

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
BUILDERS EXCHANGE BENEFIT PLAN

NAIC Group Code.....0000.....0000.....NAIC Company Code.....00118.....Employer's ID Number.....47-2303889.....
(Current)(Prior)
Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....
Country of Domicile.....US.....
Licensed as business type:.....Life, Accident & Health - MEWA.....Is HMO Federally Qualified?.....
Incorporated/Organized.....01/01/2016.....Commenced Business.....01/01/2016.....
Statutory Home Office.....9555 Rockside Rd, Suite 300.....Cleveland, OH, US 44125.....
Main Administrative Office.....9555 Rockside Rd, Suite 300.....
Cleveland, OH, US 44125.....2163936300.....
(Telephone)
Mail Address.....9555 Rockside Rd, Suite 300.....Cleveland, OH, US 44125.....
Primary Location of Books and
Records.....9555 Rockside Rd, Suite 300.....
Cleveland, OH, US 44125.....2163936300.....
(Telephone)
Internet Website Address.....info@bxohio.com.....
Statutory Statement Contact.....Jeffrey Brian Williamson.....216-798-8844.....
(Telephone)
jeff.williamson@consoliplex.com.....
(E-Mail)(Fax)

OFFICERS


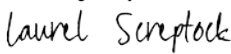
Gregg Mazurek, Chairman.....Russell O'Rourke, TrusteeTrus.....
Laurel Screptock, Plan Administrator.....Jeff Molchan, Trustee.....

DIRECTORS OR TRUSTEES

Jeff Molchan.....Gregg Mazurek.....
Russell O'Rourke.....

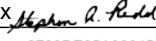
State of
County ofSS

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.

DocuSigned by:  x  x
F541617C7473439 99BC544C06B4437
Gregg Mazurek Laurel Screptock
Chairman Plan Administrator

Subscribed and sworn to before me
thi 5/10/2022 day of
s _____

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

DocuSigned by:  x
2789DE25A066452...