair Value Level

Assets are Level 1

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

D. Not Practicable to Estimate Fair Value

None held

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

E. NAV Practical Expedient Investments

N/A

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through November 11, 2021 for these statutory financial statements which are to be issued on November 11, 2021. The World Health Organization declared the novel coronavirus (COVID-19) as a pandemic in March, 2020. The United States of American, Ohio and Central Ohio areas were affected by COVID-19 both in terms of the virus itself including the related effects on personnel as well as the orders from both federal and state organizations on operational procedures to prevent the spread of COVID-19. The offices of OBBT were officially closed, but work was conducted from home as prescribed by the "stay at home" orders issued. The disruption is anticipated to be temporary in nature. The financial impact of COVID-19 is not known at this time, but it is anticipated OBBT certainly will experience some degree of increased claims. Due to the uncertain nature of COVID-19 at this time it is not possible to reasonably estimate what overall potential loss may be experienced. OBBT does have substantial reserves and continues to manage spending in response to the pandemic, but the ultimate effect could be substantial due to increased health care costs. OBBT is also on the forefront of risk assessment, which includes performing stress tests by evaluating the potential effects of natural disasters upon the Plan. The most recent test, conducted on April 1st, using best COVID-19 data available at that time, showed favorable outcomes for the Plan with potential increase in claims of only 4% to 7%. However, the overall ultimate effect is not known but due to the uncertainty of COVID-19, no adjustments have been made to these financial statements

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination - N/A

A. Method Used to Estimate Accrued Retrospective Premium Adjustments
No significant changes

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium
No significant changes

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features
No significant changes

NOTES TO FINANCIAL STATEMENTS

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act
No significant changes

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions Yes [] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year to date:

		AMOUNT
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment		\$
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$
3. Premium adjustments payable due to ACA Risk Adjustment		\$
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		\$
b. Transitional ACA Reinsurance Program		AMOUNT
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance		\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$
9. ACA Reinsurance contributions – not reported as ceded premium		\$
c. Temporary ACA Risk Corridors Program		AMOUNT
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		\$
Liabilities		
3. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits		\$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year	Received or Paid as of the Current Year to Date on Business Written Before Dec. 31 of the Prior Year	Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date				
			Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)			
			1	2	3	4		5	6	7	8	0	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$	
2. Premium adjustments (payable)									B			
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$	
2. Amounts recoverable for claims unpaid (contra liability)									D			
3. Amounts receivable relating to uninsured plans									E			
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F			
5. Ceded reinsurance premiums payable									G			
6. Liability for amounts held under uninsured plans									H			

NOTES TO FINANCIAL STATEMENTS

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year to Date on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	0	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
7. Subtotal ACA Transitional Reinsurance Program											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA Risk Sharing Provisions	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

Explanations of Adjustments

A.
B.
C.
D.
E.
F.
G.
H.
I.
J.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year to Date on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. 2014										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	B	\$
b. 2015										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	D	\$
c. 2021										
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	F	\$
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$		

A.
B.
C.
D.
E.
F.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015						
c. 2016						
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

Actuarial determined benefit obligations were \$1,285,650 at quarter end representing a \$276,000 reduction from the prior year. Unpaid loss adjustment expenses were \$195,000 at quarter end representing a \$0 increase from the prior year.

B. Information about Significant Changes in Methodologies and Assumptions

No significant changes

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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 NAIC Company Code	3 State of Domicile
Name of Entity		

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? Yes [] No [] N/A [X]
If yes, attach an explanation.

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. 05/17/2018

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). 05/17/2018

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

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

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

(c) Compliance with applicable governmental laws, rules and regulations;

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

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

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 [X]

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 [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 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.

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 [X] No []17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
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 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Huntington National 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 invested assets? Yes [X] 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 invested assets? Yes [] No [X]

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

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

- 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.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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 a 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.

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

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The security was purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

Ohio Bankers Benefits Trust
GENERAL INTERROGATORIES (continued)
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	87.4 %
1.2 A&H cost containment percent	5.5 %
1.3 A&H expense percent excluding cost containment expenses	6.7 %

2.1 Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes []	No [X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes []	No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
10345.....	31-1440175.....	01/01/2021	Community Insurance Company.....	OH.....	SSL/G.....	.....	Authorized.....	.....	.....

Q13

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 through 8	10 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..	14,911,666							14,911,666	
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..	0	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX..	14,911,666	0	0	0	0	0	0	14,911,666	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX..								0	
61. Total (Direct Business).....	XXX..	14,911,666	0	0	0	0	0	0	14,911,666	0

DETAILS OF WRITE-INS

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

(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

Q15

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

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

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:

