

**ANNUAL STATEMENT**

of the

**OHIO FARM BUREAU HEALTH  
BENEFITS PLAN**

of

**COLUMBUS**

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  
OHIO FARM BUREAU HEALTH BENEFITS PLAN

NAIC Group Code 0000, 0000 NAIC Company Code 00123 Employer's ID Number 81-1268907  
(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? N/A  
Incorporated/Organized 08/22/2016 Commenced Business 01/01/2017  
Statutory Home Office 280 North High Street Floor 6 Columbus, OH, US 43215  
Main Administrative Office 280 North High Street Floor 6  
Columbus, OH, US 43215  
(Telephone)  
Mail Address 280 North High Street Floor 6 Columbus, OH, US 43215  
Primary Location of Books and  
Records 280 North High Street Floor 6  
Columbus, OH, US 43215 614-249-2400  
(Telephone)  
Internet Website Address https://ofbf.org  
Statutory Statement Contact Anthony Wisniewski 440-227-3302  
(Telephone)  
anthon.y.wisniewski@consoliplex.com  
(E-Mail) (Fax)

OFFICERS  
Michael Bailey, Chairperson  
Bill Patterson, Treasurer  
DIRECTORS OR TRUSTEES  
Michael Bailey Bill Patterson  
Mike Boyert Toni Schwab  
Greg Franklin Dietsch Chris Weaver

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: B8252BB9E0A44A6... DocuSigned by: x Michael Bailey D18F6E3EF0D84B2... x

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

DocuSigned by: X Stephen R. Redd 2789DE25A066452...

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

ASSETS

|                      |  | Current Year |                    |                                   |
|----------------------|--|--------------|--------------------|-----------------------------------|
|                      |  | 1            | 2                  | Prior Year                        |
|                      |  | Assets       | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) |
| 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 (\$ 1,730,000, Schedule E - Part 1), cash equivalents (\$ , Schedule E - Part 2) and short-term investments (\$ 0, Schedule DA) | 1,730,000    |                    | 1,730,000                         |
| 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)  | 1,730,000    |                    | 1,730,000                         |
| 13.                  | Title plants less \$ charged off (for Title insurers only)   |              |                    |                                   |
| 14.                  | Investment income due and accrued  | 1            |                    | 1                                 |
| 15.                  | Premiums and considerations:   |              |                    |                                   |
| 15.1                 | Uncollected premiums and agents' balances in the course of collection  |              |                    | 858,100                           |
| 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  | 3,767,922    |                    | 3,767,922                         |
| 16.2                 | Funds held by or deposited with reinsured companies  |              |                    |                                   |
| 16.3                 | Other amounts receivable under reinsurance contracts   | 840,195      |                    | 840,195                           |
| 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   |              |                    | 77,400                            |
| 26.                  | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)                           | 6,338,118    |                    | 6,338,118                         |
| 27.                  | From Separate Accounts, Segregated Accounts and Protected Cell Accounts  |              |                    |                                   |
| 28.                  | Total (Lines 26 and 27)  | 6,338,118    |                    | 6,338,118                         |
| 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   |              |                    |                                   |
| 2502.                | Receivables from Others  |              |                    |                                   |
| 2503.                | Administrative fee credit receivable   |              |                    | 77,400                            |
| 2598.                | Summary of remaining write-ins for Line 25 from overflow page  |              |                    |                                   |
| 2599.                | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)   |              |                    | 77,400                            |

LIABILITIES, CAPITAL AND SURPLUS

|   | Current Year |           |           | Prior Year |
|---|--------------|-----------|-----------|------------|
|   | 1            | 2         | 3         | 4          |
|   | Covered      | Uncovered | Total     | Total      |
| 1. Claims unpaid (less \$ 1,473,745 reinsurance ceded) .....  | 163,749      |           | 163,749   | 227,008    |
| 2. Accrued medical incentive pool and bonus amounts .....   |              |           |           |            |
| 3. Unpaid claims adjustment expenses .....  | 10,975       |           | 10,975    | 13,553     |
| 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 .....  | 15,888       |           | 15,888    | 205,014    |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$     on realized capital gains (losses)) .....                |              |           |           |            |
| 10.2 Net deferred tax liability .....   |              |           |           |            |
| 11. Ceded reinsurance premiums payable .....  | 5,439,079    |           | 5,439,079 | 2,417,014  |
| 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) .....   | 5,629,691    |           | 5,629,691 | 2,862,589  |
| 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       | 600,000   | 600,000    |
| 29. Surplus notes .....   | XXX          | XXX       |           |            |
| 30. Aggregate write-ins for other-than-special surplus funds .....  | XXX          | XXX       |           |            |
| 31. Unassigned funds (surplus) .....  | XXX          | XXX       | 108,427   | 151,289    |
| 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       | 708,427   | 751,289    |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) .....  | XXX          | XXX       | 6,338,118 | 3,613,878  |
| <b>Details of Write-Ins</b>   |              |           |           |            |
| 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          | 29,562     | 28,908     |
| 2.                           | Net premium income (including \$ non-health premium income).....   | XXX          | 1,221,860  | 2,287,366  |
| 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          | 1,221,860  | 2,287,366  |
| <b>Hospital and Medical:</b> |  |              |            |            |
| 9.                           | Hospital/medical benefits.....   |              | 8,112,460  | 6,967,708  |
| 10.                          | Other professional services.....   |              | 1,012,564  | 602,148    |
| 11.                          | Outside referrals.....   |              |            |            |
| 12.                          | Emergency room and out-of-area.....  |              | 744,219    | 1,032,253  |
| 13.                          | Prescription drugs.....  |              | 1,304,315  | 749,140    |
| 14.                          | Aggregate write-ins for other hospital and medical.....  |              |            |            |
| 15.                          | Incentive pool, withhold adjustments and bonus amounts.....  |              |            |            |
| 16.                          | Subtotal (Lines 9 to 15).....  |              | 11,173,558 | 9,351,249  |
| <b>Less:</b>                 |  |              |            |            |
| 17.                          | Net reinsurance recoveries.....  |              | 10,082,343 | 7,760,376  |
| 18.                          | Total hospital and medical (Lines 16 minus 17).....  |              | 1,091,215  | 1,590,873  |
| 19.                          | Non-health claims (net).....   |              |            |            |
| 20.                          | Claims adjustment expenses, including \$ 24,053 cost containment expenses.....   |              | 69,718     | 152,683    |
| 21.                          | General administrative expenses.....   |              | 94,365     | 278,065    |
| 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).....   |              | 1,255,298  | 2,021,621  |
| 24.                          | Net underwriting gain or (loss) (Lines 8 minus 23).....  | XXX          | (33,438)   | 265,745    |
| 25.                          | Net investment income earned (Exhibit of Net Investment Income, Line 17).....  |              | (9,425)    | (2,669)    |
| 26.                          | Net realized capital gains (losses) less capital gains tax of \$ .....   |              |            |            |
| 27.                          | Net investment gains (losses) (Lines 25 plus 26).....  |              | (9,425)    | (2,669)    |
| 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          | (42,863)   | 263,076    |
| 31.                          | Federal and foreign income taxes incurred.....   | XXX          |            |            |
| 32.                          | Net income (loss) (Lines 30 minus 31).....   | XXX          | (42,863)   | 263,076    |
| <b>Details of Write-Ins</b>  |  |              |            |            |
| 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 .....                                     | 751,289      | 488,213    |
| 34.                       | Net income or (loss) from Line 32 .....  | (42,863)     | 263,076    |
| 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 .....   |              |            |
| 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) .....                           | (42,863)     | 263,076    |
| 49.                       | Capital and surplus end of reporting year (Line 33 plus 48) .....                  | 708,426      | 751,289    |
| 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 .....   | 5,102,025    | 2,785,185  |
| 2.   | Net investment income .....   | (9,425)      | (2,333)    |
| 3.   | Miscellaneous income .....  | (442,506)    |            |
| 4.   | Total (Lines 1 to 3) .....  | 4,650,094    | 2,782,852  |
| 5.   | Benefit and loss related payments .....   | 3,311,302    | 2,040,350  |
| 6.   | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                   |              |            |
| 7.   | Commissions, expenses paid and aggregate write-ins for deductions .....                                     | 355,787      | 372,414    |
| 8.   | Dividends paid to policyholders .....   |              |            |
| 9.   | Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) .....             |              |            |
| 10.  | Total (Lines 5 through 9) .....   | 3,667,089    | 2,412,764  |
| 11.  | Net cash from operations (Line 4 minus Line 10) .....   | 983,005      | 370,088    |
| 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) .....   | 77,400       | 12,600     |
| 17.  | Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) ..... | 77,400       | 12,600     |
| Reconciliation of Cash, Cash Equivalents and Short-Term Investments                |   |              |            |
| 18.  | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....       | 1,060,405    | 382,688    |
| 19.  | Cash, cash equivalents and short-term investments:  |              |            |
| 19.1   | Beginning of year .....   | 669,595      | 286,908    |
| 19.2   | End of year (Line 18 plus Line 19.1) .....  | 1,730,000    | 669,596    |
| 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<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental Only | Vision Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other Health | Other Non-<br>Health |
| 1. Net premium income.....  | 1,221,860  | 1,221,860                                |                        |             |             |   |                         |                       |              |                      |
| 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).....   | 1,221,860  | 1,221,860                                |                        |             |             |   |                         |                       |              |                      |
| 8. Hospital/medical benefits.....   | 8,112,460  | 8,112,460                                |                        |             |             |   |                         |                       |              | XXX                  |
| 9. Other professional services.....   | 1,012,564  | 1,012,564                                |                        |             |             |   |                         |                       |              | XXX                  |
| 10. Outside referrals.....  |            |  |                        |             |             |   |                         |                       |              | XXX                  |
| 11. Emergency room and out-of-area.....   | 744,219    | 744,219                                  |                        |             |             |   |                         |                       |              | XXX                  |
| 12. Prescription drugs.....   | 1,304,315  | 1,304,315                                |                        |             |             |   |                         |                       |              | 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).....   | 11,173,558 | 11,173,558                               |                        |             |             |   |                         |                       |              | XXX                  |
| 16. Net reinsurance recoveries.....   | 10,082,343 | 10,082,343                               |                        |             |             |   |                         |                       |              | XXX                  |
| 17. Total hospital and medical (Lines 15 minus 16).....                           | 1,091,215  | 1,091,215                                |                        |             |             |   |                         |                       |              | XXX                  |
| 18. Non-health claims (net).....  |            | XXX                                      | XXX                    | XXX         | XXX         | XXX   | XXX                     | XXX                   | XXX          |                      |
| 19. Claims adjustment expenses including \$ 24,053 cost containment expenses..... | 69,718     | 69,718                                   |                        |             |             |   |                         |                       |              |                      |
| 20. General administrative expenses.....  | 94,365     | 94,365                                   |                        |             |             |   |                         |                       |              |                      |
| 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).....                           | 1,255,298  | 1,255,298                                |                        |             |             |   |                         |                       |              |                      |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23).....                   | (33,438)   | (33,438)                                 |                        |             |             |   |                         |                       |              |                      |
| <b>Details of Write-Ins</b>   |            |  |                        |             |             |   |                         |                       |              |                      |
| 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<br>(Cols. 1+2-3) |
| 1.               | Comprehensive (hospital and medical) .....   | 13,538,971      |                     | 12,317,111        | 1,221,860                           |
| 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) .....    | 13,538,971      |                     | 12,317,111        | 1,221,860                           |
| 10.              | Life .....                                   |                 |                     |                   |                                     |
| 11.              | Property/casualty .....                      |                 |                     |                   |                                     |
| 12.              | Totals (Lines 9 to 11) .....                 | 13,538,971      |                     | 12,317,111        | 1,221,860                           |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

|     |  | 1          | 2  | 3                      | 4           | 5           | 6   | 7                       | 8                     | 9            | 10                   |
|-----|--|------------|--|------------------------|-------------|-------------|---|-------------------------|-----------------------|--------------|----------------------|
|     |  | Total      | Comprehensive<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental Only | Vision Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other Health | Other Non-<br>Health |
| 1   | Payments during the year:  |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 1.1 Direct.....  | 10,671,104 | 10,671,104                               |                        |             |             |   |                         |                       |              |                      |
|     | 1.2 Reinsurance assumed.....                                       |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 1.3 Reinsurance ceded.....   | 6,222,499  | 6,222,499                                |                        |             |             |   |                         |                       |              |                      |
|     | 1.4 Net.....   | 4,448,605  | 4,448,605                                |                        |             |             |   |                         |                       |              |                      |
| 2.  | Paid medical incentive pools and bonuses.....                      |            |  |                        |             |             |   |                         |                       |              |                      |
| 3.  | Claim liability December 31, current year from Part 2A:            |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 3.1 Direct.....  | 1,637,494  | 1,637,494                                |                        |             |             |   |                         |                       |              |                      |
|     | 3.2 Reinsurance assumed.....                                       |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 3.3 Reinsurance ceded.....   | 1,473,745  | 1,473,745                                |                        |             |             |   |                         |                       |              |                      |
|     | 3.4 Net.....   | 163,749    | 163,749                                  |                        |             |             |   |                         |                       |              |                      |
| 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..... | 3,691,820  | 3,691,820                                |                        |             |             |   |                         |                       |              |                      |
| 8.  | Claim liability December 31, prior year from Part 2A:              |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 8.1 Direct.....  | 1,135,041  | 1,135,041                                |                        |             |             |   |                         |                       |              |                      |
|     | 8.2 Reinsurance assumed.....                                       |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 8.3 Reinsurance ceded.....   | 908,033    | 908,033                                  |                        |             |             |   |                         |                       |              |                      |
|     | 8.4 Net.....   | 227,008    | 227,008                                  |                        |             |             |   |                         |                       |              |                      |
| 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.....   | 397,688    | 397,688                                  |                        |             |             |   |                         |                       |              |                      |
| 12. | Incurred benefits:   |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 12.1 Direct.....   | 11,173,557 | 11,173,557                               |                        |             |             |   |                         |                       |              |                      |
|     | 12.2 Reinsurance assumed.....                                      |            |  |                        |             |             |   |                         |                       |              |                      |
|     | 12.3 Reinsurance ceded.....  | 10,082,343 | 10,082,343                               |                        |             |             |   |                         |                       |              |                      |
|     | 12.4 Net.....  | 1,091,214  | 1,091,214                                |                        |             |             |   |                         |                       |              |                      |
| 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<br>(Hospital and<br>Medical) | Medicare<br>Supplement | Dental Only | Vision Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other Health | Other Non-<br>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.....                                       | 1,637,494 | 1,637,494                                  |                        |             |             |   |                         |                       |              |                      |
| 2.2 Reinsurance assumed.....                          |           |  |                        |             |             |   |                         |                       |              |                      |
| 2.3 Reinsurance ceded.....                            | 1,473,745 | 1,473,745                                  |                        |             |             |   |                         |                       |              |                      |
| 2.4 Net.....  | 163,749   | 163,749                                    |                        |             |             |   |                         |                       |              |                      |
| 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.....                                       | 1,637,494 | 1,637,494                                  |                        |             |             |   |                         |                       |              |                      |
| 4.2 Reinsurance assumed.....                          |           |  |                        |             |             |   |                         |                       |              |                      |
| 4.3 Reinsurance ceded.....                            | 1,473,745 | 1,473,745                                  |                        |             |             |   |                         |                       |              |                      |
| 4.4 Net.....  | 163,749   | 163,749                                    |                        |             |             |   |                         |                       |              |                      |

**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  | 6   |
|--|---|------------------------------------|---|------------------------------------|--|---|
|  | 1   | 2                                  | 3   | 4                                  |  |   |
|  | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid December 31 of Prior Year                    | On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical).....       | 277,976   | 876,498                            | —   | 163,749                            | 277,976  | 227,008   |
| 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).....             | 277,976   | 876,498                            | —   | 163,749                            | 277,976  | 227,008   |
| 10. Health care receivables (a).....               |   |                                    |   |                                    |  |   |
| 11. Other non-health.....                          |   |                                    |   |                                    |  |   |
| 12. Medical incentive pools and bonus amounts..... |   |                                    |   |                                    |  |   |
| 13. Totals (Lines 9-10+11+12).....                 | 277,976   | 876,498                            | —   | 163,749                            | 277,976  | 227,008   |

(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.....  | 150                         | 29   |       |       |      |
| 3.                                 | 2018.....  | XXX                         | 323  | 62    |       |      |
| 4.                                 | 2019.....  | XXX                         | XXX  | 1,095 | 308   |      |
| 5.                                 | 2020.....  | XXX                         | XXX  | XXX   | 1,304 | 278  |
| 6.                                 | 2021.....  | XXX                         | XXX  | XXX   | XXX   | 876  |

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.....  | 178  | 29   |       |       |      |
| 3.                                 | 2018.....  | XXX  | 355  | 62    |       |      |
| 4.                                 | 2019.....  | XXX  | XXX  | 1,343 | 309   |      |
| 5.                                 | 2020.....  | XXX  | XXX  | XXX   | 1,282 | 278  |
| 6.                                 | 2021.....  | XXX  | XXX  | XXX   | XXX   | 813  |

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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>Percent |
|  |           |                    |                    |  |                       |   |                       |                  |  |   |                       |
| 1.   | 2017..... | 283                |                    |  |                       |   |                       |                  |  |   |                       |
| 2.   | 2018..... | 547                |                    |  |                       |   |                       |                  |  |   |                       |
| 3.   | 2019..... | 547                |                    |  |                       |   |                       |                  |  |   |                       |
| 4.   | 2020..... | 2,287              | 278                |  |                       | 278   | 12.156                |                  |  | 278   | 12.156                |
| 5.   | 2021..... | 1,222              | 876                | 70   | 7.991                 | 946   | 77.414                | 164              | 9  | 1,119   | 91.571                |

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.....  | 150                         | 29   |       |       |      |
| 3.                                 | 2018.....  | XXX                         | 323  | 62    |       |      |
| 4.                                 | 2019.....  | XXX                         | XXX  | 1,095 | 308   |      |
| 5.                                 | 2020.....  | XXX                         | XXX  | XXX   | 1,304 | 278  |
| 6.                                 | 2021.....  | XXX                         | XXX  | XXX   | XXX   | 876  |

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.....  | 178  | 29   |       |       |      |
| 3.                                 | 2018.....  | XXX  | 355  | 62    |       |      |
| 4.                                 | 2019.....  | XXX  | XXX  | 1,343 | 309   |      |
| 5.                                 | 2020.....  | XXX  | XXX  | XXX   | 1,282 | 278  |
| 6.                                 | 2021.....  | XXX  | XXX  | XXX   | XXX   | 813  |

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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>Percent |
| 1.   | 2017..... | 283                |                    |  |                       |   |                       |                  |  |   |                       |
| 2.   | 2018..... | 547                |                    |  |                       |   |                       |                  |  |   |                       |
| 3.   | 2019..... | 547                |                    |  |                       |   |                       |                  |  |   |                       |
| 4.   | 2020..... | 2,287              | 278                |  |                       | 278   | 12.156                |                  |  | 278   | 12.156                |
| 5.   | 2021..... | 1,222              | 876                | 70   | 7.991                 | 946   | 77.414                | 164              | 9  | 1,119   | 91.571                |

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<br>2017                   | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>2017  | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>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                           | 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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>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<br>2017                   | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>2017  | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br><br>Premiums<br>Earned | 2<br><br>Claims<br>Payments | 3<br><br>Claim<br>Adjustment<br>Expense<br>Payments | 4<br><br>(Col. 3/2)<br>Percent | 5<br><br>Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | 6<br><br>(Col. 5/1)<br>Percent | 7<br><br>Claims<br>Unpaid | 8<br><br>Unpaid<br>Claims<br>Adjustment<br>Expenses | 9<br><br>Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | 10<br><br>(Col. 9/1)<br>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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>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<br>2017                   | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>2017  | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>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<br>2017                   | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>2017  | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>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<br>2017                   | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>2017  | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>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<br>Earned | Claims<br>Payments | Claim<br>Adjustment<br>Expense<br>Payments | (Col. 3/2)<br>Percent | Claim and<br>Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | (Col. 5/1)<br>Percent | Claims<br>Unpaid | Unpaid<br>Claims<br>Adjustment<br>Expenses | Total Claims<br>and Claims<br>Adjustment<br>Expense<br>Incurred<br>(Col. 5+7+8) | (Col. 9/1)<br>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<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental Only | Vision Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>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) .....  |       |  |                        |             |             |   |                         |                       |       |
| <b>Details of Write-Ins</b>  |       |  |                        |             |             |   |                         |                       |       |
| 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 \$ 1,728,813 ceded plus \$ assumed)             | (216,478)                 | (410,987)                       | (234,491)                       |                     | (861,956)   |
| 4. Legal fees and expenses   |                           |                                 | 3,843                           |                     | 3,843       |
| 5. Certifications and accreditation fees                             |                           |                                 |                                 |                     |             |
| 6. Auditing, actuarial and other consulting services                 |                           |                                 | 63,588                          |                     | 63,588      |
| 7. Traveling expenses  |                           |                                 |                                 |                     |             |
| 8. Marketing and advertising   |                           |                                 | 3,980                           |                     | 3,980       |
| 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    | 240,531                   | 456,652                         | 247,047                         |                     | 944,230     |
| 15. Boards, bureaus and association fees                             |                           |                                 |                                 |                     |             |
| 16. Insurance, except on real estate                                 |                           |                                 | 2,500                           |                     | 2,500       |
| 17. Collection and bank service charges                              |                           |                                 | 1,394                           |                     | 1,394       |
| 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                          |                           |                                 | 6,504                           |                     | 6,504       |
| 23.4 Payroll taxes   |                           |                                 |                                 |                     |             |
| 23.5 Other (excluding federal income and real estate taxes)          |                           |                                 |                                 |                     |             |
| 24. Investment expenses not included elsewhere                       |                           |                                 |                                 | 9,812               | 9,812       |
| 25. Aggregate write-ins for expenses                                 |                           |                                 |                                 |                     |             |
| 26. Total expenses incurred (Lines 1 to 25)                          | 24,053                    | 45,665                          | 94,365                          | 9,812               | (a) 173,895 |
| 27. Less expenses unpaid December 31, current year                   | 6,256                     | 4,719                           | 15,888                          |                     | 26,863      |
| 28. Add expenses unpaid December 31, prior year                      | 5,150                     | 8,403                           | 205,012                         |                     | 218,565     |
| 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) | 22,947                    | 49,349                          | 283,489                         | 9,812               | 365,597     |
| 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 \$ 236,894 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) 386               | 387                |
| 7.                   | Derivative instruments  | (f)                   |                    |
| 8.                   | Other invested assets   |                       |                    |
| 9.                   | Aggregate write-ins for investment income   |                       |                    |
| 10.                  | Total gross investment income   | 386                   | 387                |
| 11.                  | Investment expenses   |                       | (g) 9,812          |
| 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)  |                       | 9,812              |
| 17.                  | Net investment income (Line 10 minus Line 16)   |                       | (9,425)            |
| 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<br>Nonadmitted Assets | Prior Year Total<br>Nonadmitted Assets | Change in Total<br>Nonadmitted Assets<br>(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)<br>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<br>of collection.....                                      |  |  |  |
| 15.2                 | Deferred premiums, agents' balances and installments<br>booked but deferred and not yet due.....                   |  |  |  |
| 15.3                 | Accrued retrospective premiums and contracts subject to<br>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<br>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<br>rates.....                                     |  |  |  |
| 23.                  | Receivables from parent, subsidiaries and affiliates.....  |  |  |  |
| 24.                  | Health care and other amounts receivable.....  |  |  |  |
| 25.                  | Aggregate write-ins for other-than-invested assets.....  |  |  |  |
| 26.                  | Total assets excluding Separate Accounts, Segregated<br>Accounts and Protected Cell Accounts (Lines 12 to 25)..... |  |  |  |
| 27.                  | From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts.....                                    |  |  |  |
| 28.                  | Total (Lines 26 and 27).....   |  |  |  |
| 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.....  |  |  |  |
| 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).....  |  |  |  |

NONE

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.....                                | 2,534                   | 2,507         | 2,564          | 2,401         | 2,421        | 29,562                     |
| 4. Point of Service.....  |                         |               |                |               |              |                            |
| 5. Indemnity Only.....  |                         |               |                |               |              |                            |
| 6. Aggregate write-ins for other lines of business.....                 |                         |               |                |               |              |                            |
| 7. Total.....   | 2,534                   | 2,507         | 2,564          | 2,401         | 2,421        | 29,562                     |
| <b>Details of Write-Ins</b>   |                         |               |                |               |              |                            |
| 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)                                   |             |              |              |               |               |           |
|  | 1,637,494   |              |              |               |               | 1,637,494 |
| 0199999 – Individually listed claims unpaid                | 1,637,494   |              |              |               |               | 1,637,494 |
| 0499999 – Subtotals  | 1,637,494   |              |              |               |               | 1,637,494 |
| 0799999 – Total claims unpaid                              |             |              |              |               |               | 1,637,494 |
| 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<br>Expense Payment | Column 1 as a % of<br>Total Payments | Total Members<br>Covered | Column 3 as a % of<br>Total Members | Column 1 Expenses<br>Paid to Affiliated<br>Providers | Column 1 Expenses<br>Paid to Non-Affiliated<br>Providers |
| <b>Capitation Payments:</b>                                    |                                   |                                      |                          |                                     |  |  |
| 1. Medical groups.....   |                                   |                                      |                          |                                     |  |  |
| 2. Intermediaries.....   |                                   |                                      |                          |                                     |  |  |
| 3. All other providers.....                                    |                                   |                                      |                          |                                     |  |  |
| 4. Total capitation payments.....                              |                                   |                                      |                          |                                     |  |  |
| <b>Other Payments:</b>   |                                   |                                      |                          |                                     |  |  |
| 5. Fee-for-service.....  |                                   |                                      | XXX                      | XXX                                 |  |  |
| 6. Contractual fee payments.....                               | 10,671,104                        | 100.000                              | XXX                      | XXX                                 |  | 10,671,104   |
| 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.....                                  | 10,671,104                        | 100.000                              | XXX                      | XXX                                 |  | 10,671,104   |
| 13. Total (Line 4 plus Line 12).....                           | 10,671,104                        | 100.000 %                            | XXX                      | XXX                                 |  | 10,671,104   |

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<br>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 .....                                     |      |              |                          |                              |                     |                     |

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

These financial statements of the Ohio Farm Bureau Health Benefit Plan ("OFB HBP" or 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        | \$ (42,863)        | \$ 263,076        |
| (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        | <u>\$ (42,863)</u> | <u>\$ 263,076</u> |
| Surplus   |        |          |            |                    |                   |
| (5) State basis (Page 3, Line 33, Columns 3 & 4)                                | XXX    | XXX      | XXX        | \$ 708,427         | \$ 751,289        |
| (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        | <u>\$ 708,427</u>  | <u>\$ 751,289</u> |

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

C. Accounting Policy

- (1) Short-term investments - None
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method  
The Arrangement does not hold any such securities.
- (3) Common stocks - None
- (4) Preferred stocks - None
- (5) Mortgage loans - None
- (6) Basis for Loan-Backed Securities and Adjustment Methodology  
The Arrangement does not hold any loan-backed securities.
- (7) Investments in subsidiaries, controlled and affiliated entities - None
- (8) Investments in joint ventures, partnerships and limited liability companies - None
- (9) Derivatives - None
- (10) Investment income as a factor in the premium deficiency calculation - None
- (11) Liabilities for losses and loss/claim adjustment expenses - None
- (12) Changes in capitalization policy - None
- (13) Pharmaceutical rebate receivables - None

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 past due.

B. Total Amount Excluded - None

8. Derivative Instruments - None

9. Income Taxes

The Arrangement has no tax liability based on investment income earned.

Notes to the Financial Statements

9. Income Taxes (Continued)

- A. Components of the Net Deferred Tax Asset/(Liability)
  - (1) Change between years by tax character - None
  - (2) Admission calculation components SSAP No. 101 - None
  - (3) Ratio used as basis of admissibility - None
  - (4) Impact of tax-planning strategies - None
- C. Major Components of Current Income Taxes Incurred - None
- D. Among the More Significant Book to Tax Adjustments - None
- E. Operating Loss and Tax Credit Carryforwards - None

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 25, 2022 for these statutory financial statements which are to be issued on March 31, 2022.

23. Reinsurance

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

During 2021, the Plan was subject to a stop loss reinsurance agreement with Community 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 from \$250,000 for 2021. Under the aggregate stop loss contract, the reinsurer pays all claims in excess of a fixed per employee per month amount that is the equivalent of 125% of actuarially expected claim costs for the entire Arrangement (net of any specific stop loss reimbursements).

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)

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)

Notes to the Financial Statements

23. Reinsurance (Continued)

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

- 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)

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

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 - None
- (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 - None
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - None
- (5) ACA risk corridors receivable as of reporting date - None

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

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

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?.....N/A.....
- 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. ....12/31/2019...
- 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. ....12/31/2019...
- 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). ....07/02/2021.....
- 3.4. By what department or departments?  
Ohio Department of Insurance
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....YES.....
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?.....YES.....
- 4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.11. sales of new business?.....YES.....
- 4.12. renewals?.....YES.....
- 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, Suite 700, Cleveland, Ohio 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?.....NO.....
- 10.6. If the response to 10.5 is no or n/a, please explain.  
Ohio Farm Bureau Health Benefits Plan Board of Trustees performs all Audit Committee 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?.....
- 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?.....
- 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)..... YES
- 25.02. If no, give full and complete information, relating thereto
- 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.....N/A.....

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?.....

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..... | 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?.....NO.....

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?.....NO.....

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?.....NO.....

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?.....NO.....

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?.....\$..... 3,843

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.....       | \$ 1,221,859 | \$ 2,287,366 |
| 2.2 | Premium Denominator.....     | \$ 1,221,860 | \$ 2,287,366 |
| 2.3 | Premium Ratio (2.1/2.2)..... | 100.000      | 100.000      |
| 2.4 | Reserve Numerator.....       | \$           | \$           |
| 2.5 | Reserve Denominator.....     | \$ 163,749   | \$ 227,008   |
| 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.....\$.....25,000
- 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      |
| <b>Balance Sheet (Pages 2 and 3)</b>   |           |           |           |           |           |
| 1. Total admitted assets (Page 2, Line 28) .....   | 6,338,118 | 3,613,878 | 2,569,349 | 2,093,294 | 1,363,043 |
| 2. Total liabilities (Page 3, Line 24) .....   | 5,629,691 | 2,862,589 | 2,081,136 | 1,508,805 | 820,127   |
| 3. Statutory minimum capital and surplus requirement .....   | 500,000   | 500,000   | 500,000   | 500,000   | 500,000   |
| 4. Total capital and surplus (Page 3, Line 33) .....   | 708,427   | 751,289   | 488,213   | 584,489   | 542,916   |
| <b>Income Statement (Page 4)</b>   |           |           |           |           |           |
| 5. Total revenues (Line 8) .....   | 1,221,860 | 2,287,366 | 1,507,427 | 546,911   | 282,938   |
| 6. Total medical and hospital expenses (Line 18) .....   | 1,091,215 | 1,590,873 | 1,345,396 | 383,838   | 177,617   |
| 7. Claims adjustment expenses (Line 20) .....  | 69,718    | 152,683   | 155,054   | 54,940    | 29,690    |
| 8. Total administrative expenses (Line 21) .....   | 94,365    | 278,065   | 215,992   | 56,529    | 35,451    |
| 9. Net underwriting gain (loss) (Line 24) .....  | (33,438)  | 265,745   | (209,015) | 51,604    | 40,181    |
| 10. Net investment gain (loss) (Line 27) .....   | (9,425)   | (2,669)   | 11,555    | 1,155     | (5,471)   |
| 11. Total other income (Lines 28 plus 29) .....  |           |           |           |           |           |
| 12. Net income or (loss) (Line 32) .....   | (42,863)  | 263,076   | (197,460) | 52,759    | 34,710    |
| <b>Cash Flow (Page 6)</b>  |           |           |           |           |           |
| 13. Net cash from operations (Line 11) .....   | 983,005   | 370,088   | (814,667) | 338,502   | 255,000   |
| <b>Risk-Based Capital Analysis</b>   |           |           |           |           |           |
| 14. Total adjusted capital .....   | 708,427   | 751,289   | 488,213   | 584,489   | 542,916   |
| 15. Authorized control level risk-based capital .....  | 72,688    | 112,577   | 97,371    | 27,236    | 20,300    |
| <b>Enrollment (Exhibit 1)</b>  |           |           |           |           |           |
| 16. Total members at end of period (Column 5, Line 7) .....  | 2,421     | 2,534     | 1,857     | 1,274     | 811       |
| 17. Total members months (Column 6, Line 7) .....  | 29,562    | 28,908    | 18,612    | 15,447    | 7,913     |
| <b>Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0</b>          |           |           |           |           |           |
| 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) .....                       | 89.3      | 69.6      | 89.3      | 70.2      | 62.8      |
| 20. Cost containment expenses .....  | 2.0       | 1.9       | 1.8       | 2.2       | 2.3       |
| 21. Other claims adjustment expenses .....   | 3.7       | 4.8       | 8.5       | 7.8       | 8.2       |
| 22. Total underwriting deductions (Line 23) .....  | 102.7     | 88.4      | 113.9     | 90.6      | 85.8      |
| 23. Total underwriting gain (loss) (Line 24) .....   | (2.7)     | 11.6      | (13.9)    | 9.4       | 14.2      |
| <b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>   |           |           |           |           |           |
| 24. Total claims incurred for prior years (Line 13, Col. 5) .....  | 277,976   | 309,084   | 61,561    | 29,246    |           |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....                            | 227,008   | 247,443   | 58,666    | 27,364    |           |
| <b>Investments in Parent, Subsidiaries and Affiliates</b>  |           |           |           |           |           |
| 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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)



REPORT FOR: 1. CORPORATION Ohio Farm Bureau Health Benefits Plan

2. Columbus, OH  
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Company Code: 00123

|  | 1<br><br>Total | Comprehensive (Hospital & Medical) |                | 4<br><br>Medicare Supplement | 5<br><br>Vision Only | 6<br><br>Dental Only | 7<br><br>Federal Employees Health Benefits Plan | 8<br><br>Title XVIII Medicare | 9<br><br>Title XIX Medicaid | 10<br><br>Other |
|--|----------------|------------------------------------|----------------|------------------------------|----------------------|----------------------|---|-------------------------------|-----------------------------|-----------------|
|  |                | 2<br><br>Individual                | 3<br><br>Group |                              |                      |                      |   |                               |                             |                 |
| Total Members at end of:                                       |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 1. Prior Year.....   | 2,534          |                                    | 2,534          |                              |                      |                      |   |                               |                             |                 |
| 2. First Quarter.....  | 2,507          |                                    | 2,507          |                              |                      |                      |   |                               |                             |                 |
| 3. Second Quarter.....   | 2,564          |                                    | 2,564          |                              |                      |                      |   |                               |                             |                 |
| 4. Third Quarter.....  | 2,401          |                                    | 2,401          |                              |                      |                      |   |                               |                             |                 |
| 5. Current Year.....   | 2,421          |                                    | 2,421          |                              |                      |                      |   |                               |                             |                 |
| 6. Current Year Member Months.....                             | 29,562         |                                    | 29,562         |                              |                      |                      |   |                               |                             |                 |
| 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).....                           | 13,538,971     |                                    | 13,538,971     |                              |                      |                      |   |                               |                             |                 |
| 13. Life Premiums Direct.....                                  |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 14. Property/Casualty Premiums Written.....                    |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 15. Health Premiums Earned.....                                | 13,538,971     |                                    | 13,538,971     |                              |                      |                      |   |                               |                             |                 |
| 16. Property/Casualty Premiums Earned.....                     |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 17. Amount Paid for Provision of Health Care Services.....     | 10,671,104     |                                    | 10,671,104     |                              |                      |                      |   |                               |                             |                 |
| 18. Amount Incurred for Provision of Health Care Services..... | 11,173,557     |                                    | 11,173,557     |                              |                      |                      |   |                               |                             |                 |

(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 Ohio Farm Bureau Health Benefits Plan

2. Columbus, OH  
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 00123

|  | 1<br><br>Total | Comprehensive (Hospital & Medical) |                | 4<br><br>Medicare Supplement | 5<br><br>Vision Only | 6<br><br>Dental Only | 7<br><br>Federal Employees Health Benefits Plan | 8<br><br>Title XVIII Medicare | 9<br><br>Title XIX Medicaid | 10<br><br>Other |
|--|----------------|------------------------------------|----------------|------------------------------|----------------------|----------------------|---|-------------------------------|-----------------------------|-----------------|
|  |                | 2<br><br>Individual                | 3<br><br>Group |                              |                      |                      |   |                               |                             |                 |
| Total Members at end of:                                       |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 1. Prior Year.....   | 2,534          |                                    | 2,534          |                              |                      |                      |   |                               |                             |                 |
| 2. First Quarter.....  | 2,507          |                                    | 2,507          |                              |                      |                      |   |                               |                             |                 |
| 3. Second Quarter.....   | 2,564          |                                    | 2,564          |                              |                      |                      |   |                               |                             |                 |
| 4. Third Quarter.....  | 2,401          |                                    | 2,401          |                              |                      |                      |   |                               |                             |                 |
| 5. Current Year.....   | 2,421          |                                    | 2,421          |                              |                      |                      |   |                               |                             |                 |
| 6. Current Year Member Months.....                             | 29,562         |                                    | 29,562         |                              |                      |                      |   |                               |                             |                 |
| 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).....                           | 13,538,971     |                                    | 13,538,971     |                              |                      |                      |   |                               |                             |                 |
| 13. Life Premiums Direct.....                                  |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 14. Property/Casualty Premiums Written.....                    |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 15. Health Premiums Earned.....                                | 13,538,971     |                                    | 13,538,971     |                              |                      |                      |   |                               |                             |                 |
| 16. Property/Casualty Premiums Earned.....                     |                |                                    |                |                              |                      |                      |   |                               |                             |                 |
| 17. Amount Paid for Provision of Health Care Services.....     | 10,671,104     |                                    | 10,671,104     |                              |                      |                      |   |                               |                             |                 |
| 18. Amount Incurred for Provision of Health Care Services..... | 11,173,557     |                                    | 11,173,557     |                              |                      |                      |   |                               |                             |                 |

(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<br>Company<br>Code   | ID Number       | Effective Date | Name of Company                                | Domiciliary Jurisdiction | Paid Losses     | Unpaid<br>Losses |
| Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates                  |                 |                |  |                          |                 |                  |
| ..... 10345   | 31-1440175..... | 01/01/2021...  | Community Insurance Company DBA<br>Anthem..... | OH.....                  | ..... 3,767,922 | ..... 1,473,745  |
| 2099999 – Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates .....  |                 |                |  |                          | ..... 3,767,922 | ..... 1,473,745  |
| 2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates.....      |                 |                |  |                          | ..... 3,767,922 | ..... 1,473,745  |
| 2299999 – Total Accident and Health.....                                      |                 |                |  |                          | ..... 3,767,922 | ..... 1,473,745  |
| 2499999 – Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) ..... |                 |                |  |                          | ..... 3,767,922 | ..... 1,473,745  |
| 9999999 – Total (Sum of 1199999 and 2299999) .....                            |                 |                |  |                          | ..... 3,767,922 | ..... 1,473,745  |

SCHEDULE S - PART 3 - SECTION 2

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

| 1   | 2          | 3                 | 4                                      | 5                        | 6                               | 7                            | 8          | 9                                   | 10  | Outstanding Surplus Relief |    | 13                                 | 14  |
|---|------------|-------------------|--|--------------------------|---------------------------------|------------------------------|------------|-------------------------------------|---|----------------------------|----|------------------------------------|---|
| NAIC<br>Company<br>Code   | ID Number  | Effective<br>Date | Name of Company                        | Domiciliary Jurisdiction | Type of<br>Reinsurance<br>Ceded | Type of<br>Business<br>Ceded | Premiums   | Unearned<br>Premiums<br>(Estimated) | Reserve Credit<br>Taken Other<br>than for<br>Unearned<br>Premiums | 11                         | 12 | Modified<br>Coinsurance<br>Reserve | Funds<br>Withheld<br>Under<br>Coinsurance |
| General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates                                |            |                   |  |                          |                                 |                              |            |                                     |   |                            |    |                                    |   |
| 10345   | 31-1440175 | 01/01/2021        | Community Insurance Company DBA Anthem | OH                       | QA/G                            | CMM                          | 10,996,734 |                                     |   |                            |    |                                    |   |
| 10345   | 31-1440175 | 01/01/2021        | Community Insurance Company DBA Anthem | OH                       | SSL/G                           | CMM                          | 1,284,193  |                                     |   |                            |    |                                    |   |
| 10345   | 31-1440175 | 01/01/2021        | Community Insurance Company DBA Anthem | OH                       | ASL/G                           | CMM                          | 36,184     |                                     |   |                            |    |                                    |   |
| 0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates                      |            |                   |  |                          |                                 |                              | 12,317,111 |                                     |   |                            |    |                                    |   |
| 1099999 – General Account, Authorized, Total Authorized Non-Affiliates                          |            |                   |  |                          |                                 |                              | 12,317,111 |                                     |   |                            |    |                                    |   |
| 1199999 – Total General Account Authorized  |            |                   |  |                          |                                 |                              | 12,317,111 |                                     |   |                            |    |                                    |   |
| 4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified |            |                   |  |                          |                                 |                              | 12,317,111 |                                     |   |                            |    |                                    |   |
| 9199999 – Total U.S.  |            |                   |  |                          |                                 |                              | 12,317,111 |                                     |   |                            |    |                                    |   |
| 9999999 – Total (Sum of 4599999 and 9099999)  |            |                   |  |                          |                                 |                              | 12,317,111 |                                     |   |                            |    |                                    |   |

(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   | 12,317 | 9,719 | 6,253 | 5,004 | 2,577 |
| 2 Title XVIII-Medicare   |        |       |       |       |       |
| 3 Title XIX-Medicaid   |        |       |       |       |       |
| 4 Commissions and reinsurance expense allowance                                | 1,729  | 1,672 | 1,233 | 1,094 | 627   |
| 5 Total hospital and medical expenses  | 10,082 | 7,760 | 5,861 | 2,850 | 1,725 |
| B. BALANCE SHEET ITEMS   |        |       |       |       |       |
| 6 Premiums receivable  |        |       |       |       |       |
| 7 Claims payable   | 1,474  | 908   | 990   | 528   | 274   |
| 8 Reinsurance recoverable on paid losses                                       | 3,768  | 1,611 | 1,234 | 335   | 178   |
| 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<br>(net of ceded) | Restatement<br>Adjustments | Restated<br>(gross of<br>ceded) |
| <b>ASSETS (Page 2, Col. 3)</b>                   |  |                               |                            |                                 |
| 1  | Cash and invested assets (Line 12)   | 1,730,000                     |                            | 1,730,000                       |
| 2  | Accident and health premiums due and unpaid (Line 15)  |                               |                            |                                 |
| 3  | Amounts recoverable from reinsurers (Line 16.1)  | 3,767,922                     | (3,767,922)                | –                               |
| 4  | Net credit for ceded reinsurance   | XXX                           | 3,767,922                  | 3,767,922                       |
| 5  | All other admitted assets (Balance)  | 840,196                       |                            | 840,196                         |
| 6  | Total assets (Line 28)   | 6,338,118                     | –                          | 6,338,118                       |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b> |  |                               |                            |                                 |
| 7  | Claims unpaid (Line 1)   | 163,749                       |                            | 163,749                         |
| 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)  | 5,465,942                     |                            | 5,465,942                       |
| 15   | Total liabilities (Line 24)  | 5,629,691                     |                            | 5,629,691                       |
| 16   | Total capital and surplus (Line 33)  | 708,427                       | XXX                        | 708,427                         |
| 17   | Total liabilities, capital and surplus (Line 34)   | 6,338,118                     |                            | 6,338,118                       |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>          |  |                               |                            |                                 |
| 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   | 3,767,922                     | XXX                        | XXX                             |
| 22   | Other ceded reinsurance recoverables   |                               | XXX                        | XXX                             |
| 23   | Total ceded reinsurance recoverables   | 3,767,922                     | 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   | 3,767,922                     | XXX                        | XXX                             |

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              | 13,538,971                 |                      |                    |                |   |  |                              | 13,538,971                |                        |
| 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               | 13,538,971                 |                      |                    |                |   |  |                              | 13,538,971                |                        |
| 60.                  | Reporting entity contributions for Employee Benefit Plans     | XXX               |                            |                      |                    |                |   |  |                              |                           |                        |
| 61.                  | Total (Direct Business)                                       | XXX               | 13,538,971                 |                      |                    |                |   |  |                              | 13,538,971                |                        |
| 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 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

## Ohio Farm Bureau Health Benefit Plan

Employer's ID Number: 81-1268907

NAIC Company Code: 127

State of Domicile: OH

(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.          | <br>0 0 1 2 3 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.<br><br>0 0 1 2 3 2 0 2 1 3 6 0 0 0 0 0 |
| 11.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 2 0 5 0 0 0 0 |
| 12.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 4 2 0 0 0 0 0 |
| 13.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 3 7 1 0 0 0 0 |
| 14.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 3 7 0 0 0 0 0 |
| 15.         |   |
| 16.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 3 6 5 0 0 0 0 |
| 17.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 2 2 4 0 0 0 0 |
| 18.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 2 2 5 0 0 0 0 |
| 19.         | The data for this supplement is not required to be filed.<br><br>0 0 1 2 3 2 0 2 1 2 2 6 0 0 0 0 |
| 20.         |   |
| 21.         | <br>0 0 1 2 3 2 0 2 1 2 1 1 0 0 0 0  |
| 22.         | <br>0 0 1 2 3 2 0 2 1 2 1 6 0 0 0 0  |
| 23.         | <br>0 0 1 2 3 2 0 2 1 2 1 7 0 0 0 0  |
| 24.         | <br>0 0 1 2 3 2 0 2 1 2 9 0 0 0 0 0  |

**OVERFLOW PAGE FOR WRITE-INS**

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)   | 1,730,000                 | 100.0                          | 1,730,000   |   | 1,730,000               | 100.0                          |
|                       | 6.02 Cash equivalents (Schedule E, Part 2)   |                           |                                |   |   |                         |                                |
|                       | 6.03 Short-term investments (Schedule DA)  |                           |                                |   |   |                         |                                |
|                       | 6.04 Total cash, cash equivalents and short-term investments                         | 1,730,000                 | 100.0                          | 1,730,000   |   | 1,730,000               | 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  | 1,730,000                 | 100.0                          | 1,730,000   |   | 1,730,000               | 100.0                          |

(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

SCHEDULE DA - VERIFICATION BETWEEN YEARS

|     |  | 1       | 2     | 3                 | 4  | 5   |
|-----|--|---------|-------|-------------------|--|---|
|     |  | Total   | Bonds | Mortgage<br>Loans | Other Short-<br>term<br>Investment<br>Assets (a) | Investments<br>in Parent,<br>Subsidiaries<br>and Affiliates |
| 1.  | Book/adjusted carrying value, December 31 of prior year.....                         | 83,634  |       |                   | 83,634   |   |
| 2.  | Cost of short-term investments acquired.....   | (9,795) |       |                   | (9,795)  |   |
| 3.  | Accrual of discount.....   |         |       |                   |  |   |
| 4.  | Unrealized valuation increase (decrease).....  |         |       |                   |  |   |
| 5.  | Total gain (loss) on disposals.....  |         |       |                   |  |   |
| 6.  | Deduct consideration received on disposals.....                                      | 73,839  |       |                   | 73,839   |   |
| 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)..... | -       |       |                   | -  |   |
| 11. | Deduct total nonadmitted amounts.....  |         |       |                   |  |   |
| 12. | Statement value at end of current period (Line 10 minus Line 11).....                | -       |       |                   | -  |   |

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

(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**

(SI-15) Schedule E - Part 2 - Verification Between Years

**NONE**

(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**

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

| 1                                      | Codes |         | 4             | 5              | 6             | 7                                    | Change In Book / Adjusted Carrying Value            |   |  |   | 12        | 13          | Interest  |                                     |         |                      |           |                                   | 20                              |
|--|-------|---------|---------------|----------------|---------------|--------------------------------------|---|---|--|---|-----------|-------------|---|-------------------------------------|---------|----------------------|-----------|-----------------------------------|---------------------------------|
|  | 2     | 3       |               |                |               |                                      | 8   | 9   | 10   | 11  |           |             | 14  | 15                                  | 16      | 17                   | 18        | 19                                |                                 |
| Description                            | Code  | Foreign | Date Acquired | Name of Vendor | Maturity Date | Book /<br>Adjusted<br>Carrying Value | Unrealized<br>Valuation<br>Increase /<br>(Decrease) | Current Year's<br>(Amortization)<br>/ Accretion | Current Year's<br>Other-Than-<br>Temporary<br>Impairment<br>Recognized | Total Foreign<br>Exchange<br>Change in<br>B./A.C.V. | Par Value | Actual Cost | Amount Due<br>and Accrued<br>Dec 31 of<br>Current Year<br>on Bond Not<br>in Default | Non-<br>Admitted Due<br>and Accrued | Rate of | Effective Rate<br>of | When Paid | Amount<br>Received<br>During Year | Paid for<br>Accrued<br>Interest |
| Other Short-Term Invested Assets       |       |         |               |                |               |                                      |   |   |  |   |           |             |   |                                     |         |                      |           |                                   |                                 |
|  |       |         | 11/01/2016    | PNC            | 01/01/2022    |                                      |   |   |  |   |           |             |   |                                     |         |                      |           |                                   |                                 |
| 9199999 - Total Short-Term Investments |       |         |               |                |               |                                      |   |   |  |   | XXX       |             |   |                                     | XXX     | XXX                  | XXX       |                                   |                                 |

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 \$  |       |       |       |       |       |       |

(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 249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 1  |           | 0.030            | 368                                     | 1  | 1,730,000 | XXX          |           |
| 0199998 – Deposits in depositories that do not exceed allowable limits in any one depository (See Instructions)-open depositories |           |                  |   |  |           | XXX          |           |
| 0199999 – Totals – Open Depositories  |           |                  | 368                                     | 1  | 1,730,000 | XXX          |           |
| 0399999 – Total Cash on Deposit   |           |                  | 368                                     | 1  | 1,730,000 | XXX          |           |
| 0599999 – Total Cash  |           |                  | 368                                     | 1  | 1,730,000 | XXX          |           |
| TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR   |           |                  |   |  |           |              |           |
| 1. January  | 463,192   | 4. April         | 1,213,503                               | 7. July  | 1,559,949 | 10. October  | 2,045,776 |
| 2. February   | 1,122,731 | 5. May           | 1,837,480                               | 8. August  | 1,547,935 | 11. November | 1,912,247 |
| 3. March  | 1,019,187 | 6. June          | 640,383                                 | 9. September   | 2,041,359 | 12. December | 1,730,000 |

(E-28) Schedule E - Part 2

**NONE**

(E-29) Schedule E - Part 3

**NONE**

(E-29) Write-Ins for Line 58 - Alien and Other

**NONE**

Statement of Actuarial Opinion  
Ohio Farm Bureau Health Benefits Plan  
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 Ohio Farm Bureau Health Benefits Plan to render an opinion with regard to loss reserves, actuarial liabilities, and related items. I was appointed on December 7, 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);  | \$163,749   |
| B. Accrued medical incentive pool and bonus payments (Page 3, Line 2);  | \$0         |
| C. Unpaid claims adjustment expenses (Page 3, Line 3);  | \$10,975    |
| 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)   | \$3,767,922 |

**Statement of Actuarial Opinion  
Ohio Farm Bureau Health Benefits Plan  
December 31, 2021**

In forming my opinion on items A through I above, I relied upon data prepared by Mike Bailey 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:** Ohio Farm Bureau Health Benefits Plan

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of Ohio Farm Bureau Health Benefits Plan 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 Ohio Farm Bureau Health Benefits Plan 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  \_\_\_\_\_


Name Mike Bailey

Title Chair, Board of Trustees

Date 3/20/2022

Address 280 N. High St, 6<sup>th</sup> Flr, Columbus, OH 43218  
Cleveland, OH 44125

Phone Number 614-246-8221

Signed  \_\_\_\_\_

Name Jeff Williamson

Title CEO

Date 3/20/2022

Address 9555 Rockside Rd, Ste 300-C,

Phone Number 216-798-8844

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

For The Year Ended December 31, 2021  
(To Be Filed By April 1)



NAIC Group Code: 0000

Grand Total

NAIC Company Code: 00123

|                                   |  | 1                          | 2                         | 3                          | 4                        | 5                                  | 6                                | 7                                 | 8                               | 9   | 10                             | 11                       | 12   | 13                                       | 14            |
|-----------------------------------|--|----------------------------|---------------------------|----------------------------|--------------------------|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|---|--------------------------------|--------------------------|--|--|---------------|
|                                   |  | Direct Premiums<br>Written | Direct Premiums<br>Earned | Assumed Premiums<br>Earned | Ceded Premiums<br>Earned | Net Premiums<br>Earned (2 + 3 - 4) | Direct Incurred<br>Claims Amount | Assumed Incurred<br>Claims Amount | Ceded Incurred<br>Claims Amount | Net Incurred Claims<br>Amount (6 + 7 - 8) | Change in Contract<br>Reserves | Loss Ratio<br>(6 + 10)/2 | Number of Policies<br>or Certificates as of<br>Dec. 31 | Number of Covered<br>Lives as of Dec. 31 | Member Months |
| A. INDIVIDUAL BUSINESS            |  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 1.                                | Comprehensive major medical .....                      |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 2.1                               | Short-Term Medical – 6 Months or Less .....            |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 2.2                               | Short-Term Medical – Over 6 Months .....               |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 2.3                               | Subtotal Short-Term Medical (2.1 + 2.2) .....          |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 3.                                | Other Medical (Non-Comprehensive) .....                |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 4.                                | Specified/Named Disease .....                          |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 5.                                | Limited Benefit .....                                  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 6.                                | Student .....  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 7.                                | Accident Only or AD&D .....                            |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 8.                                | Disability Income – Short–Term .....                   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 9.                                | Disability Income – Long–Term .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 10.                               | Long–Term Care .....                                   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 11.                               | Medicare Supplement (Medigap) .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 12.                               | Dental .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 13.                               | State Children's Health Insurance Program .....        |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 14.                               | Medicare .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 15.                               | Medicaid .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 16.                               | Medicare Part D – Stand-Alone .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 17.                               | Vision .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 18.                               | Other Individual Business .....                        |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 19.                               | Grand Total Individual .....                           |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| B. GROUP BUSINESS                 |  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| Comprehensive Major Medical       |  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 1.1                               | Single Employer – Small Employer .....                 |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 1.2                               | Single Employer – Other Employer .....                 |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 1.3                               | Single Employer Subtotal .....                         |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 2.                                | Multiple Employer Assns and Trusts .....               |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 3.                                | Other Associations and Discretionary Trusts .....      |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 4.                                | Other Comprehensive Major Medical .....                |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 5.                                | Comprehensive/Major Medical Subtotal .....             |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| Other Medical (Non-Comprehensive) |  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 6.                                | Specified/Named Disease .....                          |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 7.                                | Limited Benefit .....                                  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 8.                                | Student .....  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 9.                                | Accident Only or AD&D .....                            |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 10.                               | Disability Income – Short–Term .....                   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 11.                               | Disability Income – Long–Term .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 12.                               | Long–Term Care .....                                   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 13.                               | Medicare Supplement (Medigap) .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 14.                               | Federal Employees Health Benefits Plan .....           |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 15.                               | Tricare .....  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 16.                               | Dental .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 17.                               | Medicare .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 18.                               | Medicare Part D – Stand-Alone .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 19.                               | Vision .....   |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 20.                               | Other Group Care .....                                 |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 21.                               | Grand Total Group Business .....                       |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| C. OTHER BUSINESS                 |  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 1.                                | Credit (Individual and Group) .....                    |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 2.                                | Stop Loss/Excess Loss .....                            |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 3.                                | Administrative Services Only .....                     | XXX                        | XXX                       | XXX                        | XXX                      | XXX                                | XXX                              | XXX                               | XXX                             | XXX                                       | XXX                            | XXX                      |  |  |               |
| 4.                                | Administrative Services Contracts .....                | XXX                        | XXX                       | XXX                        | XXX                      | XXX                                | XXX                              | XXX                               | XXX                             | XXX                                       | XXX                            | XXX                      |  |  |               |
| 5.                                | Grand Total Other Business .....                       |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| D. TOTAL BUSINESS                 |  |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 1.                                | Total Non-U.S. Policy Forms .....                      |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |
| 2.                                | Grand Total Individual, Group and Other Business ..... |                            |                           |                            |                          |                                    |                                  |                                   |                                 |   |                                |                          |  |  |               |

NONE

Supp21 0.GT



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2021  
(To Be Filed by April 1)

Of The: Ohio Farm Bureau Health Benefits Plan

Address (City, State and Zip Code): Columbus, OH, US 43215

NAIC Group Code: 00000

NAIC Company Code: 00123

Employer's ID Number: 81-1268907

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1.

Reporting entity's total admitted assets as reported on Page 2 of this annual statement.

\$

6,338,118

2.

Ten largest exposures to a single issuer/borrower/investment.

1

2

3

4

| Issuer | Description of Exposure | Amount | Percentage of Total Admitted Assets |
|--------|-------------------------|--------|-------------------------------------|
| 2.01   |                         | \$     | %                                   |
| 2.02   |                         | \$     | %                                   |
| 2.03   |                         | \$     | %                                   |
| 2.04   |                         | \$     | %                                   |
| 2.05   |                         | \$     | %                                   |
| 2.06   |                         | \$     | %                                   |
| 2.07   |                         | \$     | %                                   |
| 2.08   |                         | \$     | %                                   |
| 2.09   |                         | \$     | %                                   |
| 2.10   |                         | \$     | %                                   |

3.

Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

1

2

|                  | 1  | 2 |
|------------------|----|---|
| Bonds            |    |   |
| 3.01 NAIC 1      | \$ | % |
| 3.02 NAIC 2      | \$ | % |
| 3.03 NAIC 3      | \$ | % |
| 3.04 NAIC 4      | \$ | % |
| 3.05 NAIC 5      | \$ | % |
| 3.06 NAIC 6      | \$ | % |
| Preferred Stocks |    |   |
| 3.07 P/RP-1      | \$ | % |
| 3.08 P/RP-2      | \$ | % |
| 3.09 P/RP-3      | \$ | % |
| 3.10 P/RP-4      | \$ | % |
| 3.11 P/RP-5      | \$ | % |
| 3.12 P/RP-6      | \$ | % |

4.

Assets held in foreign investments:

4.01

Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02

Total admitted assets held in foreign investments

\$

%

4.03

Foreign-currency-denominated investments

\$

%

4.04

Insurance liabilities denominated in that same foreign currency

\$

%

|       |  |                  |         |         |
|-------|--|------------------|---------|---------|
| 5.    | Aggregate foreign investment exposure categorized by NAIC sovereign designation:                                 | 1                | 2       |         |
| 5.01  | Countries designated NAIC 1.....   | \$ .....         | % ..... |         |
| 5.02  | Countries designated NAIC 2.....   | \$ .....         | % ..... |         |
| 5.03  | Countries designated NAIC 3 or below.....  | \$ .....         | % ..... |         |
| 6.    | Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:        | 1                | 2       |         |
|       | Countries designated NAIC 1:   |                  |         |         |
| 6.01  | Country 1:.....  | \$ .....         | % ..... |         |
| 6.02  | Country 2:.....  | \$ .....         | % ..... |         |
|       | Countries designated NAIC 2:   |                  |         |         |
| 6.03  | Country 1:.....  | \$ .....         | % ..... |         |
| 6.04  | Country 2:.....  | \$ .....         | % ..... |         |
|       | Countries designated NAIC 3 or below:  |                  |         |         |
| 6.05  | Country 1:.....  | \$ .....         | % ..... |         |
| 6.06  | Country 2:.....  | \$ .....         | % ..... |         |
|       |  | 1                | 2       |         |
| 7.    | Aggregate unhedged foreign currency exposure.....  | \$ .....         | % ..... |         |
| 8.    | Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:                          | 1                | 2       |         |
|       | 8.01 Countries designated NAIC 1:.....   | \$ .....         | % ..... |         |
|       | 8.02 Countries designated NAIC 2:.....   | \$ .....         | % ..... |         |
|       | 8.03 Countries designated NAIC 3 or below:.....  | \$ .....         | % ..... |         |
| 9.    | Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation: | 1                | 2       |         |
|       | Countries designated NAIC 1:   |                  |         |         |
| 9.01  | Country 1:.....  | \$ .....         | % ..... |         |
| 9.02  | Country 2:.....  | \$ .....         | % ..... |         |
|       | Countries designated NAIC 2:   |                  |         |         |
| 9.03  | Country 1:.....  | \$ .....         | % ..... |         |
| 9.04  | Country 2:.....  | \$ .....         | % ..... |         |
|       | Countries designated NAIC 3 or below:  |                  |         |         |
| 9.05  | Country 1:.....  | \$ .....         | % ..... |         |
| 9.06  | Country 2:.....  | \$ .....         | % ..... |         |
| 10.   | Ten largest non-sovereign (i.e. non-governmental) foreign issues:  | 2                | 3       | 4       |
|       | 1  |                  |         |         |
|       | Issuer   | NAIC Designation |         |         |
| 10.01 | .....  | \$ .....         |         | % ..... |
| 10.02 | .....  | \$ .....         |         | % ..... |
| 10.03 | .....  | \$ .....         |         | % ..... |
| 10.04 | .....  | \$ .....         |         | % ..... |
| 10.05 | .....  | \$ .....         |         | % ..... |
| 10.06 | .....  | \$ .....         |         | % ..... |
| 10.07 | .....  | \$ .....         |         | % ..... |
| 10.08 | .....  | \$ .....         |         | % ..... |
| 10.09 | .....  | \$ .....         |         | % ..... |
| 10.10 | .....  | \$ .....         |         | % ..... |

11. Amounts and percentages of the reporting entity’s total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?.....

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

|   | 1        | 2       |
|---|----------|---------|
| 11.02 Total admitted assets held in Canadian investments..... | \$ ..... | % ..... |
| 11.03 Canadian-currency-denominated investments.....          | \$ ..... | % ..... |
| 11.04 Canadian-denominated insurance liabilities.....         | \$ ..... | % ..... |
| 11.05 Unhedged Canadian currency exposure.....                | \$ ..... | % ..... |

12. Report aggregate amounts and percentages of the reporting entity’s total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity’s total admitted assets?.....

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

| 1   | 2        | 3       |
|---|----------|---------|
| 12.02 Aggregate statement value of investments with contractual sales restrictions..... | \$ ..... | % ..... |
| Largest three investments with contractual sales restrictions:                          |          |         |
| 12.03 .....   | \$ ..... | % ..... |
| 12.04 .....   | \$ ..... | % ..... |
| 12.05 .....   | \$ ..... | % ..... |

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets? .....

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

| 1           | 2        | 3       |
|-------------|----------|---------|
| Issuer      |          |         |
| 13.02 ..... | \$ ..... | % ..... |
| 13.03 ..... | \$ ..... | % ..... |
| 13.04 ..... | \$ ..... | % ..... |
| 13.05 ..... | \$ ..... | % ..... |
| 13.06 ..... | \$ ..... | % ..... |
| 13.07 ..... | \$ ..... | % ..... |
| 13.08 ..... | \$ ..... | % ..... |
| 13.09 ..... | \$ ..... | % ..... |
| 13.10 ..... | \$ ..... | % ..... |
| 13.11 ..... | \$ ..... | % ..... |

14. Amounts and percentages of the reporting entity’s total admitted assets held in nonaffiliated, privately placed equities:  
14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?.....  
If response to 14.01 above is yes, responses are not required 14.02 through 14.05

|   |   |          |         |
|---|---|----------|---------|
|   | 1   | 2        | 3       |
| 14.02   | Aggregate statement value of investments held in nonaffiliated, privately placed equities ..... | \$ ..... | % ..... |
| Largest three investments held in nonaffiliated, privately placed equities: |   |          |         |
| 14.03   | .....   | \$ ..... | % ..... |
| 14.04   | .....   | \$ ..... | % ..... |
| 14.05   | .....   | \$ ..... | % ..... |

Ten largest fund managers:

|       |              |                |             |                |
|-------|--------------|----------------|-------------|----------------|
|       | 1            | 2              | 3           | 4              |
|       | Fund Manager | Total Invested | Diversified | Nondiversified |
| 14.06 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.07 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.08 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.09 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.10 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.11 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.12 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.13 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.14 | .....        | \$ .....       | \$ .....    | \$ .....       |
| 14.15 | .....        | \$ .....       | \$ .....    | \$ .....       |

15. Amounts and percentages of the reporting entity’s total admitted assets held in general partnership interests:  
15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity’s total admitted assets?.....  
If response to 15.01 is yes, responses are not required for the remainder of Interrogatory 15.

|   |  |          |         |
|---|--|----------|---------|
|   | 1  | 2        | 3       |
| 15.02   | Aggregate statement value of investments held in general partnership interests ..... | \$ ..... | % ..... |
| Largest three investments in general partnership interests: |  |          |         |
| 15.03   | .....  | \$ ..... | % ..... |
| 15.04   | .....  | \$ ..... | % ..... |
| 15.05   | .....  | \$ ..... | % ..... |

16. Amounts and percentages of the reporting entity’s total admitted assets held in mortgage loans:  
16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets?.....  
If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

123

| Type (Residential, Commercial, Agricultural) |    |   |
|--|----|---|
| 16.02  | \$ | % |
| 16.03  | \$ | % |
| 16.04  | \$ | % |
| 16.05  | \$ | % |
| 16.06  | \$ | % |
| 16.07  | \$ | % |
| 16.08  | \$ | % |
| 16.09  | \$ | % |
| 16.10  | \$ | % |
| 16.11  | \$ | % |

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

|  | Loans |   |
|--|-------|---|
| 16.12 Construction loans                           | \$    | % |
| 16.13 Mortgage loans over 90 days past due         | \$    | % |
| 16.14 Mortgage loans in the process of foreclosure | \$    | % |
| 16.15 Mortgage loans foreclosed                    | \$    | % |
| 16.16 Restructured mortgage loans                  | \$    | % |

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

| Loan-to-Value    | Residential |   | Commercial |   | Agricultural |   |
|------------------|-------------|---|------------|---|--------------|---|
|                  | 1           | 2 | 3          | 4 | 5            | 6 |
| 17.01 above 95%  | \$          | % | \$         | % | \$           | % |
| 17.02 91% to 95% | \$          | % | \$         | % | \$           | % |
| 17.03 81% to 90% | \$          | % | \$         | % | \$           | % |
| 17.04 71% to 80% | \$          | % | \$         | % | \$           | % |
| 17.05 below 70%  | \$          | % | \$         | % | \$           | % |

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:  
18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets?.....  
If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.  
Largest five investments in any one parcel or group of contiguous parcels of real estate.

123

| Description |    |   |
|-------------|----|---|
| 18.02       | \$ | % |
| 18.03       | \$ | % |
| 18.04       | \$ | % |
| 18.05       | \$ | % |
| 18.06       | \$ | % |

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets?.....

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

|  |          |         |
|--|----------|---------|
| 1  | 2        | 3       |
| 19.02 Aggregate statement value of investments held in mezzanine real estate loans:..... | \$ ..... | % ..... |
| Largest three investments held in mezzanine real estate loans:                           |          |         |
| 19.03 .....  | \$ ..... | % ..... |
| 19.04 .....  | \$ ..... | % ..... |
| 19.05 .....  | \$ ..... | % ..... |

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

|   | At Year-End |            | At End of Each Quarter |          |          |
|---|-------------|------------|------------------------|----------|----------|
|   | 1           | 2          | 3                      | 4        | 5        |
|   |             |            | 1st Qtr                | 2nd Qtr  | 3rd Qtr  |
| 20.01 Securities lending agreements (do not include assets held as collateral for such transactions)..... | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 20.02 Repurchase agreements.....  | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 20.03 Reverse repurchase agreements.....  | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 20.04 Dollar repurchase agreements.....   | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 20.05 Dollar reverse repurchase agreements.....   | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

|                              | Owned    |            | Written  |         |
|------------------------------|----------|------------|----------|---------|
|                              | 1        | 2          | 3        | 4       |
| 21.01 Hedging.....           | \$ ..... | % \$ ..... | \$ ..... | % ..... |
| 21.02 Income generation..... | \$ ..... | % \$ ..... | \$ ..... | % ..... |
| 21.03 Other.....             | \$ ..... | % \$ ..... | \$ ..... | % ..... |

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

|                              | At Year-End |            | At End of Each Quarter |          |          |
|------------------------------|-------------|------------|------------------------|----------|----------|
|                              | 1           | 2          | 3                      | 4        | 5        |
|                              |             |            | 1st Qtr                | 2nd Qtr  | 3rd Qtr  |
| 22.01 Hedging.....           | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 22.02 Income generation..... | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 22.03 Replications.....      | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 22.04 Other.....             | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |

23. Amounts and percentages of the reporting entity’s total admitted assets of potential exposure for futures contracts:

|                               | At Year-End |            | At End of Each Quarter |          |          |
|-------------------------------|-------------|------------|------------------------|----------|----------|
|                               | 1           | 2          | 3                      | 4        | 5        |
|                               |             |            | 1st Qtr                | 2nd Qtr  | 3rd Qtr  |
| 23.01 Hedging .....           | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 23.02 Income generation ..... | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 23.03 Replications .....      | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |
| 23.04 Other .....             | \$ .....    | % \$ ..... | \$ .....               | \$ ..... | \$ ..... |



**Ohio Farm Bureau Health Benefits Plan**

**Management Discussion and Analysis**

Period Ending December 31, 2021

## Management's Discussion and Analysis

Ohio Farm Bureau Health Benefits Plan is a self-funded non-plan multiple employer welfare arrangement that administers health and welfare benefits to employee groups who are members of the Ohio Farm Bureau. Activity is limited to, nonaffiliated, comprehensive medical health benefits along with a small percentage of income driven by low-risk, cash-based investments.

### Results of Operations

- The Arrangement's year over year profitability decreased in 2021 ending the year with a net loss of \$43,000. This was a \$306,000 decrease vs. 2020 which ended the year with a net gain of \$264,000. This is largely due to an increase in claims levels in 2021, 2020 claims paid in 2021 exceeding the prior year claims reserve, and higher administrative expenses to account for contractual runout with The Health Plan (THP) and Medical Mutual.
- Enrollment ended the year with 1,372 employee contracts. This was a decrease of 4% vs. prior year. The corresponding member count (members include employees and their covered spouses and dependents) was 2,421. At year-end, there were 532 participating employers. The average group size is 4.6 members (or 2.6 employees).
- The Arrangement also shares risk with Anthem through a quota share reinsurance contract, where Anthem assumes 90% of net claims costs of the Arrangement in exchange for 90% of the net premium equivalents. The premium equivalents ceded to Anthem are reduced by a ceding allowance for expenses, which is intended to cover the administrative expenses and taxes related to its 90% share of the business. The ceding allowance is established at the beginning of each plan year as 90% of estimated total expenses for the plan year. Premium equivalents, prior to reinsurance totaled \$13.5 million for 2021 or \$798 per employee per month (PEPM) average. This was an increase from prior year's premium equivalents of \$12.0 million and an increase in prior year's employee PEPM of \$736.
- Year-to-date incurred claims expense for the Arrangement was \$11.2 million before reinsurance and was approximately \$1.1 million net of reinsurance activity. The reported net loss ratio was 89.3%. This is up from 70% in 2020. These figures include a decrease to the unpaid claims reserve of \$63,000 which brings the year-end balance to \$164,000. An independent third party is used to provide an opinion on unpaid claims liability reserves to ensure managerial estimates are adequate.
- As of December 31, 2021, the Arrangement ended with a statutory surplus of \$708,000, which is \$43,00 lower than 2020. Total surplus exceeded the minimum monetary requirements for the Arrangement of \$500,000. Also, the Arrangement's Risk Based Capital (RBC) was greater than the minimum required RBC of 200%.

### Prospective Information

- Fluctuations in premium equivalents are predominately driven by changes in enrollment or changes in premium equivalent rates. Early indications suggest consistent enrollment for 2022 and a premium per contract higher than in 2021.
- Presently, all reinsurance agreements between Anthem and the Arrangement are consistent with 2021.
- In 2021, administration of claims moved from Medical Mutual to Anthem while administration of premiums moved from The Health Plan to Anthem. The Health Plan administrative contract required 2 months of administrative expense run out, while Medical Mutual required 3 months. These months of contractual run out were paid in July 2021, August 2021, and September 2021 in addition to administrative fees being paid to Anthem for their administration services that began in July 2021.

### Material Changes

## Management's Discussion and Analysis

- Outpatient and elective procedures put on hold in 2020 as a result of the COVID-19 pandemic resulted in less claims activity in 2020 vs. 2021. This resulted in increased loss ratios year over year as 2021 did not benefit from the same phenomenon. Additionally, surges in COVID-19 cases related to the Omicron variant in late 2021 led to additional claims activity vs. last year.
- In 2021 reinsurance transitioned from The Health Plan to Community Insurance Company (Anthem). The new specific stop loss attachment point is \$250,000 (previously it was \$175,000) per member and the quota share split between Anthem and the Arrangement will be 90/10 (previously 80/20), respectively. With that said, due to the quota share percentage dropping in 2021, this led to significant decreases in net premium equivalents, claims and expenses vs. 2020.
- Cash and cash equivalents increased in 2021 by \$1.1 million in 2021 due to general fluctuations in reinsurance noted in the "Liquidity, Asset/Liability Matching and Capital Resources" section below.

### **Liquidity, Asset/Liability Matching and Capital Resources**

- As of December 31, 2021, cash and cash equivalents totaled \$1.7 million which is a \$1.1 million increase from prior year. The available cash and cash equivalents, along with stable enrollment which drives additional funding monthly, assist in covering foreseeable liabilities. The largest balances in non-cash assets and liabilities are predominantly related to the Arrangement's reinsurance agreements. These balances are settled with the reinsurer on a quarterly basis.
- Regarding capital, the Arrangement maintains an RBC and monetary surplus levels that fall within NAIC guidelines specified by the state of Ohio and was noted in the "Results of Operations" section above.

### **Property and Casualty Related Loss Reserves**

- Not Applicable for this Arrangement

### **Off-Balance Sheet Arrangements**

- Not Applicable for this Arrangement

### **Participation in High Yield Financings, Highly Leveraged Transactions or Non-investment Grade Loans and Investments**

- Not Applicable for this Arrangement

### **Preliminary Merger/Acquisition Negotiations**

- Not Applicable for this Arrangement

### **Conclusion**

- Overall, the Arrangement continues to meet its financial obligations and is anticipated to do so for the foreseeable future while abiding by state and federal guidelines. The Arrangement remained stable as far as enrollment and saw a loss in Net Income. Enrollment is expected to remain stable in 2022, which should assist in maintaining the financial health of the Arrangement.