

ANNUAL STATEMENT

OF THE

Ohio Chamber Health Benefit Program Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

**FOR THE YEAR ENDED
DECEMBER 31, 2021**

HEALTH

2021



HEALTH ANNUAL STATEMENT

**FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE**

Ohio Chamber Health Benefit Program Trust

NAIC Group Code	0000 (Current)	NAIC Company Code	16619	Employer's ID Number	83-6804326
Organized under the Laws of	Ohio		State of Domicile or Port of Entry OH		
Country of Domicile	United States of America				
Licensed as business type:	Other				
Is HMO Federally Qualified? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]					
Incorporated/Organized	06/21/2019	Commenced Business	08/07/2019		
Statutory Home Office	34 S. Third Street, Suite 100 (Street and Number)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	34 S. Third Street, Suite 100 (Street and Number)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code) 614-629-0936 (Area Code) (Telephone Number)			
Mail Address	34 S. Third Street, Suite 100 (Street and Number or P.O. Box)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	34 S. Third Street, Suite 100 (Street and Number)	Columbus, OH, US 43215 (City or Town, State, Country and Zip Code) 614-629-0936 (Area Code) (Telephone Number)			
Internet Website Address	www.ohiochamber.com				
Statutory Statement Contact	Cynthia Ann Powell (Name)	614-629-0913 (Area Code) (Telephone Number)			
	CPowell@ohiochamber.com (E-mail Address)	614-340-7953 (FAX Number)			

OFFICERS

Executive Director Scott Michael Colby
Chief Financial Officer Cynthia Ann Powell #

Treasurer Dwight William Seeley
Secretary Jonathan Alexander Allison

OTHER

Steven Ernst Stivers #, Chairman of the Board

DIRECTORS OR TRUSTEES

Dwight William Seeley **DIRECTOR OF PROPS** Steven Ernst Stivers # **Jonathan Alexander Allison**

State of Ohio _____ State of Ohio _____ State of Ohio _____
County of Franklin _____ County of Franklin _____ County of Franklin _____

Scott Michael Collier
Executive Director

Cynthia Ann Powell
Chief Financial Officer

Dwight William Seeley
Treasurer

Subscribed and sworn to before me this
day of January

Subscribed and sworn to before me this
11th day of January

Subscribed and sworn to before me this
____ day of ____

a. Is this an original

filings?....

1. State the quadrant numbers

1. State the a

3. Number of pages attached

3. Number of pages attached:

Yes [X] No []



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	0	0	0	0
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$ 6,988,399 , Schedule E - Part 1), cash equivalents (\$ 0 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA)	6,988,399	0	6,988,399	5,704,594
6. Contract loans, (including \$ 0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	6,988,399	0	6,988,399	5,704,594
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	0	0	0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	193,107	8,400	184,707	89,512
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,839,901	0	2,839,901	1,017,556
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	826,232	0	826,232	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$ 0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	2,189,817
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	10,847,639	8,400	10,839,239	9,001,479
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	10,847,639	8,400	10,839,239	9,001,479
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Surplus Note Receivable	0	0	0	2,150,000
2502. Premiums Collected in Excess of Administrator Expenditures	0	0	0	39,817
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	2,189,817

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 10,976,841 reinsurance ceded)	1,219,649	0	1,219,649	2,438,352
2. Accrued medical incentive pool and bonus amounts	0	0	0	3,108
3. Unpaid claims adjustment expenses	36,580	0	36,580	16,028
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	152,601	0	152,601	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	77,319	0	77,319	62,974
8. Premiums received in advance	695,098	0	695,098	556,913
9. General expenses due or accrued	175,721	0	175,721	54,699
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	5,523,719	0	5,523,719	2,243,746
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	0
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current)	382,993	0	382,993	0
24. Total liabilities (Lines 1 to 23)	8,263,680	0	8,263,680	5,375,820
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	0	0
29. Surplus notes	XXX	XXX	4,000,000	4,000,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(1,424,441)	(374,341)
32. Less treasury stock, at cost:				
32.1. 0 shares common (value included in Line 26 \$ 0).	XXX	XXX	0	0
32.2. 0 shares preferred (value included in Line 27 \$ 0).	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,575,559	3,625,659
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,839,239	9,001,479
DETAILS OF WRITE-INS				
2301. Administrator Expenditures in Excess of Premiums Collected	382,993	0	382,993	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	382,993	0	382,993	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	136,180	65,282
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	5,906,909	23,117,749
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0	0
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX.....	0	0
5. Risk revenue.....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	5,906,909	23,117,749
Hospital and Medical:			
9. Hospital/medical benefits.....	0.....	50,612,123	18,966,197
10. Other professional services.....	0.....	0	0
11. Outside referrals.....	0.....	0	0
12. Emergency room and out-of-area.....	0.....	0	0
13. Prescription drugs.....	0.....	12,230,182	4,760,745
14. Aggregate write-ins for other hospital and medical.....	0.....	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0.....	1,392	3,985
16. Subtotal (Lines 9 to 15).....	0.....	62,843,697	23,730,927
Less:			
17. Net reinsurance recoveries.....	0.....	56,983,367	4,660,945
18. Total hospital and medical (Lines 16 minus 17).....	0.....	5,860,330	19,069,982
19. Non-health claims (net).....	0.....	0	0
20. Claims adjustment expenses, including \$ 145,395 cost containment expenses.....	0.....	231,942	1,099,148
21. General administrative expenses.....	0.....	703,575	3,282,596
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....	0.....	152,601	0
23. Total underwriting deductions (Lines 18 through 22).....	0.....	6,948,448	23,451,726
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(1,041,539)	(333,977)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0.....	(765)	(311)
26. Net realized capital gains (losses) less capital gains tax of \$ 0.....	0.....	0	0
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	(765)	(311)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)].....	0.....	0	0
29. Aggregate write-ins for other income or expenses.....	0.....	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(1,042,304)	(334,288)
31. Federal and foreign income taxes incurred.....	XXX.....	0	0
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(1,042,304)	(334,288)
DETAILS OF WRITE-INS			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0.....	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0.....	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	3,625,659	1,810,551
34. Net income or (loss) from Line 32	(1,042,304)	(334,288)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	(7,796)	(604)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	2,150,000
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(1,050,100)	1,815,108
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,575,559	3,625,659
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	9,239,022	25,834,299
2. Net investment income	(765)	(311)
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	9,238,257	25,833,988
5. Benefit and loss related payments	8,890,141	17,710,784
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,637,121	4,325,999
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$	0	0
10. Total (Lines 5 through 9)	10,527,262	22,036,783
11. Net cash from operations (Line 4 minus Line 10)	(1,289,005)	3,797,205
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	2,150,000	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	422,810	58,641
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	2,572,810	58,641
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)	1,283,805	3,855,846
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	5,704,594	1,848,748
19.2 End of year (Line 18 plus Line 19.1)	6,988,399	5,704,594

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

20.0001. Surplus Note Receivable (see Note 1)	0	2,150,000
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	5,906,909	5,906,909	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	5,906,909	5,906,909	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	50,612,123	50,612,123	0	0	0	0	0	0	0	XXX
9. Other professional services	0	0	0	0	0	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	12,230,182	12,230,182	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,392	1,392	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	62,843,697	62,843,697	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	56,983,367	56,983,367	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	5,860,330	5,860,330	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 145,395 cost containment expenses	231,942	231,942	0	0	0	0	0	0	0	0
20. General administrative expenses	703,575	703,575	0	0	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	152,601	152,601	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	6,948,448	6,948,448	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(1,041,539)	(1,041,539)	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	65,424,900	.0	59,517,991	5,906,909
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	65,424,900	.0	59,517,991	5,906,909
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	65,424,900	0	59,517,991	5,906,909

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	52,940,714	52,940,714	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	44,055,073	44,055,073	0	0	0	0	0	0	0	0
1.4 Net	8,885,641	8,885,641	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	4,500	4,500	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	12,196,490	12,196,490	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	10,976,841	10,976,841	0	0	0	0	0	0	0	0
3.4 Net	1,219,649	1,219,649	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	206,428	206,428	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	129,109	129,109	0	0	0	0	0	0	0	0
4.4 Net	77,319	77,319	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0
6. Net healthcare receivables (a)	0	0	0	0	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	2,839,901	2,839,901	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,438,352	2,438,352	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,438,352	2,438,352	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	62,974	62,974	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	62,974	62,974	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	3,108	3,108	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	1,017,556	1,017,556	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	62,842,306	62,842,306	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	56,983,368	56,983,368	0	0	0	0	0	0	0	0
12.4 Net	5,858,938	5,858,938	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	1,392	1,392	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	2,693,511	2,693,511	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	2,424,160	2,424,160	0	0	0	0	0	0	0	0
1.4 Net	269,351	269,351	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	9,502,979	9,502,979	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	8,552,681	8,552,681	0	0	0	0	0	0	0	0
2.4 Net	950,298	950,298	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	12,196,490	12,196,490	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	10,976,841	10,976,841	0	0	0	0	0	0	0	0
4.4 Net	1,219,649	1,219,649	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	2,533,038	4,530,257	1,665	1,295,303	2,534,703	2,501,326
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	2,533,038	4,530,257	1,665	1,295,303	2,534,703	2,501,326
10. Healthcare receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	1,942	2,558	0	0	1,942	3,108
13. Totals (Lines 9 - 10 + 11 + 12)	2,534,980	4,532,815	1,665	1,295,303	2,536,645	2,504,434

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	39	82	82
5. 2020	XXX	XXX	XXX	17,668	16,996
6. 2021	XXX	XXX	XXX	XXX	9,562

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	167	82	82
5. 2020	XXX	XXX	XXX	20,172	16,998
6. 2021	XXX	XXX	XXX	XXX	10,857

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2019	177	82	109	132.9	191	107.9	0	0	191	107.9
4. 2020	23,118	16,996	996	5.9	17,992	77.8	2	0	17,994	77.8
5. 2021	5,907	9,562	190	2.0	9,752	165.1	1,295	38	11,085	187.7

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	39	82	82
5. 2020	XXX	XXX	XXX	17,668	16,996
6. 2021	XXX	XXX	XXX	XXX	9,562

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	0	0	0	0	0
2. 2017	0	0	0	0	0
3. 2018	XXX	0	0	0	0
4. 2019	XXX	XXX	167	82	82
5. 2020	XXX	XXX	XXX	20,172	16,998
6. 2021	XXX	XXX	XXX	XXX	10,857

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2019	177	82	109	132.9	191	107.9	0	0	191	107.9
4. 2020	23,118	16,996	996	5.9	17,992	77.8	2	0	17,994	77.8
5. 2021	5,907	9,562	190	2.0	9,752	165.1	1,295	38	11,085	187.7

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	1,526,007	1,526,007	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	1,526,007	1,526,007	0	0	0	0	0	0	0
7. Reinsurance ceded	1,373,406	1,373,406	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	152,601	152,601	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	206,428	206,428	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	206,428	206,428	0	0	0	0	0	0	0
13. Reinsurance ceded	129,109	129,109	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	77,319	77,319	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ 152,601 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building).....	0	0	0	0	0
2. Salary, wages and other benefits	0	0	0	0	0
3. Commissions (less \$0 ceded plus \$0 assumed).....	0	0	269,914	0	269,914
4. Legal fees and expenses	0	0	0	0	0
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	4,188	0	4,188
7. Traveling expenses	0	0	23	0	23
8. Marketing and advertising	0	0	0	0	0
9. Postage, express and telephone	0	0	0	0	0
10. Printing and office supplies	0	0	0	0	0
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services	145,395	86,547	424,531	0	656,473
15. Boards, bureaus and association fees	0	0	0	0	0
16. Insurance, except on real estate	0	0	0	0	0
17. Collection and bank service charges	0	0	3	0	3
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	4,916	0	4,916
23.4 Payroll taxes	0	0	0	0	0
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	11,050	11,050
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	145,395	86,547	703,575	11,050	(a) .....946,567
27. Less expenses unpaid December 31, current year	22,931	13,650	175,721	0	212,302
28. Add expenses unpaid December 31, prior year	10,712	5,316	54,699	0	70,727
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	133,176	78,213	582,553	11,050	804,992
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$0 to affiliates and \$643,468 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	0
1.1 Bonds exempt from U.S. tax	(a)	0
1.2 Other bonds (unaffiliated)	(a)	0
1.3 Bonds of affiliates	(a)	0
2.1 Preferred stocks (unaffiliated)	(b)	0
2.11 Preferred stocks of affiliates	(b)	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c)	0
4. Real estate	(d)	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e)	10,285
7. Derivative instruments	(f)	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	0	10,285
11. Investment expenses	(g)	11,050
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0
13. Interest expense	(h)	0
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income	0	0
16. Total deductions (Lines 11 through 15)	0	11,050
17. Net investment income (Line 10 minus Line 16)	(765)	
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	0

(a) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
 (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
 (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
 (d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.
 (e) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
 (f) Includes \$0 accrual of discount less \$0 amortization of premium.
 (g) Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.
 (i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 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 thru 0903 plus 0998) (Line 9, above)					

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	8,400	0	(8,400)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other than invested assets	0	604	604
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	8,400	604	(7,796)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	8,400	604	(7,796)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Commissions	0	604	604
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	604	604

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	0	0	0	0	0	0
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	7,116	10,183	11,753	12,174	12,628	136,180
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	7,116	10,183	11,753	12,174	12,628	136,180
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	0	0	0	0	0	0
Group Subscribers:						
Branch Financial	25,371	0	0	0	0	25,371
Invictus High School	38,949	0	0	0	0	38,949
0299997. Group subscriber subtotal	64,320	0	0	0	0	64,320
0299998. Premiums due and unpaid not individually listed	122,821	660	1,831	3,474	8,400	120,387
0299999. Total group	187,141	660	1,831	3,474	8,400	184,707
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	187,141	660	1,831	3,474	8,400	184,707

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed-covered	2,660,360	22,765	9,156	17	1,213	2,693,511
0499999. Subtotals	2,660,360	22,765	9,156	17	1,213	2,693,511
0599999. Unreported claims and other claim reserves						9,502,979
0699999. Total amounts withheld						0
0799999. Total claims unpaid						12,196,490
0899999 Accrued medical incentive pool and bonus amounts						0

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

N O N E

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	11,767,876	22.2	XXX	XXX	0	11,767,876
6. Contractual fee payments	41,172,837	77.8	XXX	XXX	0	41,172,837
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	4,500	0.0	XXX	XXX	0	4,500
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	52,945,213	100.0	XXX	XXX	0	52,945,213
13. TOTAL (Line 4 plus Line 12)	52,945,213	100%	XXX	XXX	0	52,945,213

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
99999999 Totals				XXX	XXX

NONE

Exhibit 8 - Furniture and Equipment Owned

N O N E

OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

Ohio Chamber Health Benefit Program Trust (the "Trust"), licensed as a self-funded multiple employer welfare arrangement ("MEWA"), offers health and wellness coverage to employer groups that are members of the Ohio Chamber of Commerce (the "Chamber"). The Trust was incorporated on June 21, 2019 as a MEWA, and operations commenced on August 7, 2019, with active in force policies effective October 1, 2019. The Trust is certified as a MEWA by the Ohio Department of Insurance (the "Department") and offers comprehensive commercial products to the Chamber's employer groups. Each contract outlines the coverage provided and renewal provisions.

Effective January 1, 2021, the Trust amended its excess loss insurance policy agreement with UnitedHealthcare Insurance Company ("UHIC") to include a quota share provision (see Note 23).

A. Accounting Practices

The statutory basis financial statements (herein referred to as "financial statements") are presented on the basis of accounting practices prescribed or permitted by the Department.

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Ohio (the "State"), for determining and reporting the financial condition and results of operations of a MEWA, for determining its solvency under Ohio Insurance Law. The State prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") in effect for the accounting periods covered in the financial statements.

No significant differences exist between the practices prescribed or permitted by the State and the NAIC SAP which materially affect the statutory basis net loss and capital and surplus, as illustrated in the table below:

	SSAP #	F/S Page #	F/S Line #	December 31, 2021	December 31, 2020
Net Loss					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (1,042,304)	\$ (334,288)
(2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ (1,042,304)</u>	<u>\$ (334,288)</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 2,575,559	\$ 3,625,659
(6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not applicable				-	-
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	<u>\$ 2,575,559</u>	<u>\$ 3,625,659</u>

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

The preparation of these financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Trust's estimates and judgments. These estimates require the Trust to apply complex assumptions and judgments, often because the Trust must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including premium deficiency reserves ("PDR")), and aggregate health claim reserves. The Trust adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net loss in the period in which the estimate is adjusted.

C. Accounting Policy

Basis of Presentation — The Trust prepares its financial statements on the basis of accounting practices prescribed or permitted by the Department. These statutory practices differ from accounting principles generally accepted in the United States of America ("GAAP").

- (1-2)** The Trust holds no bonds or short-term investments;
- (3-4)** The Trust holds no common or preferred stock;
- (5)** The Trust holds no mortgage loans on real estate;
- (6)** The Trust holds no loan-backed securities;
- (7)** The Trust holds no investments in subsidiaries, controlled, or affiliated entities;
- (8)** The Trust has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9)** The Trust holds no derivatives;
- (10)** PDR (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses ("CAE"), direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, CAE and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as increase in reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. In 2021, the Trust did anticipate investment income as a factor in the PDR calculation, whereas in 2020, the Trust did not anticipate investment income as a factor in the PDR calculation (see Note 30);
- (11)** CAE are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. A detailed review of the administrative expenses of the Trust and United HealthCare Services, Inc. ("UHS") is performed to determine the allocation between CAE and general administrative expenses ("GAE") to be reported in the financial statements. The Trust has recorded an estimate of unpaid CAE associated with incurred but unpaid claims, which is included in unpaid CAE in the financial statements. Management believes the amount of the liability for unpaid CAE as of December 31, 2021 is adequate to cover the Trust's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid CAE, are reflected in operating results in the period in which the change in estimate is identified;
- (12)** The Trust does not carry any fixed assets in the financial statements;
- (13)** The Trust does not carry any health care receivables, including pharmaceutical rebates receivables, in the financial statements.

The Trust has also deemed the following to be significant accounting policies:

ASSETS

Cash and Invested Assets

- Cash represents cash held by the Trust in disbursement accounts.

Other Assets

- **Surplus Note Receivable** — The Trust and UnitedHealth Group Incorporated (“UnitedHealth Group”) executed a surplus note in the amount of \$2,150,000 with an effective date of December 31, 2020 (see Note 13). The Trust received approval from the Department on February 22, 2021 to recognize this additional surplus note in the 2020 financial statements and reflected the amount as a non-cash transaction in the statements of cash flow. The amount due to the Trust pursuant to the surplus note purchase agreement was received on February 25, 2021.

LIABILITIES

- **Claims Unpaid and Aggregate Health Claim Reserves** — Claims unpaid and aggregate health claim reserves include claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Trust estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Trust did not change actuarial methods during 2021 and 2020. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Trust’s liability for unpaid claims and aggregate health claim reserves as of December 31, 2021; however, actual payments may differ from those established estimates.

- **Premiums Received in Advance** — Premiums received in full for the policies processed during the current period, but prior to the commencement of the service period, are recorded as premiums received in advance in the financial statements.
- **Administrator Expenditures in Excess of Premiums Collected** — The Trust has an Agreement with UHS to provide enrollment, billing, premium receivable management and collections, claims processing, and payment services. The Agreement also includes a provision for other operating expenses (i.e.: broker commissions, regulatory assessments, etc.). The amount due from the Trust pursuant to this Agreement represents claims and operating expense payments in excess of the corresponding premiums collected on the Trust’s behalf and is reflected as administrator expenditures in excess of premiums collected in the financial statements.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Surplus Notes** — Under the NAIC SAP, surplus notes are an element of total capital and surplus. The Trust has \$4,000,000 in surplus notes outstanding as of December 31, 2021 (see Note 13).
- **Minimum Capital and Surplus** — Under the laws of the State of Ohio, the Department requires the Trust to maintain a minimum capital and surplus equal to \$500,000.

Risk-based capital (“RBC”) is a regulatory tool for measuring the minimum amount of capital appropriate for a MEWA to support its overall business operations in consideration of its size and risk profile. The State of Ohio regulations require the Trust to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the RBC formula, or the level needed to avoid action pursuant to the trend test in the RBC formula.

As of December 31, 2021 and 2020, the Trust is in compliance with the minimum required capital and surplus amounts where it is licensed to do business.

STATEMENTS OF OPERATIONS

- **Net Premium Income** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid, reinsurance premiums incurred but not paid, and effective January 1, 2021, the impact of the quota share provisions, in the financial statements.
- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes and is shown net of reinsurance recoveries, reinsurance recoverables that have not yet been received, and effective January 1, 2021, the impact of the quota share provisions, in the financial statements.
- **General Administrative Expenses** — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general administrative expenses in the financial statements. Effective January 1, 2021, general administrative expenses is shown net of the quota share provision. Pursuant to the terms of the Agreement, the Trust pays a per member per month fee to UHS in exchange for services as outlined in the contract. Costs for items not included within the scope of the Agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Trust and UHS is performed to determine the allocation between CAE and GAE to be reported in the financial statements.

REINSURANCE

- **Reinsurance Ceded** — In the normal course of business, the Trust seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts. In 2021, the Trust amended its excess loss insurance policy agreement with UHIC to include a quota share provision whereby the Trust will cede 90% of all net revenues, net medical expense, claims adjustment expenses and general administrative expenses to UHIC (see Note 23). The Trust remains primarily liable as the direct insurer on the risks reinsured.
- **Amounts Recoverable from Reinsurers** — Amounts recoverable from reinsurers represents amounts contractually due to the Trust which will be received based on the contract terms.
- **Ceded Reinsurance Premiums Payable** — The ceded reinsurance premiums payable balance represents amounts due to the reinsurer for specified coverage which will be paid based on the contract terms.

OTHER

- **Vulnerability Due to Certain Concentrations** — The Trust is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Trust's existing products in new markets and offerings of new products, both of which may restrict the Trust's ability to expand its business.

The Trust has no commercial customers that individually exceed 10% of total direct premiums written at December 31, 2021 and 2020, and has 2 and 1 commercial customers that accounted for 35% and 15% of uncollected premiums for the years ended December 31, 2021 and 2020, respectively.

Recently Issued Accounting Standards — The Trust reviewed all recently issued guidance in 2021 and 2020 that has been adopted for 2021 or subsequent years' implementation and has determined that none of the items would have a significant impact to the financial statements.

D. Going Concern

The Trust has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2021 and 2020.

3. BUSINESS COMBINATIONS AND GOODWILL

A–E. The Trust was not party to a business combination during the years ended December 31, 2021 and 2020, and does not carry goodwill in its financial statements.

4. DISCONTINUED OPERATIONS

A. Discontinued Operation Disposed of or Classified as Held for Sale

(1–4) The Trust did not have any discontinued operations disposed of or classified as held for sale during 2021 and 2020.

B. Change in Plan of Sale of Discontinued Operation — Not applicable.

C. Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal — Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal — Not applicable.

5. INVESTMENTS

A–C. The Trust has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Trust also has no real estate property occupied by the Trust, real estate property held for the production of income, or real estate property held for sale.

D. Loan-Backed Securities

(1–5) The Trust has no loan-backed securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions — Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.

J. Real Estate — Not applicable.

K. Low-Income Housing Tax Credits — Not applicable.

L. Restricted Assets — Not applicable.

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Trust does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. 5GI Securities

The Trust does not have any investments with an NAIC designation of 5GI as of December 31, 2021 and 2020.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees

The Trust does not have any prepayment penalty and acceleration fees as of December 31, 2021.

R. Reporting Entity's Share of Cash Pool by Asset Type — Not applicable.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A-B. The Trust has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

7. INVESTMENT INCOME

A. The Trust excludes all investment income due and accrued amounts that are over 90 days past due from the financial statements.

B. There were no investment income amounts excluded from the financial statements.

8. DERIVATIVE INSTRUMENTS

A-B. The Trust has no derivative instruments.

9. INCOME TAXES

A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2021 and 2020 are as follows:

	2021			2020			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7+8) Total
(a) Gross deferred tax assets	\$ 299,112	\$ -	\$ 299,112	\$ 78,463	\$ -	\$ 78,463	\$ 220,649	\$ -	\$ 220,649
(b) Statutory valuation allowance adjustments	<u>299,112</u>	<u>-</u>	<u>299,112</u>	<u>78,463</u>	<u>-</u>	<u>78,463</u>	<u>220,649</u>	<u>-</u>	<u>220,649</u>
(c) Adjusted gross deferred tax assets (1a - 1b)	-	-	-	-	-	-	-	-	-
(d) Deferred tax assets nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal net admitted deferred tax asset (1c - 1d)	-	-	-	-	-	-	-	-	-
(f) Deferred tax liabilities	-	-	-	-	-	-	-	-	-
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

(2) As of December 31, 2021 and 2020, there was no adjusted gross deferred tax assets admissibility calculation required under Statements of Statutory Accounting Principles ("SSAP") No. 101, *Income Taxes*, are as follows:

Admission Calculation Components SSAP No. 101	2021			2020			Change		
	1 Ordinary	2 Capital	3 (Col 1 + 2) Total	4 Ordinary	5 Capital	6 (Col 4 + 5) Total	7 (Col 1 - 4) Ordinary	8 (Col 2 - 5) Capital	9 (Col 7 + 8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-	-	-	-	-	-	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	-	-	-	-	-	-	-	-	-
(d) Deferred tax assets admitted as the result of application of SSAP No. 101	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total (2(a) + 2(b) + 2(c))	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

(3) There was no ratio percentage used to determine the recovery period and threshold limitations as there were no adjusted gross deferred tax assets, after the statutory valuation allowance, to assess for admissibility as shown below:

	2021	2020
(a) Ratio percentage used to determine recovery period and threshold limitation amount	NA	NA
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above	NA	NA

(4) As of December 31, 2021 and 2020, there were no adjusted gross deferred tax assets after the statutory valuation allowance. Therefore there was no impact as a result of tax-planning strategies as of December 31, 2021 and 2020 is presented below:

Impact of Tax-Planning Strategies	2021		2020		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1 - 3) Ordinary	6 (Col 2 - 4) Capital
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage.						
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies	- %	- %	- %	- %	- %	- %
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes _____		No _____ X	

B. Unrecognized Deferred Tax Liabilities

(1-4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2021 and 2020.

C. Significant Components of Income Taxes

(1) The Trust does not have any current federal and foreign income taxes incurred for the years ended December 31, 2021 and 2020 as there is no carryback available to the Trust to offset the December 31, 2021 and 2020 net loss before federal income taxes as shown below:

	1 2021	2 2020	3 (Col 1 - 2) Change
	2021	2020	
1. Current income tax			
(a) Federal	\$ -	\$ -	\$ -
(b) Foreign	- -	- -	- -
(c) Subtotal	- -	- -	- -
(d) Federal income tax on net capital gains (losses)	- -	- -	- -
(e) Utilization of capital loss carryforwards	- -	- -	- -
(f) Other	- -	- -	- -
(g) Total federal and foreign income taxes incurred	\$ -	\$ -	\$ -

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

(2-4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2021 and 2020, are as follows:

	1 2021	2 2020	3 (Col 1 - 2) Change
2 Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 3,693	\$ 15,173	\$ (11,480)
(2) Unearned premium reserve	29,194	23,390	5,804
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables — nonadmitted	1,764	-	1,764
(11) Net operating loss carryforward	231,435	36,120	195,315
(12) Tax credit carryforward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	33,026	3,780	29,246
(99) Subtotal	299,112	78,463	220,649
(b) Statutory valuation allowance adjustment	299,112	78,463	220,649
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	-	-	-
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
(i) Admitted deferred tax assets (2d + 2h)	-	-	-
3 Deferred tax liabilities:			
(a) Ordinary:			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities (3a99 + 3b99)	-	-	-
4 Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

As of December 31, 2021, the other ordinary deferred tax asset of \$33,026 is comprised of \$32,046 related to aggregate health policy reserves and \$980 related to accrued professional fees. As of December 31, 2020, the other ordinary deferred tax asset of \$3,780 is related to accrued professional fees.

The Trust assessed the potential realization of the gross deferred tax asset and established a valuation allowance of \$299,112 and \$78,463 as of December 31, 2021 and 2020, respectively, to reduce the gross deferred tax asset to \$0 in both 2021 and 2020, which represents the amount of the asset estimated to be recoverable via a reduction of future taxes.

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net loss before federal income taxes incurred. A summarization of the significant items causing this difference as of December 31, 2021 and 2020 is as follows:

	2021		2020	
	Amount	Effective Tax Rate	Amount	Effective Tax Rate
Tax provision at the federal statutory rate	\$ (218,885)	(21)%	\$ (70,200)	(21)%
Other current year items	-	-	22	-
Change in deferred tax on non-admitted assets	(1,764)	-	-	-
Change in statutory valuation allowance	220,649	21%	70,178	21%
 Total statutory income taxes	 \$ -	 0%	 \$ -	 0%
 Federal income taxes incurred	 \$ -	 0%	 \$ -	 0%
Capital gains tax	-	-	-	-
Change in net deferred income tax	-	-	-	-
 Total statutory income taxes	 \$ -	 0%	 \$ -	 0%

E. At December 31, 2021, the Trust has net operating loss carryforwards which expire as follows: 2039, \$18,838; 2040, \$188,646; and 2041, \$895,036.

The Trust had no current federal income tax recoverable or payable as of December 31, 2021 and 2020. The Trust had no federal income taxes paid or recovered in 2021 and 2020.

There are no federal income taxes available for recoupment in 2021 and 2020, in the event of future net losses.

The Trust has not admitted any aggregate amounts of deposits that are included within Section 6603 ("Deposits made to suspend running of interest on potential underpayments, etc.") of the Internal Revenue Service ("IRS") Code.

F. The Trust is not included in a consolidated federal income tax return.

G. Tax Contingencies — Not applicable.

H. Repatriation Transition Tax — Not applicable.

I. Alternative Minimum Tax Credit — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A-O. Material Related Party Transactions

The Trust has no related party transactions.

11. DEBT

A-B. The Trust had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2021 and 2020.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A-I. The Trust has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits.

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

A-B. The Trust has no issued or outstanding common or preferred stock.

C-E. Not applicable.

F. There are no restrictions placed on the Trust's unassigned deficit.

G. The Trust is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

- H. The Trust does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- I. The Trust does not have any special surplus funds.
- J. The portion of unassigned deficit, excluding the net loss, reduced by each item below is as follows:

	2021	2020
Nonadmitted assets	\$ (8,400)	\$ (604)
Total	<u>\$ (8,400)</u>	<u>\$ (604)</u>

- K. At December 31, 2021, The Trust had the following surplus notes outstanding with UnitedHealth Group Incorporated:

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year	Unapproved Interest and/or Principal
00001	8/12/2019	0%	\$ 1,850,000	N	\$ 1,850,000	\$ 1,850,000	\$ -
00002	12/31/2020	0% 0% 0%	\$ 2,150,000	N	\$ 2,150,000	\$ 2,150,000	\$ -
Total	XXX	XXX	\$ 4,000,000	XXX	\$ 4,000,000	\$ 4,000,000	\$ -

* Total should agree with Page 3, Line 32.

1	2	10	11	12	13	14	15
Item Number	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity	Are Surplus Note payments contractually linked? (Y/N)
00001	\$ -	\$ -	-	\$ -	\$ -	6/30/2022	N
00002	\$ -	\$ -	-	\$ -	\$ -	12/31/2023	N
Total	\$ -	\$ -	XXX	\$ -	\$ -	XXX	XXX

1	16	17	18	19	20	21	22
Item Number	Surplus Note payments subject to administrative offsetting provisions? (Y/N)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (Y/N)	Is Asset Issuer a Related Party? (Y/N)	Type of Assets Received Upon Issuance	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
00001	N	N	N	-	\$ -	\$ -	N
00002	N	N	N	-	\$ -	\$ -	N

Principal on the surplus notes are due and payable on demand, but payable no later than June 30, 2022 on Note 00001 and no later than December 31, 2023 on Note 00002, unless an extension is granted. Any repayment of principal for the outstanding surplus notes may be made only out of the Trust's surplus earnings and only if the Trust's capital and surplus remaining after repayment is no less in amount than the principal remaining after such repayment, subject to approval by the Department. No principal amounts were repaid during 2021 and 2020.

The Trust and UnitedHealth Group executed Note 00002 in the amount of \$2,150,000 with an effective date of December 31, 2020. The Trust received approval from the Department on February 22, 2021, to recognize this surplus note in the 2020 financial statements. The amount due to the Trust pursuant to the surplus note purchase agreement was received on February 25, 2021.

In the event that the Trust is subject to a liquidation proceeding, holders of indebtedness, unpaid claims, and prior claims would be afforded a greater priority under the Liquidation Act and accordingly, would have the right to be paid in full before any payments of principal are made to the surplus note holder.

- L-M. The Trust has never been a party to a quasi-reorganization.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Trust has no contingent commitments.

B. Assessments

The Trust is not aware of any guaranty fund assessments or premium tax offsets, potential or accrued, that could have a material financial effect on the operations of the entity.

C. Gain Contingencies

The Trust is not aware of any gain contingencies that should be disclosed in the financial statements.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits — Not applicable.

E. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

The Trust's business is regulated at the federal, state, and local levels. The laws and rules governing the Trust's business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Trust must obtain and maintain regulatory approvals to market and sell many of its products.

The Trust routinely evaluates the collectability of all receivable amounts included in the financial statements. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Trust's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Trust's statutory basis financial condition.

There are no assets that the Trust considers to be impaired at December 31, 2021 and 2020.

15. LEASES

A-B. The Trust has no lessee or lessor leasing arrangements.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1-4) The Trust does not hold any financial instruments with off-balance-sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A-C. The Trust did not participate in any transfer of receivables, financial assets or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A-C. The Trust does not have any uninsured or partially insured accident and health plans.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Trust did not have any direct premiums written or produced by managing general agents or third-party administrators in 2021 and 2020.

20. FAIR VALUE MEASUREMENTS

A. Fair Value

(1-5) The Trust does not have any financial assets that are measured and reported at fair value in the financial statements at December 31, 2021 and 2020.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy — Not applicable.

D. Not Practicable to Estimate Fair Value — Not applicable.

E. Investments Measured Using the NAV Practical Expedient — Not applicable.

21. OTHER ITEMS

COVID-19 Trends and Uncertainties

The COVID-19 pandemic continues to evolve and the ultimate overall impact to the Trust's financial statements is uncertain and dependent on the future pacing, intensity and duration of the pandemic, the severity of new variants of the COVID-19 virus, the effectiveness and extent of administration of vaccination and treatments and general economic uncertainty.

A. Unusual or Infrequent Items

The Trust did not encounter any unusual or infrequent items for the years ended December 31, 2021 and 2020.

B. Troubled Debt Restructuring: Debtors

The Trust has no troubled debt restructurings as of December 31, 2021 and 2020.

C. Other Disclosures

The Trust does not have any amounts not recorded in the financial statements that represent segregated funds held for others. The Trust also does not have any exposures related to forward commitments that are not derivative instruments.

D. Business Interruption Insurance Recoveries

The Trust has not received any business interruption insurance recoveries during 2021 and 2020.

E. State Transferable and Non-transferable Tax Credits

The Trust has no transferable or non-transferable state tax credits.

F. Sub-Prime Mortgage-Related Risk Exposure

(1-4) The Trust does not have any sub-prime mortgage-related risk exposure as of December 31, 2021 and 2020.

G. Retained Assets

The Trust does not have any retained asset accounts for beneficiaries.

H. Insurance-Linked Securities Contracts

As of December 31, 2021, the Trust is not aware of any possible proceeds of insurance-linked securities.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy — Not applicable.

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through March 24, 2022, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to December 31, 2021, have been recognized in the financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

There are no material non-recognized Type II events that require disclosure.

23. REINSURANCE

Reinsurance Agreements — In the normal course of business, the Trust seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with unaffiliated reinsurers. The Trust remains primarily liable as the direct insurer on all risks reinsured.

The Trust has a reinsurance agreement with UHIC to provide specific and aggregate excess loss coverage for the medical and prescription drug coverage provided to the Trust's members. Effective January 1, 2021, the stop loss attachment point for the individual specific excess loss coverage was increased from \$100,000 to \$250,000. Under the terms of the aggregate excess loss agreement, the Trust retains the first \$34,242,678 and \$894,786 in 2021 and 2020, respectively, or 95% of the first monthly aggregate deductible amount times 12, whichever is greater, and 100% of the excess is reinsured. The maximum covered costs per covered person accumulating toward the maximum aggregate benefit is \$250,000 and \$100,000 in 2021 and 2020, respectively.

Reinsurance premiums for the excess loss coverage, which are calculated on a per employee per month basis, of \$6,355,806 and \$5,840,320 in 2021 and 2020 respectively, are netted against net premium income in the financial statements. Reinsurance recoveries of \$4,238,072 and \$4,660,945 in 2021 and 2020 respectively, are included in net reinsurance recoveries in the financial statements. There were \$505,171 and \$1,017,556 of recoverables on paid claims related to this agreement which are included in amounts recoverable from reinsurers in 2021 and 2020, respectively, in the financial statements. Reinsurance contracts do not relieve the Company from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Company.

In 2021, the Trust amended its excess loss insurance policy agreement with UHIC to include a quota share provision whereby the Trust will cede 90% of all net revenues, net medical expense, claims adjustment expenses and general administrative expenses to UHIC. The quota share provision was approved by the Department on April 19, 2021, retroactive back to January 1, 2021. The Company transferred net premium income of \$59,517,991, hospital and medical expenses of \$56,983,367, GAE and CAE of \$8,417,336, and PDR of \$1,373,406 in 2021 to UHIC pursuant to the quota share provision of the agreement. The Company recorded estimated recoverables related to changes in reserve estimates of \$12,482,356 in 2021, which are netted against claims unpaid, aggregate health policy reserves, and aggregate health claims reserves in the financial statements. The Company recorded paid claims receivables related to this agreement of \$2,334,730 in 2021, which are included in amounts recoverable from reinsurers in the financial statements. The Company recorded a receivable related to GAE and CAE of \$826,232 in 2021, which is included in other amounts receivable under reinsurance contracts in the financial statements. Reinsurance contracts do not relieve the Company from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Company.

The effect of external reinsurance agreement outlined above on net premium income, hospital and medical expenses, GAE and CAE expenses, and increase in reserve for life and accident and health contracts is presented below:

	2021	2020
Premiums:		
Direct	\$ 65,424,900	\$ 28,958,069
Ceded:		
Nonaffiliate	<u>59,517,991</u>	<u>5,840,320</u>
Net premium income	<u>\$ 5,906,909</u>	<u>\$ 23,117,749</u>
Hospital and medical expenses:		
Direct	\$ 62,843,697	\$ 23,730,927
Ceded:		
Nonaffiliate	<u>56,983,367</u>	<u>4,660,945</u>
Net hospital and medical expenses	<u>\$ 5,860,330</u>	<u>\$ 19,069,982</u>
General administrative expenses and claims adjustment expenses:		
Direct	\$ 9,352,854	\$ 4,381,744
Ceded:		
Nonaffiliate	<u>8,417,336</u>	<u>-</u>
Net general administrative expenses and claims adjustment expenses	<u>\$ 935,518</u>	<u>\$ 4,381,744</u>
Change in reserve for life and accident and health contracts:		
Direct	\$ 1,526,007	\$ -
Ceded:		
Nonaffiliate	<u>1,373,406</u>	<u>-</u>
Net change in reserve for life and accident and health contracts	<u>\$ 152,601</u>	<u>\$ -</u>

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 Trust or by any representative, officer, trustee, or director of the Trust?

Yes () No (X)

(2) Have any policies issued by the Trust 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 Trust 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 credit?

Yes () No (X)

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

Yes () No (X)

Section 3 — Ceded Reinsurance Report — Part B

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

The Trust estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2021.

(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 Trust as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance — During 2021 and 2020, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance — There was no commutation of reinsurance in 2021 or 2020.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation — Not applicable.

E. Reinsurance Credit

(1) The Trust has no reinsurance contracts subject to Appendix A-791 – *Life and Health Reinsurance Agreements* (“A-791”) that includes a provision which limits the reinsurer’s assumption of significant risk.

(2) The Company has no ceding reinsurance contracts not subject to A-791, for which reinsurance accounting was applied and which include provisions that limits the reinsurer’s assumption of risk.

(3) The Trust’s reinsurance contracts do not contain features which result in delays in payment in form or in fact.

- (4) The Trust has not reflected a reinsurance accounting credit for any assumption reinsurance contracts not subject to Appendix A-791 and not yearly renewable term, which meet the risk transfer requirements of SSAP No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance*.
- (5) The Trust did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and GAAP accounting treatment were not the same.
- (6) The Trust's ceded reinsurance contract which are not subject to A-791 and not yearly renewable term reinsurance, is treated the same for GAAP and statutory accounting principles.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A-C. The Trust does not have any retrospectively rated contracts or contracts subject to redetermination as of December 31, 2021 or 2020.
- D. The Trust does not have any business subject to specific minimum loss ratio requirements as of December 31, 2021 and 2020.
- E. **Risk-Sharing Provisions of the Affordable Care Act ("ACA")**
 - (1-5) The Trust did not write accident and health premiums in 2021 and 2020 subject to the risk-sharing provisions of the Affordable Care Act.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and reinsurance recoverables for the years ended December 31, 2021 and 2020:

	2021		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (2,504,434)	\$ (2,504,434)
Paid claims—net of reinsurance recoveries collected	9,561,669	(671,528)	8,890,141
End of year claim reserve	<u>1,295,303</u>	<u>1,665</u>	<u>1,296,968</u>
Incurred claims excluding the change in reinsurance recoverables as presented below	10,856,972	(3,174,297)	7,682,675
Beginning of year reinsurance recoverables	-	1,017,556	1,017,556
End of year reinsurance recoverables	<u>(5,028,854)</u>	<u>2,188,953</u>	<u>(2,839,901)</u>
Total incurred claims	<u>\$ 5,828,118</u>	<u>\$ 32,212</u>	<u>\$ 5,860,330</u>

	2020		
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve	\$ -	\$ (127,680)	\$ (127,680)
Paid claims—net of reinsurance recoveries collected	17,667,526	43,258	17,710,784
End of year claim reserve	<u>2,504,411</u>	<u>23</u>	<u>2,504,434</u>
Incurred claims excluding the change in reinsurance recoverables as presented below	20,171,937	(84,399)	20,087,538
Beginning of year reinsurance recoverables	-	-	-
End of year reinsurance recoverables	<u>(1,017,556)</u>	<u>-</u>	<u>(1,017,556)</u>
Total incurred claims	<u>\$ 19,154,381</u>	<u>\$ (84,399)</u>	<u>\$ 19,069,982</u>

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, and aggregate health claim reserves, net of reinsurance recoverables as of December 31, 2020 was \$1,486,878. As of December 31, 2021, \$(671,528) has been recovered for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, including the impact of reinsurance recoverables are now \$2,190,618, as a result of re-estimation of unpaid claims. Therefore, there has been \$32,212 unfavorable prior year development since December 31, 2020 to December 31, 2021. The primary drivers consist of \$649,429 of unfavorable development in direct claims retroactivity for inpatient, outpatient, physician, and pharmacy, partially offset by favorable development of \$583,623 related to reinsurance activities (reinsurance recoveries received net changes in reinsurance accruals on paid and unpaid claims) and \$32,636 as a result of change in the provision for adverse deviations in experience. At December 31, 2020, the Trust recorded \$84,399 of favorable development. The primary drivers consist of favorable development of \$77,307 in retroactivity for inpatient, outpatient, physician, and pharmacy claims and \$6,839 as a result of a change in the provision for adverse deviations in experience. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

The Trust incurred CAE of \$231,942 and \$1,099,148 in 2021 and 2020, respectively. These costs are included in the administrative fees paid by the Trust to UHS as part of the Agreement. The following table discloses paid CAE, incurred CAE, and the balance in unpaid CAE reserve for 2021 and 2020:

	2021	2020
Total claims adjustment expenses	\$ 231,942	\$ 1,099,148
Less: current year unpaid claims adjustment expenses	(36,580)	(16,028)
Add: prior year unpaid claims adjustment expenses	<u>16,028</u>	<u>516</u>
 Total claims adjustment expenses paid	 <u>\$ 211,390</u>	 <u>\$ 1,083,636</u>

B. The Trust did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid CAE in 2021.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Trust did not have any intercompany pooling arrangements in 2021 or 2020.

27. STRUCTURED SETTLEMENTS

A-B. The Trust did not have structured settlements in 2021 or 2020.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A. The Trust does not have any pharmacy rebates receivable.
B. The Trust does not have any risk-sharing receivables.

29. PARTICIPATING POLICIES

The Trust did not have any participating contracts in 2021 or 2020.

30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Trust's PDR as of December 31, 2021 and 2020:

	2021
1. Liability carried for premium deficiency reserves	\$ 152,601
2. Date of the most recent evaluation of this liability	<u>12/31/2021</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	2020
1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	<u>12/31/2020</u>
3. Was anticipated investment income utilized in this calculation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

PDR is included in aggregate health policy reserves in the financial statements.

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Trust has no salvage. As of December 31, 2021 and 2020, the Trust had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

* * * * *

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
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? Yes [] No [X]
 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? Yes [] No [] N/A []

1.3 State Regulating?

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

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? Yes [] No [X]

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. 07/23/2019

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. 07/23/2019

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). 07/23/2019

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 [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

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 [] No [X]
 4.12 renewals? Yes [] No [X]

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? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

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

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 Name of Entity	2 NAIC Company Code	3 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? Yes [] No [X]

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? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control; 0.0 %
 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 or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If the 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? Yes [] No [X]

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

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

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? Yes [] No [X]

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? Yes [] No [X] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Plante & Moran, PLLC

1111 Michigan Ave, Suite 100

East Lansing, MI 48823

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? Yes [] No [X]

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? Yes [] No [X]

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? Yes [] No [] N/A [X]

10.6 If the response to 10.5 is no or n/a, please explain

The state of Ohio does not require the Trust to establish an Audit Committee.

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?

Timothy A. Luker, Actuary of UnitedHealth Group Incorporated, 3110 AMS Blvd, Green Bay, WI 54313

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

0

12.13 Total book/adjusted carrying value

\$

0

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? Yes [] No []

Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

Yes [] No [] N/A []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

Yes [X] No []

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 [] No []

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

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

c. Compliance with applicable governmental laws, rules and regulations;

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

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

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

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? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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? Yes [] No [X]

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 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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 [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

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 with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ 0
20.12 To stockholders not officers.....	\$ 0
20.13 Trustees, supreme or grand (Fraternal Only)	\$ 0

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.....	\$ 0
20.22 To stockholders not officers.....	\$ 0
20.23 Trustees, supreme or grand (Fraternal Only)	\$ 0

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? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ 0
21.22 Borrowed from others.....	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$	453
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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? Yes [] No [X]

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.

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 [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto
 The Trust has no investment in stocks, bonds, or other securities.

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 Not Applicable

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. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

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? Yes [] No [] N/A [X]

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.	\$ 0
25.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
25.093	Total payable for securities lending reported on the liability page.	\$ 0

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). Yes [] No [X]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21	Subject to repurchase agreements	\$ 0
26.22	Subject to reverse repurchase agreements	\$ 0
26.23	Subject to dollar repurchase agreements	\$ 0
26.24	Subject to reverse dollar repurchase agreements	\$ 0
26.26	Placed under option agreements	\$ 0
26.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
26.27	FHLB Capital Stock	\$ 0
26.28	On deposit with states	\$ 0
26.29	On deposit with other regulatory bodies	\$ 0
26.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
26.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
26.32	Other	\$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

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

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

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

27.41	Special accounting provision of SSAP No. 108	Yes [] No []
27.42	Permitted accounting practice	Yes [] No []
27.43	Other accounting guidance	Yes [] No []

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: Yes [] No []

- 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? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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 [] No [X]

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

1 Name of Custodian(s)	2 Custodian's Address

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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 Name(s)	2 Location(s)	3 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?..... Yes [] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 Affiliation
.....

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 [] No []

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 [] No []

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....

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)])?..... Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total	0

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	.0	0	0
31.2 Preferred stocks .....	.0	0	0
31.3 Totals	0	0	0

31.4 Describe the sources or methods utilized in determining the fair values:

Not Applicable

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

Yes [] 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?

Yes [] No []

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 [X] No []

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?

Yes [] No [X]

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 a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

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?

Yes [] No [X]

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 [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

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 Name	2 Amount Paid
.....

39.1 Amount of payments for legal expenses, if any?\$0

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 Name	2 Amount Paid
.....

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

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 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
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	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ 0
1.6	Individual policies:	.....
	Most current three years:	.....
	1.61 Total premium earned	\$ 0
	1.62 Total incurred claims	\$ 0
	1.63 Number of covered lives	0
	All years prior to most current three years:	.....
	1.64 Total premium earned	\$ 0
	1.65 Total incurred claims	\$ 0
	1.66 Number of covered lives	0
1.7	Group policies:	.....
	Most current three years:	.....
	1.71 Total premium earned	\$ 0
	1.72 Total incurred claims	\$ 0
	1.73 Number of covered lives	0
	All years prior to most current three years:	.....
	1.74 Total premium earned	\$ 0
	1.75 Total incurred claims	\$ 0
	1.76 Number of covered lives	0
2.	Health Test:	.....
	1 Current Year 2 Prior Year	.....
2.1	Premium Numerator	5,906,909 23,117,749
2.2	Premium Denominator	5,906,909 23,117,749
2.3	Premium Ratio (2.1/2.2) .....	.1.000 1.000
2.4	Reserve Numerator	1,449,569 2,504,434
2.5	Reserve Denominator	1,449,569 2,504,434
2.6	Reserve Ratio (2.4/2.5) .....	.1.000 1.000
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?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
5.2	If no, explain:	.....
5.3	Maximum retained risk (see instructions)	.....
	5.31 Comprehensive Medical	\$ 250,000
	5.32 Medical Only	\$ 0
	5.33 Medicare Supplement	\$ 0
	5.34 Dental & Vision	\$ 0
	5.35 Other Limited Benefit Plan	\$ 0
	5.36 Other	\$ 0
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.	.....
	Hold harmless clauses are included within provider agreements.	.....
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
7.2	If no, give details	.....
8.	Provide the following information regarding participating providers:	.....
	8.1 Number of providers at start of reporting year	62,047
	8.2 Number of providers at end of reporting year	68,682
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
9.2	If yes, direct premium earned:	.....
	9.21 Business with rate guarantees between 15-36 months...\$	0
	9.22 Business with rate guarantees over 36 months	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$	0
10.22 Amount actually paid for year bonuses.....	\$	4,500
10.23 Maximum amount payable withholds.....	\$	0
10.24 Amount actually paid for year withholds.....	\$	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
11.13 An Individual Practice Association (IPA), or,	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
11.14 A Mixed Model (combination of above)?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []
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? Yes [] No []
11.6 If the amount is calculated, show the calculation
Ohio Code 1739.13

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

1 Name of Service Area	
Ohio Chamber Health Benefit Program Trust is licensed statewide in Ohio.	
.....	

13.1 Do you act as a custodian for health savings accounts? Yes [] No []

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
 0 |

13.3 Do you act as an administrator for health savings accounts? Yes [] No []

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
 0 |

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A []
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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	\$	0
15.2 Total Incurred Claims	\$	0
15.3 Number of Covered Lives .....	.....	0

*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? Yes [] 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? Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	10,839,239	9,001,479	2,023,160	0	0
2. Total liabilities (Page 3, Line 24)	8,263,680	5,375,820	212,609	0	0
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	0	0
4. Total capital and surplus (Page 3, Line 33)	2,575,559	3,625,659	1,810,551	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	5,906,909	23,117,749	176,821	0	0
6. Total medical and hospital expenses (Line 18)	5,860,330	19,069,982	166,763	0	0
7. Claims adjustment expenses (Line 20)	231,942	1,099,148	7,923	0	0
8. Total administrative expenses (Line 21)	703,575	3,282,596	41,584	0	0
9. Net underwriting gain (loss) (Line 24)	(1,041,539)	(333,977)	(39,449)	0	0
10. Net investment gain (loss) (Line 27)	(765)	(311)	0	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(1,042,304)	(334,288)	(39,449)	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,289,005)	3,797,205	97,206	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	2,575,559	3,625,659	1,810,551	0	0
15. Authorized control level risk-based capital	400,355	1,331,121	115,862	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	12,628	7,116	340	0	0
17. Total members months (Column 6, Line 7)	136,180	65,282	503	0	0
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	99.2	82.5	94.3	0.0	0.0
20. Cost containment expenses	2.5	3.2	2.7	0.0	0.0
21. Other claims adjustment expenses	1.5	1.6	1.7	0.0	0.0
22. Total underwriting deductions (Line 23)	117.6	101.4	122.3	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(17.6)	(1.4)	(22.3)	0.0	0.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	2,536,645	43,281	0	0	0
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	2,504,434	127,680	0	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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?

Yes No

If no, please explain:



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Ohio Chamber Health Benefit Program Trust

2. Columbus, OH

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR								NAIC Company Code	16619
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		7,116	0	7,116	0	0	0	0	0	0	0	0	0
2. First Quarter		10,183	0	10,183	0	0	0	0	0	0	0	0	0
3. Second Quarter		11,753	0	11,753	0	0	0	0	0	0	0	0	0
4. Third Quarter		12,174	0	12,174	0	0	0	0	0	0	0	0	0
5. Current Year		12,628	0	12,628	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		136,180	0	136,180	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7 Physician		87,405	0	87,405	0	0	0	0	0	0	0	0	0
8. Non-Physician		3,465	0	3,465	0	0	0	0	0	0	0	0	0
9. Total		90,870	0	90,870	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		1,977	0	1,977	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		500	0	500	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		65,424,900	0	65,424,900	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		65,424,900	0	65,424,900	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		52,945,213	0	52,945,213	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		62,843,697	0	62,843,697	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Ohio Chamber Health Benefit Program Trust

2. Columbus, OH

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR						NAIC Company Code	16619
				1	2	3	4	5	6		
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year		7,116	0	7,116	0	0	0	0	0	0	0
2. First Quarter		10,183	0	10,183	0	0	0	0	0	0	0
3. Second Quarter		11,753	0	11,753	0	0	0	0	0	0	0
4. Third Quarter		12,174	0	12,174	0	0	0	0	0	0	0
5. Current Year		12,628	0	12,628	0	0	0	0	0	0	0
6. Current Year Member Months		136,180	0	136,180	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7 Physician		87,405	0	87,405	0	0	0	0	0	0	0
8. Non-Physician		3,465	0	3,465	0	0	0	0	0	0	0
9. Total		90,870	0	90,870	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		1,977	0	1,977	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		500	0	500	0	0	0	0	0	0	0
12. Health Premiums Written (b)		65,424,900	0	65,424,900	0	0	0	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		65,424,900	0	65,424,900	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		52,945,213	0	52,945,213	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		62,843,697	0	62,843,697	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

30.GT

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 1 - SECTION 2

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

NON-E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
79413 ..36-2739571 ..10/01/2019 ..UnitedHealthcare Insurance Company			CT		2,839,901	10,976,841
1999999. Accident and Health - U.S. Non-Affiliates					2,839,901	10,976,841
2199999. Total Accident and Health - Non-Affiliates					2,839,901	10,976,841
2299999. Total Accident and Health					2,839,901	10,976,841
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,839,901	10,976,841
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					2,839,901	10,976,841

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
79413 .. 36-2739571 .. 10/01/2019 .. UnitedHealthcare Insurance Company	CT	SSL/I	CMM		5,799,151				0	0	0	0	0
79413 .. 36-2739571 .. 10/01/2019 .. UnitedHealthcare Insurance Company	CT	ASL/I	CMM		556,654				0	0	0	0	0
79413 .. 36-2739571 .. 10/01/2019 .. UnitedHealthcare Insurance Company	CT	OA/G	CMM		53,162,185				129,109	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							59,517,990	0	129,109	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							59,517,990	0	129,109	0	0	0	0
1199999. Total General Account Authorized							59,517,990	0	129,109	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							59,517,990	0	129,109	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							59,517,990	0	129,109	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							59,517,990	0	129,109	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	59,518	5,840	56	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	8,417	0	0	0	0
5. Total hospital and medical expenses	56,983	4,661	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	5,524	2,244	0	0	0
7. Claims payable	10,977	0	0	0	0
8. Reinsurance recoverable on paid losses	2,840	1,018	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	826	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	6,988,399	0	6,988,399
2. Accident and health premiums due and unpaid (Line 15)	184,707	0	184,707
3. Amounts recoverable from reinsurers (Line 16.1)	2,839,901	(2,839,901)	0
4. Net credit for ceded reinsurance	XXX	9,248,363	9,248,363
5. All other admitted assets (Balance)	826,232	(955,341)	(129,109)
6. Total assets (Line 28)	10,839,239	5,453,121	16,292,360
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,219,649	10,976,840	12,196,489
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	695,098	0	695,098
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	6,348,933	(5,523,719)	825,214
15. Total liabilities (Line 24)	8,263,680	5,453,121	13,716,801
16. Total capital and surplus (Line 33)	2,575,559	XXX	2,575,559
17. Total liabilities, capital and surplus (Line 34)	10,839,239	5,453,121	16,292,360
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	10,976,840		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	2,839,901		
22. Other ceded reinsurance recoverables	955,341		
23. Total ceded reinsurance recoverables	14,772,082		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	5,523,719		
30. Total ceded reinsurance payables/offsets	5,523,719		
31. Total net credit for ceded reinsurance	9,248,363		

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	L	65,424,900	0	0	0	0	0	65,424,900	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	65,424,900	0	0	0	0	0	65,424,900	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0	0
61. Totals (Direct Business)		XXX	65,424,900	0	0	0	0	0	65,424,900	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 R - Registered - Non-domiciled RRGs.....0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0

N - None of the above - Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by state, etc.

All premiums are written in the state of Ohio.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
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. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

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

Ohio Chamber Health Benefit Program Trust
Employer ID Number: 83-6804326
NAIC Company Code: 16619
State of Domicile: OH

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

N O N E

Schedule Y - Part 1A - Explanations

N O N E

Schedule Y - Part 2

N O N E

Schedule Y - Part 3

N O N E

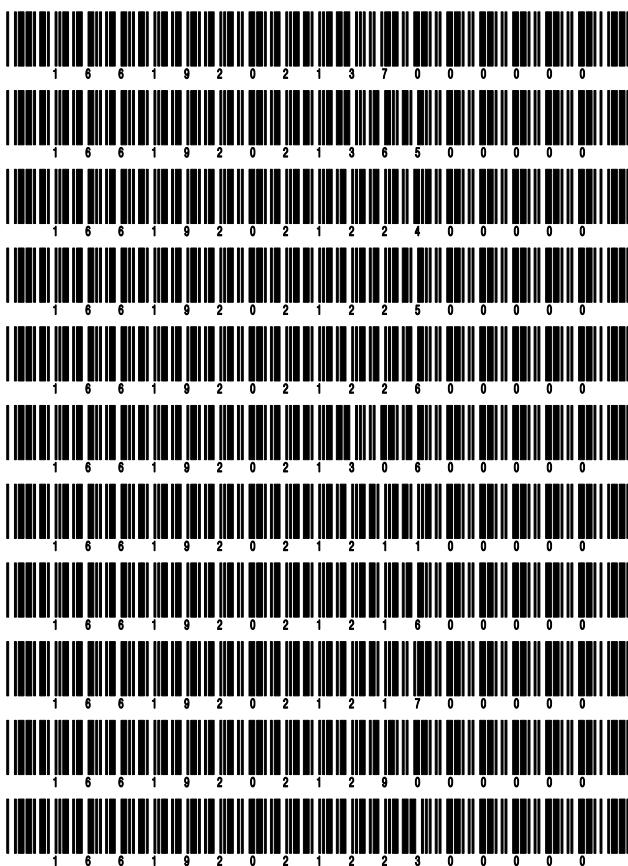
ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	SEE EXPLANATION
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	SEE EXPLANATION
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	SEE EXPLANATION
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	WAIVED
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	WAIVED
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	WAIVED
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	SEE EXPLANATION
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION
The following supplemental reports are required to be filed as part of your annual 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?	WAIVED
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	WAIVED
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?	NO
Explanations:		
1.	Ohio Multiple Employer Welfare Arrangements require the Supplemental Compensation Exhibit to be filed by March 31.	
2.	Ohio Multiple Employer Welfare Arrangements require the Actuarial Opinion to be filed by March 31.	
3.	Ohio Multiple Employer Welfare Arrangements require the Risk-based Capital Report to be filed by March 31.	
4.	Ohio Multiple Employer Welfare Arrangements require the confidential Risk-based Capital Report to be filed by March 31.	
8.	Ohio Multiple Employer Welfare Arrangements require the Audited Financial Report to be filed by June 30.	
9.	Ohio Multiple Employer Welfare Arrangements require the Accountants Letter of Qualifications to be filed by June 30.	
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
23.		
24.		
Bar Codes:		
5.	Management's Discussion and Analysis [Document Identifier 350]	 1 6 6 6 1 9 2 0 2 1 3 5 0 0 0 0 0 0
6.	Investment Risks Interrogatories [Document Identifier 285]	 1 6 6 6 1 9 2 0 2 1 2 8 5 0 0 0 0 0
7.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 6 6 6 1 9 2 0 2 1 2 1 0 0 0 0 0 0
10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 6 6 6 1 9 2 0 2 1 3 6 0 0 0 0 0 0
11.	Life Supplement [Document Identifier 205]	 1 6 6 6 1 9 2 0 2 1 2 0 5 0 0 0 0 0 0
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 6 6 6 1 9 2 0 2 1 4 2 0 0 0 0 0 0 0
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 6 6 6 1 9 2 0 2 1 3 7 1 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 15. Medicare Part D Coverage Supplement [Document Identifier 365]
- 16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 18. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 19. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 20. Life Supplement [Document Identifier 211]
- 21. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 22. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]
- 24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
OVERFLOW PAGE FOR WRITE-INS

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments	0	0.000	0	0	0	0.000
1.02 All other governments	0	0.000	0	0	0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed	0	0.000	0	0	0	0.000
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed	0	0.000	0	0	0	0.000
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	0	0.000	0	0	0	0.000
1.06 Industrial and miscellaneous	0	0.000	0	0	0	0.000
1.07 Hybrid securities	0	0.000	0	0	0	0.000
1.08 Parent, subsidiaries and affiliates	0	0.000	0	0	0	0.000
1.09 SVO identified funds	0	0.000	0	0	0	0.000
1.10 Unaffiliated Bank loans	0	0.000	0	0	0	0.000
1.11 Total long-term bonds	0	0.000	0	0	0	0.000
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)	0	0.000	0	0	0	0.000
2.02 Parent, subsidiaries and affiliates	0	0.000	0	0	0	0.000
2.03 Total preferred stocks	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)	0	0.000	0	0	0	0.000
3.02 Industrial and miscellaneous Other (Unaffiliated)	0	0.000	0	0	0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded	0	0.000	0	0	0	0.000
3.04 Parent, subsidiaries and affiliates Other	0	0.000	0	0	0	0.000
3.05 Mutual funds	0	0.000	0	0	0	0.000
3.06 Unit investment trusts	0	0.000	0	0	0	0.000
3.07 Closed-end funds	0	0.000	0	0	0	0.000
3.08 Total common stocks	0	0.000	0	0	0	0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages	0	0.000	0	0	0	0.000
4.02 Residential mortgages	0	0.000	0	0	0	0.000
4.03 Commercial mortgages	0	0.000	0	0	0	0.000
4.04 Mezzanine real estate loans	0	0.000	0	0	0	0.000
4.05 Total valuation allowance	0	0.000	0	0	0	0.000
4.06 Total mortgage loans	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company	0	0.000	0	0	0	0.000
5.02 Properties held for production of income	0	0.000	0	0	0	0.000
5.03 Properties held for sale	0	0.000	0	0	0	0.000
5.04 Total real estate	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	6,988,399	100.000	6,988,399	0	6,988,399	100.000
6.02 Cash equivalents (Schedule E, Part 2)	0	0.000	0	0	0	0.000
6.03 Short-term investments (Schedule DA)	0	0.000	0	0	0	0.000
6.04 Total cash, cash equivalents and short-term investments	6,988,399	100.000	6,988,399	0	6,988,399	100.000
7. Contract loans	0	0.000	0	0	0	0.000
8. Derivatives (Schedule DB)	0	0.000	0	0	0	0.000
9. Other invested assets (Schedule BA)	0	0.000	0	0	0	0.000
10. Receivables for securities	0	0.000	0	0	0	0.000
11. Securities Lending (Schedule DL, Part 1)	0	0.000	0	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)	0	0.000	0	0	0	0.000
13. Total invested assets	6,988,399	100.000	6,988,399	0	6,988,399	100.000

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

Schedule BA - Verification - Other Long-Term Invested Assets

N O N E

Schedule D - Verification - Bonds and Stock

N O N E

Schedule D - Summary By Country

N O N E

Schedule D - Part 1A - Section 1 - Quality and Maturity Distribution of All Bonds Owned by Major Type and NAIC Designation

N O N E

Schedule D - Part 1A - Section 2 - Maturity Distribution of All Bonds Owned by Major Type and Subtype

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

Schedule A - Part 1 - Real Estate Owned

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 1 - Mortgage Loans Owned

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 1 - Long Term Bonds Owned

N O N E

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of
N O N E

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies
N O N E

Schedule D - Part 6 - Section 2
N O N E

Schedule DA - Part 1 - Short-Term Investments Owned
N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part B - Section 2 - Futures Contracts Terminated
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of
Current Year
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Buckeye State Bank..... Powell, OH		0.000	0	0	6,988,399	XXX
0199998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	6,988,399	XXX
0299998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	6,988,399	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	XXX
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	0	0	6,988,399	XXX

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

1. January.....	5,529,907	4. April.....	8,044,235	7. July.....	8,643,445	10. October.....	7,335,036
2. February.....	7,679,760	5. May.....	8,098,713	8. August.....	7,755,202	11. November.....	7,335,532
3. March.....	8,023,874	6. June.....	8,358,544	9. September.....	7,926,074	12. December.....	6,988,399

Schedule E - Part 2 - Cash Equivalents Owned

N O N E

Schedule E - Part 3 - Special Deposits

N O N E