

ANNUAL STATEMENT

of the

CHAMBER BENEFIT ARRANGEMENT TRUST

of

AKRON

in the

STATE OF OHIO

to the

DEPARTMENT OF INSURANCE

of the

state of

OHIO

For the Year Ended
December 31, 2021

2021

2021



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
CHAMBER BENEFIT ARRANGEMENT TRUST

NAIC Group Code 0000, 0000 NAIC Company Code 00125 Employer's ID Number 82-5056803
(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 10/01/2018 Commenced Business 10/01/2018
Statutory Home Office 388 South Main Street, Suite 205 Akron, OH, US 44311
Main Administrative Office 388 South Main Street, Suite 205
Akron, OH, US 44311 330-376-5550
(Telephone)
Mail Address 388 South Main Street, Suite 205 Akron, OH, US 44311
Primary Location of Books and
Records 388 South Main Street, Suite 205
Akron, OH, US 44311 330-376-5550
(Telephone)
Internet Website Address N/A
Statutory Statement Contact Mark Anthony Hren 216-798-3045
(Telephone)
Mark.Hren@consoliplex.com 216-202-3499
(E-Mail) (Fax)

OFFICERS
Stephen Anthony Millard, Plan Administrator/Chair
John Krajewski, Secretary/Treasurer
DIRECTORS OR TRUSTEES
Stephen Anthony Millard Cami Lero
John Krajewski Zachary Kohl
Barry Dunaway

State of
County of SS

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: DocuSigned by:
x Steve Millard x John Krajewski
Steve Anthony Millard John Krajewski
Plan Administrator/Chair Secretary/Treasurer

Subscribed and sworn to before me
2/8/2022
this day of

- 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 Stephen R. Ridd
2789DE25A066452...

ASSETS

		Current Year		
		1	2	3
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)
				4
				Net Admitted Assets
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company (less \$ encumbrances)			
	4.2 Properties held for the production of income (less \$ encumbrances)			
	4.3 Properties held for sale (less \$ encumbrances)			
5.	Cash (\$ 1,378,598, Schedule E - Part 1), cash equivalents (\$ 477,668, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	1,856,267		1,856,267
6.	Contract loans (including \$ premium notes)			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)	1,856,267		1,856,267
13.	Title plants less \$ charged off (for Title insurers only)			
14.	Investment income due and accrued	10		10
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			
	15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers	7,355,180		7,355,180
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts	1,380,316		1,380,316
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets (\$)			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care (\$) and other amounts receivable			
25.	Aggregate write-ins for other-than-invested assets	32,829	32,829	–
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	10,624,602	32,829	10,591,773
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	10,624,602	32,829	10,591,773
Details of Write-Ins				
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	Prepaid Assets	32,829	32,829	–
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	32,829	32,829	–

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 1,932,055 reinsurance ceded)	214,673		214,673	141,012
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	16,000		16,000	16,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	19,652		19,652	114,336
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))				88
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	9,693,860		9,693,860	6,314,823
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	9,944,185		9,944,185	6,586,259
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	625,000	625,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	22,588	53,034
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	647,588	678,034
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,591,773	7,264,293
Details of Write-Ins				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months.....	XXX	73,022	54,988
2.	Net premium income (including \$ non-health premium income).....	XXX	2,474,733	1,871,555
3.	Change in unearned premium reserves and reserve for rate credits.....	XXX		
4.	Fee-for-service (net of \$ medical expenses).....	XXX		
5.	Risk revenue.....	XXX		
6.	Aggregate write-ins for other health care related revenues.....	XXX		
7.	Aggregate write-ins for other non-health revenues.....	XXX		
8.	Total revenues (Lines 2 to 7).....	XXX	2,474,733	1,871,555
Hospital and Medical:				
9.	Hospital/medical benefits.....		14,536,475	11,331,168
10.	Other professional services.....		1,394,134	979,237
11.	Outside referrals.....			
12.	Emergency room and out-of-area.....		2,526,922	1,678,692
13.	Prescription drugs.....		4,655,413	4,570,683
14.	Aggregate write-ins for other hospital and medical.....			
15.	Incentive pool, withhold adjustments and bonus amounts.....			
16.	Subtotal (Lines 9 to 15).....		23,112,944	18,559,780
Less:				
17.	Net reinsurance recoveries.....		20,981,531	17,046,609
18.	Total hospital and medical (Lines 16 minus 17).....		2,131,413	1,513,171
19.	Non-health claims (net).....			
20.	Claims adjustment expenses, including \$ 37,513 cost containment expenses.....		144,279	109,208
21.	General administrative expenses.....		192,046	164,656
22.	Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			
23.	Total underwriting deductions (Lines 18 through 22).....		2,467,738	1,787,035
24.	Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	6,995	84,520
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17).....		(4,700)	(205)
26.	Net realized capital gains (losses) less capital gains tax of \$			
27.	Net investment gains (losses) (Lines 25 plus 26).....		(4,700)	(205)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].			
29.	Aggregate write-ins for other income or expenses.....			
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	2,295	84,315
31.	Federal and foreign income taxes incurred.....	XXX	(87)	88
32.	Net income (loss) (Lines 30 minus 31).....	XXX	2,382	84,227
Details of Write-Ins				
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	XXX		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page.....	XXX		
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX		
1401.			
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page.....			
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....			
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page.....			
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....			

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2
CAPITAL & SURPLUS ACCOUNT		Current Year	Prior Year
33.	Capital and surplus prior reporting year	678,033	593,806
34.	Net income or (loss) from Line 32	2,382	84,227
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(32,829)	
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		
48.	Net change in capital and surplus (Lines 34 to 47)	(30,447)	84,227
49.	Capital and surplus end of reporting year (Line 33 plus 48)	647,586	678,033
Details of Write-Ins			
4701.		
4702.		
4703.		
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	5,853,770	2,364,351
2.	Net investment income	(4,706)	416
3.	Miscellaneous income	(496,466)	
4.	Total (Lines 1 to 3)	5,352,598	2,364,767
5.	Benefit and loss related payments	5,798,845	1,245,397
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	431,009	262,661
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	1	
10.	Total (Lines 5 through 9)	6,229,855	1,508,058
11.	Net cash from operations (Line 4 minus Line 10)	(877,257)	856,709
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds	—	
12.8	Total investment proceeds (Lines 12.1 to 12.7)	—	
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks		
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)	—	
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	—	
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)	(32,829)	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(32,829)	
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(910,086)	856,709
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	2,766,352	1,909,643
19.2	End of year (Line 18 plus Line 19.1)	1,856,266	2,766,352
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Net premium income.....	2,474,733	2,474,733								
2. Change in unearned premium reserves and reserve for rate credit.....										
3. Fee-for-service (net of \$ medical expenses).....										XXX
4. Risk revenue.....										XXX
5. Aggregate write-ins for other health care related revenues.....										XXX
6. Aggregate write-ins for other non-health care related revenues.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....	2,474,733	2,474,733								
8. Hospital/medical benefits.....	14,536,475	14,536,475								XXX
9. Other professional services.....	1,394,134	1,394,134								XXX
10. Outside referrals.....										XXX
11. Emergency room and out-of-area.....	2,526,922	2,526,922								XXX
12. Prescription drugs.....	4,655,413	4,655,413								XXX
13. Aggregate write-ins for other hospital and medical.....										XXX
14. Incentive pool, withhold adjustments and bonus amounts.....										XXX
15. Subtotal (Lines 8 to 14).....	23,112,944	23,112,944								XXX
16. Net reinsurance recoveries.....	20,981,531	20,981,531								XXX
17. Total hospital and medical (Lines 15 minus 16).....	2,131,413	2,131,413								XXX
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 37,513 cost containment expenses.....	144,279	144,279								
20. General administrative expenses.....	192,046	192,046								
21. Increase in reserves for accident and health contracts.....										XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	2,467,738	2,467,738								
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	6,995	6,995								
Details of Write-Ins										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

Line of Business		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1.	Comprehensive (hospital and medical)	29,232,539		26,757,806	2,474,733
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII – Medicare				
7.	Title XIX – Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	29,232,539		26,757,806	2,474,733
10.	Life				
11.	Property/casualty				
12.	Totals (Lines 9 to 11)	29,232,539		26,757,806	2,474,733

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1 Payments during the year:										
1.1 Direct	22,376,331	22,376,331								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	20,318,580	20,318,580								
1.4 Net	2,057,751	2,057,751								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,146,728	2,146,728								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	1,932,055	1,932,055								
3.4 Net	214,673	214,673								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,410,115	1,410,115								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	1,269,104	1,269,104								
8.4 Net	141,011	141,011								
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	23,112,944	23,112,944								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	20,981,531	20,981,531								
12.4 Net	2,131,413	2,131,413								
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Reported in Process of Adjustment:										
1.1 Direct.....										
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....										
1.4 Net.....										
2. Incurred but Unreported:										
2.1 Direct.....	2,146,728	2,146,728								
2.2 Reinsurance assumed.....										
2.3 Reinsurance ceded.....	1,932,055	1,932,055								
2.4 Net.....	214,673	214,673								
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct.....										
3.2 Reinsurance assumed.....										
3.3 Reinsurance ceded.....										
3.4 Net.....										
4. TOTALS:										
4.1 Direct.....	2,146,728	2,146,728								
4.2 Reinsurance assumed.....										
4.3 Reinsurance ceded.....	1,932,055	1,932,055								
4.4 Net.....	214,673	214,673								

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	97,074	1,960,678	–	214,673	97,074	141,012
2. Medicare Supplement.....						
3. Dental Only.....						
4. Vision Only.....						
5. Federal Employees Health Benefits Plan.....						
6. Title XVIII – Medicare.....						
7. Title XIX – Medicaid.....						
8. Other health.....						
9. Health subtotal (Lines 1 to 8).....	97,074	1,960,678	–	214,673	97,074	141,012
10. Health care receivables (a).....						
11. Other non-health.....						
12. Medical incentive pools and bonus amounts.....						
13. Totals (Lines 9-10+11+12).....	97,074	1,960,678	–	214,673	97,074	141,012

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

GRAND TOTAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....					
2.	2017.....					
3.	2018.....	XXX				
4.	2019.....	XXX	XXX	834	115	
5.	2020.....	XXX	XXX	XXX	1,387	97
6.	2021.....	XXX	XXX	XXX	XXX	1,961

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....					
2.	2017.....					
3.	2018.....	XXX				
4.	2019.....	XXX	XXX	964	115	
5.	2020.....	XXX	XXX	XXX	1,398	(44)
6.	2021.....	XXX	XXX	XXX	XXX	2,175

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....										
2.	2018.....										
3.	2019.....	1,093									
4.	2020.....	1,872	97			97	5.182			97	5.182
5.	2021.....	2,475	1,961	144	7.343	2,105	85.051	215	16	2,336	94.384

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

HOSPITAL & MEDICAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....					
2.	2017.....					
3.	2018.....	XXX				
4.	2019.....	XXX	XXX	834	115	
5.	2020.....	XXX	XXX	XXX	1,387	97
6.	2021.....	XXX	XXX	XXX	XXX	1,961

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....					
2.	2017.....					
3.	2018.....	XXX				
4.	2019.....	XXX	XXX	964	115	
5.	2020.....	XXX	XXX	XXX	1,398	(44)
6.	2021.....	XXX	XXX	XXX	XXX	2,175

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....										
2.	2018.....										
3.	2019.....	1,093									
4.	2020.....	1,871	97			97	5.184			97	5.184
5.	2021.....	2,475	1,961	144	7.343	2,105	85.051	215	16	2,336	94.384

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
MEDICARE SUPPLEMENT

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
DENTAL ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
VISION ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
TITLE XVIII MEDICARE

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
TITLE XIX MEDICAID

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
		2017	2018	2019	2020	2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
OTHER HEALTH

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior.....	NONE				
2.	2017.....					
3.	2018.....					
4.	2019.....		XXX			
5.	2020.....		XXX	XXX		
6.	2021.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017.....	NONE									
2.	2018.....										
3.	2019.....										
4.	2020.....										
5.	2021.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									
Details of Write-Ins									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

NONE

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less \$ 3,283,422 ceded plus \$ assumed)	(337,611)	(960,894)	(376,341)		(1,674,846)
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			73,000		73,000
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	375,124	1,067,660	454,325		1,897,109
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			11,000		11,000
17. Collection and bank service charges			865		865
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees			29,197		29,197
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere				5,496	5,496
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)	37,513	106,766	192,046	5,496	(a) 341,821
27. Less expenses unpaid December 31, current year	4,160	11,840	19,652		35,652
28. Add expenses unpaid December 31, prior year	4,160	11,840	114,336		130,336
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	37,513	106,766	286,730	5,496	436,505
Details of Write-Ins					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$ to affiliates and \$ 373,590 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 790	796
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	790	796
11.	Investment expenses		(g) 5,496
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		5,496
17.	Net investment income (Line 10 minus Line 16)		(4,700)
Details of Write-Ins			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		
(a)	Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.		
(b)	Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.		
(c)	Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.		
(d)	Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.		
(e)	Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.		
(f)	Includes \$ accrual of discount less \$ amortization of premium.		
(g)	Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h)	Includes \$ interest on surplus notes and \$ interest on capital notes.		
(i)	Includes \$ depreciation on real estate and \$ depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
Details of Write-Ins						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

NONE

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1.	Bonds (Schedule D).....			
2.	Stocks (Schedule D):			
2.1	Preferred stocks.....			
2.2	Common stocks.....			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens.....			
3.2	Other than first liens.....			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company.....			
4.2	Properties held for the production of income.....			
4.3	Properties held for sale.....			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6.	Contract loans.....			
7.	Derivatives (Schedule DB).....			
8.	Other invested assets (Schedule BA).....			
9.	Receivables for securities.....			
10.	Securities lending reinvested collateral assets (Schedule DL).....			
11.	Aggregate write-ins for invested assets.....			
12.	Subtotals, cash and invested assets (Lines 1 to 11).....			
13.	Title plants (for Title insurers only).....			
14.	Investment income due and accrued.....			
15.	Premiums and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection.....			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3	Accrued retrospective premiums and contracts subject to redetermination.....			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers.....			
16.2	Funds held by or deposited with reinsured companies.....			
16.3	Other amounts receivable under reinsurance contracts.....			
17.	Amounts receivable relating to uninsured plans.....			
18.1	Current federal and foreign income tax recoverable and interest thereon.....			
18.2	Net deferred tax asset.....			
19.	Guaranty funds receivable or on deposit.....			
20.	Electronic data processing equipment and software.....			
21.	Furniture and equipment, including health care delivery assets.....			
22.	Net adjustment in assets and liabilities due to foreign exchange rates.....			
23.	Receivables from parent, subsidiaries and affiliates.....			
24.	Health care and other amounts receivable.....			
25.	Aggregate write-ins for other-than-invested assets.....	32,829		(32,829)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	32,829		(32,829)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28.	Total (Lines 26 and 27).....	32,829		(32,829)
Details of Write-Ins				
1101.			
1102.			
1103.			
1198.	Summary of remaining write-ins for Line 11 from overflow page.....			
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....			
2501.	Prepaid Assets.....	32,829	–	(32,829)
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page.....			
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	32,829		(32,829)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1	2	3	4	5	Current Year Member Months
	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	
1. Health Maintenance Organizations.....						
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....	4,422	7,439	5,768	5,890	5,696	73,022
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....						
7. Total.....	4,422	7,439	5,768	5,890	5,696	73,022
Details of Write-Ins						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0799999 – Gross Health Care Receivables.....						

NONE

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		NONE				
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Claims reported by 12/31/21 and unpaid by 12/31/21	2,146,728					2,146,728
0199999 – Individually listed claims unpaid	2,146,728					2,146,728
0499999 – Subtotals	2,146,728					2,146,728
0799999 – Total claims unpaid						2,146,728
0899999 – Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0399999 – Total gross payables.....				

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
Other Payments:						
5. Fee-for-service.....			XXX	XXX		
6. Contractual fee payments.....	22,376,332	100.000	XXX	XXX		22,376,332
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	22,376,332	100.000	XXX	XXX		22,376,332
13. Total (Line 4 plus Line 12).....	22,376,332	100.000 %	XXX	XXX		22,376,332

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Chamber Benefit Arrangement Trust

2. Akron, OH
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Company Code: 00125

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year.....	4,422		4,422							
2. First Quarter.....	7,439		7,439							
3. Second Quarter.....	5,768		5,768							
4. Third Quarter.....	5,890		5,890							
5. Current Year.....	5,696		5,696							
6. Current Year Member Months.....	73,022		73,022							
Total Member Ambulatory Encounters for Year:										
7. Physician.....										
8. Non-Physician.....										
9. Total.....										
10. Hospital Patient Days Incurred.....										
11. Number of Inpatient Admissions.....										
12. Health Premiums Written (b).....	29,232,539		29,232,539							
13. Life Premiums Direct.....										
14. Property/Casualty Premiums Written.....										
15. Health Premiums Earned.....	29,232,539		29,232,539							
16. Property/Casualty Premiums Earned.....										
17. Amount Paid for Provision of Health Care Services.....	22,376,331		22,376,331							
18. Amount Incurred for Provision of Health Care Services.....	23,112,944		23,112,944							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Chamber Benefit Arrangement Trust

2. Akron, OH
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 00125

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year.....	4,422		4,422							
2. First Quarter.....	7,439		7,439							
3. Second Quarter.....	5,768		5,768							
4. Third Quarter.....	5,890		5,890							
5. Current Year.....	5,696		5,696							
6. Current Year Member Months.....	73,022		73,022							
Total Member Ambulatory Encounters for Year:										
7. Physician.....										
8. Non-Physician.....										
9. Total.....										
10. Hospital Patient Days Incurred.....										
11. Number of Inpatient Admissions.....										
12. Health Premiums Written (b).....	29,232,539		29,232,539							
13. Life Premiums Direct.....										
14. Property/Casualty Premiums Written.....										
15. Health Premiums Earned.....	29,232,539		29,232,539							
16. Property/Casualty Premiums Earned.....										
17. Amount Paid for Provision of Health Care Services.....	22,376,331		22,376,331							
18. Amount Incurred for Provision of Health Care Services.....	23,112,944		23,112,944							

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 – Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
..... 10649	34-1809108....	...01/01/2019...	Summa Insurance Company, Inc.....	OH..... 7,355,180 1,932,055
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates.....				 7,355,180 1,932,055
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates.....				 7,355,180 1,932,055
2299999 – Total Accident and Health.....				 7,355,180 1,932,055
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999).....				 7,355,180 1,932,055
9999999 – Total (Sum of 1199999 and 2299999).....				 7,355,180 1,932,055

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
10649	34-1809108	01/01/2019	Summa Insurance Company	OH	QA/G	CMM	22,272,600						
10649	34-1809108	01/01/2019	Summa Insurance Company	OH	SSL/G	CMM	4,347,510						
10649	34-1809108	01/01/2019	Summa Insurance Company	OH	ASL/G	CMM	137,696						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							26,757,806						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							26,757,806						
1199999 – Total General Account Authorized							26,757,806						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							26,757,806						
9199999 – Total U.S.							26,757,806						
9999999 – Total (Sum of 4599999 and 9099999)							26,757,806						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1 Premiums.....	26,758	19,402	10,937		
2 Title XVIII-Medicare.....					
3 Title XIX-Medicaid.....					
4 Commissions and reinsurance expense allowance.....	3,282	2,465	1,458		
5 Total hospital and medical expenses.....	20,983	17,047	9,214		
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....	1,932	1,269	1,170		
8 Reinsurance recoverable on paid losses.....	7,355	3,614	3,910		
9 Experience rating refunds due or unpaid.....					
10 Commissions and reinsurance expense allowances due.....					
11 Unauthorized reinsurance offset.....					
12 Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13 Funds deposited by and withheld from (F).....					
14 Letters of credit (L).....					
15 Trust agreements (T).....					
16 Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17 Multiple Beneficiary Trust.....					
18 Funds deposited by and withheld from (F).....					
19 Letters of credit (L).....					
20 Trust agreements (T).....					
21 Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1	Cash and invested assets (Line 12)	1,856,267		1,856,267
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)	7,355,180	(7,355,180)	–
4	Net credit for ceded reinsurance	XXX	7,355,180	7,355,180
5	All other admitted assets (Balance)	1,380,326		1,380,326
6	Total assets (Line 28)	10,591,773	–	10,591,773
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)	214,673		214,673
8	Accrued medical incentive pool and bonus payments (Line 2)			
9	Premiums received in advance (Line 8)			
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance)	9,729,512		9,729,512
15	Total liabilities (Line 24)	9,944,185		9,944,185
16	Total capital and surplus (Line 33)	647,588	XXX	647,588
17	Total liabilities, capital and surplus (Line 34)	10,591,773		10,591,773
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses	7,355,180	XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables	7,355,180	XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance	7,355,180	XXX	XXX

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	US Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

(41) Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

(41) Schedule Y - Part 1A - Explanations

NONE

(42) Schedule Y - Part 2

NONE

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

NONE

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	NO
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
April Filing		
5.	Will Management’s Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
June Filing		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

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

March Filing		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
April Filing		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the regulator-only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
August Filing		
24.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	 0 0 1 2 5 2 0 2 1 3 9 0 0 0 0 0
4.	
5.	
6.	
7.	
8.	
9.	
10.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 3 6 0 0 0 0 0
11.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 2 0 5 0 0 0 0
12.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 4 2 0 0 0 0 0
13.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 3 7 1 0 0 0 0
14.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 3 7 0 0 0 0 0
15.	
16.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 3 6 5 0 0 0 0
17.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 2 2 4 0 0 0 0
18.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 2 2 5 0 0 0 0
19.	The data for this supplement is not required to be filed.  0 0 1 2 5 2 0 2 1 2 2 6 0 0 0 0
20.	
21.	 0 0 1 2 5 2 0 2 1 2 1 1 0 0 0 0
22.	 0 0 1 2 5 2 0 2 1 2 1 6 0 0 0 0
23.	 0 0 1 2 5 2 0 2 1 2 1 7 0 0 0 0
24.	 0 0 1 2 5 2 0 2 1 2 9 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

These financial statements of the Chamber Benefit Arrangement Trust (the "Arrangement") have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, as prescribed by the Ohio Department of Insurance.

	SSAP #	F/S Page	F/S Line #	2021	2020
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 2,382	\$ 84,228
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 2,382	\$ 84,228
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 647,588	\$ 678,034
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 647,588	\$ 678,034

B. Use of Estimates in the Preparation of the Financial Statements - None

C. Accounting Policy

(1) Basis for Short-Term Investments

The Arrangement does not hold any short-term investments.

(2) Basis for Bonds and Amortization Schedule

The Arrangement does not hold any bonds.

(3) Basis for Common Stocks

The Arrangement does not hold any common stock.

(4) Basis for Preferred Stocks

The Arrangement does not hold any preferred stock.

(5) Basis for Mortgage Loans

The Arrangement holds no mortgage loans on real estate.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

The Arrangement does not hold any loan-backed securities.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Arrangement has no investment in subsidiaries.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Arrangement has no interests in joint ventures, partnerships or limited liability companies.

(9) Accounting Policies for Derivatives

The Arrangement holds no derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Arrangement does not utilize anticipated investment income as a factor in the premium deficiency reserve calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts

Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects to trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Arrangement has made no modifications to its capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Arrangement has no pharmaceutical rebate receivables.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

D. Going Concern

The Arrangement has neither the intention nor the need to liquidate or curtail materially the scale of its operations.

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

The Arrangement does not admit investment income due and accrued if the amounts are over 90 days old.

B. Total Amount Excluded - None

8. Derivative Instruments - None

9. Income Taxes

As of December 31, 2021 the Arrangement has \$ 0 income tax liability for the 2021 calendar year.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - None

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - None

14. Liabilities, Contingencies and Assessments - None

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements - None

21. Other Items - None

22. Events Subsequent

Subsequent events have been considered through March 28 , 2022 for these statutory financial statements which are to be issued on March 31, 2022.

23. Reinsurance

During 2021, the Arrangement was subject to a quota share reinsurance agreement with Summa Insurance Company to cede 90% of the Arrangement's health business.

During 2021, the Arrangement was subject to a stop loss reinsurance agreement with Summa Insurance Company for medical and prescription drug coverage. The premium is based upon the monthly funding rates and number of participants in each month of the contract. The specific stop loss threshold per covered person is \$175,000 for 2021. The aggregate threshold is 125% of expected aggregate claims.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Notes to the Financial Statements

23. Reinsurance (Continued)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ –
- (2)

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance - None
- C. Commutation of Reinsurance Reflected in Income and Expenses - None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- E. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

NONE

- A. Method Used to Estimate - None
- B. Method Used to Record - None
- C. Amount and Percent of Net Retrospective Premiums - None
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

NO

- (1)

Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Not Applicable

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2)

Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - Not Applicable
- (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 - Not Applicable
- (4)

Roll-forward of risk corridors asset and liability balances by program benefit year - Not Applicable
- (5)

ACA risk corridors receivable as of reporting date - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - Not Applicable

28. Health Care Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves - None

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1. Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?.....NO.....
If yes, complete Schedule Y, Parts 1, 1A, 2, and 3.
- 1.2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?.....
- 1.3. State Regulating?.....Ohio
- 1.4. Is the reporting entity publicly traded or a member of a publicly traded group?.....NO
- 1.5. If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 2.1. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?.....NO
- 2.2. If yes, date of change:.....
- 3.1. State as of what date the latest financial examination of the reporting entity was made or is being made.....
- 3.2. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.....
- 3.3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).....
- 3.4. By what department or departments?.....
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....N/A
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?.....N/A
- 4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.11. sales of new business?.....NO
- 4.12. renewals?.....NO
- 4.2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.21. sales of new business?.....NO
- 4.22. renewals?.....NO
- 5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?.....NO
If yes, complete and file the merger history data file with the NAIC.
- 5.2. If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1. Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?.....NO
- 6.2. If yes, give full information
- 7.1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?.....NO
- 7.2. If yes,
- 7.21. State the percentage of foreign control.....%
- 7.22. State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

- 8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?.....NO
- 8.2. If response to 8.1 is yes, please identify the name of the DIHC.....
- 8.3. Is the company affiliated with one or more banks, thrifts or securities firms?.....NO
- 8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity?.....NO.....
- 8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?.....NO.....
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Maloney + Novotny LLC, 1111 Superior Avenue #700, Cleveland, OH 44114
- 10.1. Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?.....NO.....
- 10.2. If the response to 10.1 is yes, provide information related to this exemption:
- 10.3. Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?.....NO.....
- 10.4. If the response to 10.3 is yes, provide information related to this exemption:
- 10.5. Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?.....N/A.....
- 10.6. If the response to 10.5 is no or n/a, please explain.
Chamber Benefit Arrangement Trust Board of Trustees performs all Audit Committe functions.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
John Lloyd, Consulting Actuary, Optum Consulting, 2170 Satellite Blvd, Suite 150, Duluth, GA 30097
- 12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?.....NO.....
12.11 Name of real estate holding company
- 12.12 Number of parcels involved.....
- 12.13 Total book / adjusted carrying value.....\$.....
- 12.2. If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....N/A.....
- 13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?.....
- 13.3. Have there been any changes made to any of the trust indentures during the year?.....NO.....
- 13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?.....
- 14.1. Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....YES.....
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
- 14.11. If the response to 14.1 is no, please explain:
- 14.2. Has the code of ethics for senior managers been amended?.....NO.....
- 14.21. If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3. Have any provisions of the code of ethics been waived for any of the specified officers?.....NO.....
- 14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1. Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?.....NO.....
- 15.2. If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.
- | | | | |
|---|---------------------------------|---|--------|
| 1 | 2 | 3 | 4 |
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
| | | | \$ |
- BOARD OF DIRECTORS
16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?.....YES.....
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?.....YES.....
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?.....YES.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?..... NO
- 20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers..... \$ -

20.12 To stockholders not officers..... \$ -

20.13 Trustees, supreme or grand (Fraternal only)..... \$ -
- 20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers..... \$ -

20.22 To stockholders not officers..... \$ -

20.23 Trustees, supreme or grand (Fraternal only)..... \$ -
- 21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?..... NO
- 21.2. If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others..... \$

21.22 Borrowed from others..... \$

21.23 Leased from others..... \$

21.24 Other..... \$
- 22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?..... NO
- 22.2. If answer is yes:

22.21 Amount paid as losses or risk adjustment..... \$

22.22 Amount paid as expenses..... \$

22.23 Other amounts paid..... \$
- 23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... NO
- 23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount..... \$
- 24.1. Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?..... NO
- 24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... NO
- 25.02. If no, give full and complete information, relating thereto
No stocks, bonds or other securities
- 25.03. For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04. For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions..... \$ -
- 25.05. For the reporting entity's securities lending program, report amount of collateral for other programs..... \$ -
- 25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?..... N/A
- 25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?..... N/A
- 25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?..... N/A
- 25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091. Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$

25.092. Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$

25.093. Total payable for securities lending reported on the liability page..... \$
- 26.1. Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03)..... NO
- 26.2. If yes, state the amount thereof at December 31 of the current year:

26.21. Subject to repurchase agreements..... \$

26.22. Subject to reverse repurchase agreements..... \$

26.23. Subject to dollar repurchase agreements..... \$

26.24. Subject to reverse dollar repurchase agreements..... \$

26.25. Placed under option agreements..... \$

26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock..... \$

26.27. FHLB Capital Stock..... \$

26.28. On deposit with states..... \$

26.29. On deposit with other regulatory bodies..... \$

26.30. Pledged as collateral - excluding collateral pledged to an FHLB..... \$

26.31. Pledged as collateral to FHLB - including assets backing funding agreements..... \$

26.32. Other..... \$
- 26.3. For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount
		\$

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB?.....NO.....

27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.....

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3. Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?.....NO.....

27.4. If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108.....

27.42 Permitted accounting practice.....

27.43 Other accounting guidance.....

27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:.....

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?.....NO.....

28.2. If yes, state the amount thereof at December 31 of the current year.....\$.....

29. 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.....

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

1	2
Name of Custodian(s)	Custodian's Address
PNC Bank, National Association.....	One PNC Plaza, 249 Fifth Avenue, Pittsburgh, PA 15222.....

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

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

29.03. Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?.....NO.....

29.04. If yes, give full and complete information relating thereto:

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

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

1	2
Name of Firm or Individual	Affiliation
PNC Bank, National Association.....	U.....

29.0597. For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?.....YES.....

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?.....YES.....

29.06. For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
N/A.....	PNC Bank, National Association.....	OCC.....	NO.....

30.1. Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?.....NO.....

30.2. If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL	\$.....

30.3. For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book / Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....	\$.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Bonds.....	\$.....	\$.....	\$.....
31.2. Preferred Stocks.....	\$.....	\$.....	\$.....
31.3. Totals.....	\$.....	\$.....	\$.....

31.4. Describe the sources or methods utilized in determining the fair values:
Not applicable as the Arrangement holds only cash and money market accounts.

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?.....N/A.....

32.2. If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?.....

32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2. If no, list exceptions:

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

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

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

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

Has the reporting entity self-designated 5GI securities?.....N/A.....

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

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

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

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

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

Has the reporting entity self-designated PLGI securities?.....N/A.....

36. 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:

a. The shares were purchased prior to January 1, 2019.

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

c. 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.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported 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.

f. 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?.....N/A.....

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?.....YES.....

OTHER

38.1. Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?.....\$..... -

38.2. List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
	\$.....

39.1. Amount of payments for legal expenses, if any?.....\$.....

39.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$.....

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

40.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?.....NO.....
- 1.2 If yes, indicate premium earned on U.S. business only.....\$.....
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?.....\$.....
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.....\$.....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance.....\$.....
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned.....\$.....
- 1.62 Total incurred claims.....\$.....
- 1.63 Number of covered lives.....
- All years prior to most current three years:
- 1.64 Total premium earned.....\$.....
- 1.65 Total incurred claims.....\$.....
- 1.66 Number of covered lives.....
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned.....\$.....
- 1.72 Total incurred claims.....\$.....
- 1.73 Number of covered lives.....
- All years prior to most current three years:
- 1.74 Total premium earned.....\$.....
- 1.75 Total incurred claims.....\$.....
- 1.76 Number of covered lives.....

2. Health Test:

		1	2
		Current Year	Prior Year
2.1	Premium Numerator.....	\$ 2,474,733	\$ 1,871,555
2.2	Premium Denominator.....	\$ 2,474,733	\$ 1,871,555
2.3	Premium Ratio (2.1/2.2).....	100.000	100.000
2.4	Reserve Numerator.....	\$	\$
2.5	Reserve Denominator.....	\$ 214,673	\$ 141,012
2.6	Reserve Ratio (2.4/2.5).....		

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?.....NO.....
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?.....YES.....
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?.....NO.....
- 5.1 Does the reporting entity have stop-loss reinsurance?.....YES.....
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical.....\$..... 17,500
- 5.32 Medical Only.....\$.....
- 5.33 Medicare Supplement.....\$.....
- 5.34 Dental and Vision.....\$.....
- 5.35 Other Limited Benefit Plan.....\$.....
- 5.36 Other.....\$.....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?.....YES.....
- 7.2 If no, give details

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- | | | | |
|-------|---|------|---------|
| 8. | Provide the following information regarding participating providers: | | |
| 8.1 | Number of providers at start of reporting year..... | | — |
| 8.2 | Number of providers at end of reporting year..... | | — |
| 9.1 | Does the reporting entity have business subject to premium rate guarantees?..... | NO | |
| 9.2 | If yes, direct premium earned: | | |
| 9.21 | Business with rate guarantees between 15-36 months..... | \$ | |
| 9.22 | Business with rate guarantees over 36 months..... | \$ | |
| 10.1 | Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?..... | NO | |
| 10.2 | If yes: | | |
| 10.21 | Maximum amount payable bonuses..... | \$ | |
| 10.22 | Amount actually paid for year bonuses..... | \$ | |
| 10.23 | Maximum amount payable withholds..... | \$ | |
| 10.24 | Amount actually paid for year withholds..... | \$ | |
| 11.1 | Is the reporting entity organized as: | | |
| 11.12 | A Medical Group/Staff Model,..... | NO | |
| 11.13 | An Individual Practice Association (IPA), or,..... | NO | |
| 11.14 | A Mixed Model (combination of above)?..... | NO | |
| 11.2 | Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?..... | YES | |
| 11.3 | If yes, show the name of the state requiring such minimum capital and surplus..... | Ohio | |
| 11.4 | If yes, show the amount required..... | \$ | 500,000 |
| 11.5 | Is this amount included as part of a contingency reserve in stockholder's equity?..... | NO | |
| 11.6 | If the amount is calculated, show the calculation | | |

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

1
Name of Service Area
State of Ohio.....

- | | | |
|-------|--|-----|
| 13.1 | Do you act as a custodian for health savings accounts? | NO |
| 13.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ |
| 13.3 | Do you act as an administrator for health savings accounts? | NO |
| 13.4 | If yes, please provide the balance of the funds administered as of the reporting date. | \$ |
| 14.1 | Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? | N/A |
| 14.2. | If the answer to 14.1 is yes, please provide the following: | |

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

- | | |
|---|------------|
| 15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded). | |
| 15.1 Direct Premium Written..... | \$ — |
| 15.2 Total Incurred Claims..... | \$ — |
| 15.3 Number of Covered Lives..... | — |

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

- | | | |
|------|---|----|
| 16. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | NO |
| 16.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | NO |

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2021	2020	2019	2018	2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	10,591,773	7,264,293	6,664,934	526,961	
2. Total liabilities (Page 3, Line 24)	9,944,185	6,586,259	6,071,128		
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	500,000	
4. Total capital and surplus (Page 3, Line 33)	647,588	678,034	593,806	526,961	
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,474,733	1,871,555	1,092,847		
6. Total medical and hospital expenses (Line 18)	2,131,413	1,513,170	964,015		
7. Claims adjustment expenses (Line 20)	144,279	109,208	61,479		
8. Total administrative expenses (Line 21)	192,046	164,656	110,140	153	
9. Net underwriting gain (loss) (Line 24)	6,995	84,521	(42,787)	(153)	
10. Net investment gain (loss) (Line 27)	(4,700)	(205)	9,632	2,114	
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	2,382	84,228	(33,155)	1,961	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(877,257)	856,709	1,283,593	1,050	
Risk-Based Capital Analysis					
14. Total adjusted capital	647,588	678,034	593,806	526,961	
15. Authorized control level risk-based capital	151,204	107,379	79,854	813	
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	5,696	4,422	3,434		
17. Total members months (Column 6, Line 7)	73,022	54,988	31,096		
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.1	80.9	88.2		
20. Cost containment expenses	1.5	1.5	1.8		
21. Other claims adjustment expenses	4.3	4.3	3.8		
22. Total underwriting deductions (Line 23)	99.7	95.5	103.9		
23. Total underwriting gain (loss) (Line 24)	0.3	4.5	(3.9)		
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	97,074	115,390			
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	141,012	129,968			
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—Accounting Changes and Correction of Errors?
If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL N									
2.	Alaska	AK N									
3.	Arizona	AZ N									
4.	Arkansas	AR N									
5.	California	CA N									
6.	Colorado	CO N									
7.	Connecticut	CT N									
8.	Delaware	DE N									
9.	District of Columbia	DC N									
10.	Florida	FL N									
11.	Georgia	GA N									
12.	Hawaii	HI N									
13.	Idaho	ID N									
14.	Illinois	IL N									
15.	Indiana	IN N									
16.	Iowa	IA N									
17.	Kansas	KS N									
18.	Kentucky	KY N									
19.	Louisiana	LA N									
20.	Maine	ME N									
21.	Maryland	MD N									
22.	Massachusetts	MA N									
23.	Michigan	MI N									
24.	Minnesota	MN N									
25.	Mississippi	MS N									
26.	Missouri	MO N									
27.	Montana	MT N									
28.	Nebraska	NE N									
29.	Nevada	NV N									
30.	New Hampshire	NH N									
31.	New Jersey	NJ N									
32.	New Mexico	NM N									
33.	New York	NY N									
34.	North Carolina	NC N									
35.	North Dakota	ND N									
36.	Ohio	OH L	29,232,539							29,232,539	
37.	Oklahoma	OK N									
38.	Oregon	OR N									
39.	Pennsylvania	PA N									
40.	Rhode Island	RI N									
41.	South Carolina	SC N									
42.	South Dakota	SD N									
43.	Tennessee	TN N									
44.	Texas	TX N									
45.	Utah	UT N									
46.	Vermont	VT N									
47.	Virginia	VA N									
48.	Washington	WA N									
49.	West Virginia	WV N									
50.	Wisconsin	WI N									
51.	Wyoming	WY N									
52.	American Samoa	AS N									
53.	Guam	GU N									
54.	Puerto Rico	PR N									
55.	US Virgin Islands	VI N									
56.	Northern Mariana Islands	MP N									
57.	Canada	CAN N									
58.	Aggregate Other Alien	OT XXX									
59.	Subtotal	XXX	29,232,539							29,232,539	
60.	Reporting entity contributions for Employee Benefit Plans	XXX									
61.	Total (Direct Business)	XXX	29,232,539							29,232,539	
Details of Write-Ins											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts
L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1 R – Registered - Non-domiciled RRGs –
E – Eligible - Reporting entities eligible or approved to write surplus lines in the state – Q – Qualified - Qualified or accredited reinsurer –
N – None of the above - Not allowed to write business in the state 56
(b) Explanation of basis of allocation by states, premiums by state, etc

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

Chamber Benefit Arrangement Trust

Employer’s ID Number: 82-5056803

NAIC Company Code: 125

State of Domicile: OH

SUMMARY INVESTMENT SCHEDULE

		Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
		1	2	3	4	5	6
Investment Categories		Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage of Column 5 Line 13
1.	Long-term bonds (Schedule D, Part 1):						
	1.01 U.S. governments						
	1.02 All other governments						
	1.03 U.S. states, territories and possessions, etc. guaranteed						
	1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
	1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
	1.06 Industrial and miscellaneous						
	1.07 Hybrid securities						
	1.08 Parent, subsidiaries and affiliates						
	1.09 SVO identified funds						
	1.10 Unaffiliated bank loans						
	1.11 Total long-term bonds						
2.	Preferred stocks (Schedule D, Part 2, Section 1):						
	2.01 Industrial and miscellaneous (Unaffiliated)						
	2.02 Parent, subsidiaries and affiliates						
	2.03 Total preferred stocks						
3.	Common stocks (Schedule D, Part 2, Section 2):						
	3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
	3.02 Industrial and miscellaneous Other (Unaffiliated)						
	3.03 Parent, subsidiaries and affiliates Publicly traded						
	3.04 Parent, subsidiaries and affiliates Other						
	3.05 Mutual funds						
	3.06 Unit investment trusts						
	3.07 Closed-end funds						
	3.08 Total common stocks						
4.	Mortgage loans (Schedule B):						
	4.01 Farm mortgages						
	4.02 Residential mortgages						
	4.03 Commercial mortgages						
	4.04 Mezzanine real estate loans						
	4.05 Total valuation allowance						
	4.06 Total mortgage loans						
5.	Real estate (Schedule A):						
	5.01 Properties occupied by company						
	5.02 Properties held for production of income						
	5.03 Properties held for sale						
	5.04 Total real estate						
6.	Cash, cash equivalents and short-term investments:						
	6.01 Cash (Schedule E, Part 1)	1,378,598	74.3	1,378,598		1,378,598	74.3
	6.02 Cash equivalents (Schedule E, Part 2)	477,668	25.7	477,668		477,668	25.7
	6.03 Short-term investments (Schedule DA)						
	6.04 Total cash, cash equivalents and short-term investments	1,856,267	100.0	1,856,267		1,856,267	100.0
7.	Contract loans						
8.	Derivatives (Schedule DB)						
9.	Other invested assets (Schedule BA)						
10.	Receivables for securities						
11.	Securities lending (Schedule DL, Part 1)				XXX	XXX	XXX
12.	Other invested assets (Page 2, Line 11)						
13.	Total invested assets	1,856,267	100.0	1,856,267		1,856,267	100.0



Statement of Actuarial Opinion
Chamber Benefit Arrangement Trust
December 31, 2021

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input checked="" type="checkbox"/> Revised Wording	
Relevant Comments			<input type="checkbox"/> Revised Wording	
<input type="checkbox"/> The Actuarial Memorandum include "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

I, John C. Lloyd, Consulting Actuary, am associated with the firm of Optum. I am a member of the American Academy of Actuaries and have been retained by the Chamber Benefit Arrangement Trust to render an opinion with regard to loss reserves, actuarial liabilities, and related items. I was appointed on December 8, 2020, in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2021.

A. Claims unpaid (Page 3, Line 1);	\$214,673
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2);	\$0
C. Unpaid claims adjustment expenses (Page 3, Line 3);	\$16,000
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves, and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	\$0
E. Aggregate life policy reserves (Page 3, Line 5);	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6);	\$0
G. Aggregate health claim reserves (Page 3, Line 7);	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	N/A
I. Specified actuarial items presented as assets in the annual statement	
a. Accrued retrospective premiums and contract redeterminations (page 2, Line 15.3)	\$0
b. Amounts recoverable from reinsurance (Page 2, Line 16.1)	\$7,355,180

Statement of Actuarial Opinion
Chamber Benefit Arrangement Trust
December 31, 2021

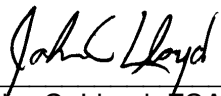
In forming my opinion on items A through I above, I relied upon data prepared by Steve Millard and Jeffrey B. Williamson as certified in the attached statement. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the Insurance Laws and regulations of the state of Ohio; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed,
- D. Make good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year end,
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.



John C. Lloyd, FSA, MAAA
Consulting Actuary, Optum
2170 Satellite Blvd, Suite 150
Duluth, GA 30097
(678) 417-4906

March 24, 2022

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

To: Optum

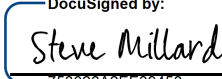
FROM: Chamber Benefit Arrangement (CBOH)

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of Chamber Benefit Arrangement as of December 31, 2021, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete, and were derived from the records and data which form the basis of the annual statement for the year ending December 31, 2021;
3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined; and,
4. At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers, and if not, Company has accrued an appropriate liability to cover the risk.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of Chamber Benefit Arrangement as of December 31, 2021, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of December 31, 2021.

Signed 
753026A2EE39458...

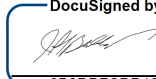
Name Steve Millard _____

Title Plan Administrator, CBOH _____

Date 3/23/2022 _____

Address _____

Phone Number _____

Signed 
9B9DD7CDD1094DA...

Name Jeffrey B. Williamson _____

Title CEO, Consoliplex _____

Date 3/23/2022 _____

Address _____

Phone Number _____

(SI-02) Schedule A - Verification Between Years - Real Estate

NONE

(SI-02) Schedule B - Verification Between Years - Mortgage Loans

NONE

(SI-03) Schedule BA - Verification Between Years - Other Long-Term Invested Assets

NONE

(SI-03) Schedule D - Verification Between Years - Bonds and Stocks

NONE

(SI-04) Schedule D

NONE

(SI-05) Schedule D - Part 1A - Section 1 - 1 to 5

NONE

(SI-06) Schedule D - Part 1A - Section 1 - 6 to 10

NONE

(SI-07) Schedule D - Part 1A - Section 1 - 11 to 14

NONE

(SI-08) Schedule D - Part 1A - Section 2 - 1 to 8

NONE

(SI-09) Schedule D - Part 1A - Section 2 - 9 to 14

NONE

(SI-10) Schedule DA - Short-Term Investments

NONE

(SI-11) Schedule DB - Part A - Verification Between Years - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-11) Schedule DB - Part B - Verification Between Years - Futures Contracts

NONE

(SI-12) Schedule DB - Part C - Section 1

NONE

(SI-13) Schedule DB - Part C - Section 2

NONE

(SI-14) Schedule DB - Verification Between Years

NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS
(Cash Equivalents)

		1	2	3	4
		Total	Bonds	Money Market Mutual Funds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year.....	483,056		483,056	
2.	Cost of cash equivalents acquired				
3.	Accrual of discount				
4.	Unrealized valuation increase (decrease).....				
5.	Total gain (loss) on disposals.....				
6.	Deduct consideration received on disposals	5,388		5,388	
7.	Deduct amortization of premium				
8.	Total foreign exchange change in book / adjusted carrying value				
9.	Deduct current year's other-than-temporary impairment recognized				
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	477,668		477,668	
11.	Deduct total nonadmitted amounts				
12.	Statement value at end of current period (Line 10 minus Line 11)	477,668		477,668	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

(E-01) Schedule A - Part 1

NONE

(E-02) Schedule A - Part 2

NONE

(E-03) Schedule A - Part 3

NONE

(E-04) Schedule B - Part 1

NONE

(E-05) Schedule B - Part 2

NONE

(E-06) Schedule B - Part 3

NONE

(E-07) Schedule BA - Part 1

NONE

(E-08) Schedule BA - Part 2

NONE

(E-09) Schedule BA - Part 3

NONE

(E-10) Schedule D - Part 1

NONE

(E-11) Schedule D - Part 2 - Section 1

NONE

(E-12) Schedule D - Part 2 - Section 2

NONE

(E-13) Schedule D - Part 3

NONE

(E-14) Schedule D - Part 4

NONE

(E-15) Schedule D - Part 5

NONE

(E-16) Schedule D - Part 6 - Section 1

NONE

(E-16) Schedule D - Part 6 - Section 2

NONE

(E-17) Schedule DA - Part 1

NONE

(E-18) Schedule DB - Part A - Section 1

NONE

(E-18) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-18) Schedule DB - Part A - Section 1 - Financial or Economic Impact of the Hedge

NONE

(E-19) Schedule DB - Part A - Section 2

NONE

(E-19) Schedule DB - Part A - Section 2 - Description of Hedged Risk(s)

NONE

(E-19) Schedule DB - Part A - Section 2 - Financial or Economic Impact of the Hedge

NONE

(E-20) Schedule DB - Part B - Section 1

NONE

(E-20) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-20) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-20) Schedule DB - Part B - Section 1 - Financial or Economic Impact of the Hedge

NONE

(E-21) Schedule DB - Part B - Section 2

NONE

(E-21) Schedule DB - Part B - Section 2 - Description of Hedged Risk(s)

NONE

(E-21) Schedule DB - Part B - Section 2 - Financial or Economic Impact of the Hedge

NONE

(E-22) Schedule DB - Part D - Section 1

NONE

(E-23) Schedule DB - Part D - Section 2 - By Reporting Entity

NONE

(E-23) Schedule DB - Part D - Section 2 - To Reporting Entity

NONE

(E-24) Schedule DB - Part E

NONE

(E-25) Schedule DL - Part 1

NONE

(E-25) Schedule DL - Part 1 - General Interrogatories

NONE

(E-26) Schedule DL - Part 2

NONE

(E-26) Schedule DL - Part 2 - General Interrogatories

NONE

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
PNC Bank, National Association One PNC Plaza, 249 Fifth Ave, Pittsburgh PA 15222					50,000	XXX
PNC Bank, National Association One PNC Plaza, 249 Fifth Ave, Pittsburgh PA 15222		0.030	682	—	1,328,598	XXX
0199998 – Deposits in depositories that do not exceed allowable limits in any one depository (See Instructions)-open depositories						XXX
0199999 – Totals – Open Depositories			682	—	1,378,598	XXX
0399999 – Total Cash on Deposit			682	—	1,378,598	XXX
0599999 – Total Cash			682	—	1,378,598	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	2,985,193	4. April	2,686,543	7. July	3,007,043	10. October	2,042,038
2. February	3,035,341	5. May	2,755,069	8. August	2,070,257	11. November	2,331,184
3. March	2,789,945	6. June	2,936,705	9. September	2,597,263	12. December	1,378,598

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Sweep Accounts								
XXX	PNC Sweep Account		10/31/2018	—		477,668	10	108
8499999 – Sweep Accounts						477,668	10	108
9999999 – Total Cash Equivalents						477,668	10	108

1.	Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
	1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
	1B	2A \$	2B \$	2C \$				
	1C	3A \$	3B \$	3C \$				
	1D	4A \$	4B \$	4C \$				
	1E	5A \$	5B \$	5C \$				
	1F	6 \$						

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

		1	2	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
				3	4	5	6
States, Etc.		Type of Deposit	Purpose of Deposit	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	Fair Value
1.	Alabama	AL	NONE				
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	US Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Alien and Other	OT	XXX				
59.	Totals	XXX	XXX				
Details of Write-Ins							
5801.						
5802.						
5803.						
5898.	Summary of remaining write-ins for Line 58 from overflow page						
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)						