

QUARTERLY STATEMENT

OF THE

Ohio Bankers Benefits Trust

TO THE

Insurance Department

OF THE

STATE OF

**FOR THE QUARTER ENDED
JUNE 30, 2022**

HEALTH

2022



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Ohio Bankers Benefits Trust

NAIC Group Code0000NAIC Company Code00000Employer's ID Number31-1306485

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Other

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized01/01/1997Commenced Business01/01/1997

Statutory Home Office4215 Worth Avenue, Suite 300Columbus, OH, US 43219

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office4215 Worth Avenue, Suite 300

(Street and Number)

Columbus, OH, US 43219

(City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

Mail Address4215 Worth Avenue, Suite 300Columbus, OH, US 43219

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records4215 Worth Avenue, Suite 300

(Street and Number)

Columbus, OH, US 43219

(City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

Internet Website Address

Statutory Statement ContactGauri Airi614-340-7595

(Name)(Area Code) (Telephone Number)

gari@ohiobankersleague.com614-340-7599

(E-mail Address)(FAX Number)

OFFICERS

OTHER

DIRECTORS OR TRUSTEES

| | | |
|----------------|------------|--------------|
| Dean Miller | Paul Reed | Ron Zimmerly |
| Lewis Renollet | John Essen | Mark Masters |

State ofOhioSS:
County ofFranklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Gauri Ari

Christa Zeck

Lewis Renollet

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed 08/11/2022
3. Number of pages attached

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 9,622,502 | | 9,622,502 | 6,940,179 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | |
| 2.2 Common stocks | 2,059,398 | | 2,059,398 | 1,954,328 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | |
| 5. Cash (\$7,121,151), cash equivalents (\$) and short-term investments (\$) | 7,121,151 | | 7,121,151 | 10,051,318 |
| 6. Contract loans (including \$ premium notes) | | | 0 | |
| 7. Derivatives | | | 0 | |
| 8. Other invested assets | | | 0 | |
| 9. Receivables for securities | | | 0 | |
| 10. Securities lending reinvested collateral assets | | | 0 | |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 18,803,051 | 0 | 18,803,051 | 18,945,825 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | |
| 14. Investment income due and accrued | 36,517 | | 36,517 | 30,131 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | |
| 17. Amounts receivable relating to uninsured plans | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | |
| 18.2 Net deferred tax asset | | | 0 | |
| 19. Guaranty funds receivable or on deposit | | | 0 | |
| 20. Electronic data processing equipment and software | | | 0 | |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | |
| 24. Health care (\$) and other amounts receivable | 676,427 | | 676,427 | 565,980 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 19,515,995 | 0 | 19,515,995 | 19,541,936 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | |
| 28. Total (Lines 26 and 27) | 19,515,995 | 0 | 19,515,995 | 19,541,936 |
| 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 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 1,562,200 | | 1,562,200 | 1,353,650 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | |
| 3. Unpaid claims adjustment expenses | 325,000 | | 325,000 | 195,000 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | | | 0 | |
| 5. Aggregate life policy reserves | | | 0 | |
| 6. Property/casualty unearned premium reserve | | | 0 | |
| 7. Aggregate health claim reserves | | | 0 | |
| 8. Premiums received in advance | | | 0 | |
| 9. General expenses due or accrued | 19,588 | | 19,588 | 38,358 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | 0 | |
| 10.2 Net deferred tax liability | | | 0 | |
| 11. Ceded reinsurance premiums payable | | | 0 | |
| 12. Amounts withheld or retained for the account of others..... | | | 0 | |
| 13. Remittances and items not allocated | | | 0 | |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | |
| 15. Amounts due to parent, subsidiaries and affiliates | | | 0 | |
| 16. Derivatives | | | 0 | |
| 17. Payable for securities | | | 0 | |
| 18. Payable for securities lending | | | 0 | |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | |
| 22. Liability for amounts held under uninsured plans | | | 0 | |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 1,906,788 | 0 | 1,906,788 | 1,587,008 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | | |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | | |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 17,609,207 | 17,954,928 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 17,609,207 | 17,954,928 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 19,515,995 | 19,541,936 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 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 through 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 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | 12,477 | 9,028 | 18,383 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 11,940,171 | 9,907,052 | 20,106,998 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX | | | |
| 5. Risk revenue | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 1,010,213 | 813,623 | 1,526,128 |
| 8. Total revenues (Lines 2 to 7) | XXX | 12,950,384 | 10,720,675 | 21,633,126 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 8,307,935 | 5,465,918 | 11,917,931 |
| 10. Other professional services | | | | |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | 3,467,723 | 2,477,191 | 5,457,002 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 208,550 | (132,250) | (208,000) |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. Subtotal (Lines 9 to 15) | 0 | 11,984,208 | 7,810,859 | 17,166,933 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 98,311 | 0 | 70,388 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 11,885,897 | 7,810,859 | 17,096,545 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | 951,463 | 565,450 | 1,015,848 |
| 21. General administrative expenses | | 768,342 | 621,114 | 1,319,383 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | | | |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 13,605,702 | 8,997,423 | 19,431,776 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (655,318) | 1,723,252 | 2,201,350 |
| 25. Net investment income earned | | 243,694 | 276,563 | 641,390 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | 65,903 | 38,120 | 39,254 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 309,597 | 314,683 | 680,644 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]. | | | | |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | (345,721) | 2,037,935 | 2,881,994 |
| 31. Federal and foreign income taxes incurred | XXX | | | |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (345,721) | 2,037,935 | 2,881,994 |
| 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 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. Prescription rebate revenue | XXX | 1,008,515 | 813,623 | 1,526,128 |
| 0702. Miscellaneous income | XXX | 1,698 | 0 | 0 |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 1,010,213 | 813,623 | 1,526,128 |
| 1401. Change in IBNR | | 208,550 | (132,250) | (208,000) |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 208,550 | (132,250) | (208,000) |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 17,954,928 | 15,072,934 | 15,072,934 |
| 34. Net income or (loss) from Line 32 | (345,721) | 2,037,935 | 2,881,994 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | | | |
| 39. Change in nonadmitted assets | | | |
| 40. Change in unauthorized and certified reinsurance | 0 | | |
| 41. Change in treasury stock | 0 | | |
| 42. Change in surplus notes | 0 | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | | |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | | |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | | |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | (345,721) | 2,037,935 | 2,881,994 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 17,609,207 | 17,110,869 | 17,954,928 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 11,940,171 | 10,630,435 | 21,575,126 |
| 2. Net investment income | 229,371 | 323,818 | 696,751 |
| 3. Miscellaneous income | 1,010,213 | 0 | |
| 4. Total (Lines 1 to 3) | 13,179,755 | 10,954,253 | 22,271,877 |
| 5. Benefit and loss related payments | 11,787,794 | 8,883,834 | 19,634,842 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 1,589,805 | | |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 0 | | |
| 10. Total (Lines 5 through 9) | 13,377,599 | 8,883,834 | 19,634,842 |
| 11. Net cash from operations (Line 4 minus Line 10) | (197,844) | 2,070,419 | 2,637,035 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 450,000 | 500,000 | 1,250,000 |
| 12.2 Stocks | 400,409 | 229,700 | 281,297 |
| 12.3 Mortgage loans | 0 | | |
| 12.4 Real estate | 0 | | |
| 12.5 Other invested assets | 0 | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 537,525 | (203,878) | (444,818) |
| 12.7 Miscellaneous proceeds | 0 | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,387,934 | 525,822 | 1,086,479 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 3,143,156 | 1,833,175 | 3,665,923 |
| 13.2 Stocks | 977,101 | 196,875 | 265,196 |
| 13.3 Mortgage loans | 0 | | |
| 13.4 Real estate | 0 | | |
| 13.5 Other invested assets | 0 | | |
| 13.6 Miscellaneous applications | 0 | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 4,120,257 | 2,030,050 | 3,931,119 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (2,732,323) | (1,504,228) | (2,844,640) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | | |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | | |
| 16.3 Borrowed funds | 0 | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | | |
| 16.5 Dividends to stockholders | 0 | | |
| 16.6 Other cash provided (applied) | 0 | | |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 0 | 0 | 0 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .. | (2,930,167) | 566,191 | (207,605) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 10,051,318 | 10,258,923 | 10,258,923 |
| 19.2 End of period (Line 18 plus Line 19.1) | 7,121,151 | 10,825,114 | 10,051,318 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|----------------|---------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|---|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 1,477 | 1,477 | | | | | | | | |
| 2. First Quarter | 2,042 | 2,042 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 2,076 | 2,076 | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 12,477 | 12,477 | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | |
| 8. Non-Physician | 0 | | | | | | | | | |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | |
| 12. Health Premiums Written (a) | 11,940,171 | 11,940,171 | | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 11,940,171 | 11,940,171 | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 12,218,598 | 12,218,598 | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 11,984,208 | 11,984,208 | | | | | | | | |

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

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

| Aging Analysis of Unpaid Claims | | | | | | |
|--|-------------|--------------|--------------|---------------|---------------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Account | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported) | NONE | | | | | |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | |
| 0399999 Aggregate accounts not individually listed-covered | | | | | | |
| 0499999 Subtotals | | | | | | |
| 0599999 Unreported claims and other claim reserves | | | | | | |
| 0699999 Total amounts withheld | | | | | | |
| 0799999 Total claims unpaid | | | | | | |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | 1,473,687 | 10,214,068 | 10,000 | 1,320,650 | 1,483,687 | 1,330,650 |
| 2. Medicare Supplement | | | | | 0 | |
| 3. Dental Only | 13,814 | 517,029 | 1,000 | 22,000 | 14,814 | 23,000 |
| 4. Vision Only | | | | | 0 | |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | |
| 6. Title XVIII - Medicare | | | | | 0 | |
| 7. Title XIX - Medicaid | | | | | 0 | |
| 8. Other health | | | | | 0 | |
| 9. Health subtotal (Lines 1 to 8) | 1,487,501 | 10,731,097 | 11,000 | 1,342,650 | 1,498,501 | 1,353,650 |
| 10. Healthcare receivables (a) | | | | | 0 | |
| 11. Other non-health | | | | | 0 | |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | |
| 13. Totals (Lines 9-10+11+12) | 1,487,501 | 10,731,097 | 11,000 | 1,342,650 | 1,498,501 | 1,353,650 |

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

NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 1
Summary of Significant Accounting Policies and Going Concern
1. Summary of Significant Accounting Policies and Going Concern
A. Accounting Practices

| | SSAP # | F/S Page | F/S Line # | 2022 | 2021 |
|--|--------|-------------|---------------|------------|------------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | (345,721) | 2,881,994 |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | (345,721) | 2,881,994 |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | 17,609,207 | 17,954,928 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | 17,609,207 | 17,954,928 |

Use of Estimates in the Preparation of the Financial Statement
The preparation of financial statements in conformity with the statutory basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, primarily unpaid claims and claim adjustment expenses. Accordingly, actual results may differ from those estimates

Accounting Policy
Valuation of investments
The statement of admitted assets, liabilities and surplus – statutory basis includes investments valued as follows: investments in common stocks and mutual I funds traded on a national security exchange are valued at the last reported sales price at the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid price. Bonds and fixed income securities are valued at amortized cost. Any discounts or premiums are amortized over the remaining life of the underlying debt instrument. Short-term commercial paper is valued at cost. Interest earned on short-term investments from date of purchase through year-end is included in accrued interest.

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

The statement of income and changes in surplus – statutory basis includes unrealized gains and losses on investments in common stocks and mutual funds. The unrealized gain (loss) on these investments represents the change in the difference between cost and market at the beginning and end of the year.

Receivables
The Plan entered into a contractual pharmaceutical rebate program, which provides rebates to the plan based upon the volume within each prescription category contained within the agreement. The program began in 2019 when the plan switched third party administrators, accordingly, the history of the rebate program is continuing to build and develop. The rebates are received on a consistent, steady basis each quarter. In accordance with Statutory Issue Paper No. 107 , items 12-15, the amount is being reported as an admitted assets.

(1) Basis for Short-Term Investments
As stated above, short term investments not included in cash, are reflected at fair market value. Holdings maturing less than a year are reported as cash holdings.

(2) Basis for Bonds and Amortization Schedule
As stated above, bonds are carried at amortized cost.

(3) Basis for Common Stocks
As status, above, common stocks are reflected at fair market value.

(4) Basis for Preferred Stocks
None held

(10) Anticipated Investment Income Used in Premium Deficiency Calculation
Not applicable

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
Management utilizes actuary to assist with determination of benefit obligations and estimated losses for claim adjustment expenses.

Going Concern
No going concern issues

NOTE 2
Accounting Changes and Corrections of Errors

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 3
Business Combinations and Goodwill

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

| 1 | 2 | 3 | 4 | 5 |
|------------------|------------------|-----------------|-----------------------------|--------------------------------------|
| Purchased Entity | Acquisition Date | Acquired Entity | Original Amount of Goodwill | Original Amount of Admitted Goodwill |
| | | | | |
| Total | | | | |

| 1 | 6 | 7 | 8 | 9 |
|------------------|--|--|-------------------|--|
| Purchased Entity | Admitted Goodwill as of the Reporting Date | Amount of Goodwill Amortized During the Reporting Period | Book Value of SCA | Admitted Goodwill as a % of SCA BACV, Gross of Admitted Goodwill Col. 6/Col. 8 |
| | | | | |
| Total | | | | XXX |

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

| | Calculation of Limitation Using Prior Quarter Numbers | Current Reporting Period |
|--|---|--------------------------|
| (1) Capital & Surplus | | XXX |
| Less: | | |
| (2) Admitted Positive Goodwill | | XXX |
| (3) Admitted EDP Equipment & Operating System Software | | XXX |
| (4) Admitted Net Deferred Taxes | | XXX |
| (5) Adjusted Capital and Surplus (Line 1-2-3-4) | | XXX |
| (6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%]) | | XXX |
| (7) Current period reported Admitted Goodwill | XXX | |
| (8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5) | XXX | % |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 4

Discontinued Operations

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

(1) List of Discontinued Operations Disposed of or Classified as Held for Sale

| Discontinued Operation Identifier | Description of Discontinued Operation |
|---|---------------------------------------|
| | |

(3) Loss Recognized on Discontinued Operations

| Discontinued Operation Identifier | Amount for Reporting Period | Cumulative Amount Since Classified as Held for Sale |
|---|--------------------------------|---|
| | | |

(4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income

a. Carrying Amount of Discontinued Operations

| Discontinued Operation Identifier | Carrying Amount Immediately Prior to Classification as Held for Sale | Current Fair Value Less Costs to Sell |
|---|---|--|
| | | |

b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

| | Discontinued Operation Identifier | Line Number | Line Description | Amount Attributable to Discontinued Operations |
|----------------|---|----------------|------------------|--|
| 1. Assets | | | | |
| 2. Liabilities | | | | |
| 3. Surplus | | | | |
| 4. Income | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 5
Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Current Year Prior Year

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total.....

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

| | Farm | Residential | | Commercial | | Mezzanine | Total |
|--|------|-------------|-----------|------------|-----------|-----------|-------|
| | | Insured | All Other | Insured | All Other | | |
| a. Current Year | | | | | | | |
| 1. Recorded Investment (All) | | | | | | | |
| (a) Current | | | | | | | |
| (b) 30 - 59 Days Past Due | | | | | | | |
| (c) 60 - 89 Days Past Due | | | | | | | |
| (d) 90 - 179 Days Past Due | | | | | | | |
| (e) 180+ Days Past Due | | | | | | | |
| 2. Accruing Interest 90 - 179 Days Past Due | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| (b) Interest Accrued | | | | | | | |
| 3. Accruing Interest 180+ Days Past Due | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| (b) Interest Accrued | | | | | | | |
| 4. Interest Reduced | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| (b) Number of Loans | | | | | | | |
| (c) Percent Reduced | | | | | | | |
| 5. Participant or Co-lender in a Mortgage Loan Agreement | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| b. Prior Year | | | | | | | |
| 1. Recorded Investment | | | | | | | |
| (a) Current | | | | | | | |
| (b) 30 - 59 Days Past Due | | | | | | | |
| (c) 60 - 89 Days Past Due | | | | | | | |
| (d) 90 - 179 Days Past Due | | | | | | | |
| (e) 180+ Days Past Due | | | | | | | |
| 2. Accruing Interest 90 - 179 Days Past Due | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| (b) Interest Accrued | | | | | | | |
| 3. Accruing Interest 180+ Days Past Due | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| (b) Interest Accrued | | | | | | | |
| 4. Interest Reduced | | | | | | | |
| (a) Recorded Investment | | | | | | | |
| (b) Number of Loans | | | | | | | |
| (c) Percent Reduced | | | | | | | |
| 5. Participant or Co-lender in a Mortgage Loan Agreement | | | | | | | |
| (a) Recorded Investment | | | | | | | |

NONE

(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:

| | Farm | Residential | | Commercial | | Mezzanine | Total |
|--|------|-------------|-----------|------------|-----------|-----------|-------|
| | | Insured | All Other | Insured | All Other | | |
| a. Current Year | | | | | | | |
| 1. With Allowance for Credit Losses | | | | | | | |
| 2. No Allowance for Credit Losses | | | | | | | |
| 3. Total (1 + 2) | | | | | | | |
| 4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan | | | | | | | |
| b. Prior Year | | | | | | | |
| 1. With Allowance for Credit Losses | | | | | | | |
| 2. No Allowance for Credit Losses | | | | | | | |
| 3. Total (1 + 2) | | | | | | | |
| 4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan | | | | | | | |

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

| | Farm | Residential | | Commercial | | Mezzanine | Total |
|---|------|-------------|-----------|------------|-----------|-----------|-------|
| | | Insured | All Other | Insured | All Other | | |
| a. Current Year | | | | | | | |
| 1. Average Recorded Investment | | | | | | | |
| 2. Interest Income Recognized | | | | | | | |
| 3. Recorded Investments on Nonaccrual Status | | | | | | | |
| 4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting | | | | | | | |
| b. Prior Year | | | | | | | |
| 1. Average Recorded Investment | | | | | | | |
| 2. Interest Income Recognized | | | | | | | |
| 3. Recorded Investments on Nonaccrual Status | | | | | | | |
| 4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting | | | | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

(7) Allowance for credit losses:

| | Current Year | Prior Year |
|---|--------------|------------|
| a) Balance at beginning of period | | |
| b) Additions charged to operations | | |
| c) Direct write-downs charged against the allowance | | |
| d) Recoveries of amounts previously charged off | | |
| e) Balance at end of period | | |

NONE

(8) Mortgage Loans Derecognized as a Result of Foreclosure:

| | Current Year |
|---|--------------|
| a) Aggregate amount of mortgage loans derecognized | |
| b) Real estate collateral recognized | |
| c) Other collateral recognized | |
| d) Receivables recognized from a government guarantee of the foreclosed mortgage loan | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

B. Debt Restructuring

| | Current Year | Prior Year |
|---|--------------|------------|
| (1) The total recorded investment in restructured debt as of year end..... | | |
| (2) The realized capital losses related to these loans..... | | |
| (3) Total contractual commitments to extend credit to debtors whose terms have been modified in troubled debt restructurings..... | | |

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

- C. Reverse Mortgages
- (3) Reverse Mortgages: Enter the reserve amount that is netted against the asset.
- (4) Reverse Mortgages: Investment income or (loss) recognized in the period as a result of the re-estimated cash flows.

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

D. Loan-Backed Securities

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------|--|---|--|--|-------------------------------|--|
| CUSIP | Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI | Present Value of Projected Cash Flows | Recognized Other-Than- Temporary Impairment | Amortized Cost After Other-Than- Temporary Impairment | Fair Value at time of OTTI | Date of Financial Statement Where Reported |
| Total | XXX | XXX | | XXX | XXX | XXX |

- (4)
- a. The aggregate amount of unrealized losses:
1. Less than 12 Months
2. 12 Months or Longer
- b. The aggregate related fair value of securities with unrealized losses:
1. Less than 12 Months
2. 12 Months or Longer

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

3. Collateral Received

a. Aggregate Amount Collateral Received

Fair Value

1. Securities Lending

- (a) Open
- (b) 30 Days or Less
- (c) 31 to 60 Days
- (d) 61 to 90 Days
- (e) Greater Than 90 Days
- (f) Subtotal
- (g) Securities Received
- (h) Total Collateral Received

2. Dollar Repurchase Agreement

- (a) Open
- (b) 30 Days or Less
- (c) 31 to 60 Days
- (d) 61 to 90 Days
- (e) Greater Than 90 Days
- (f) Subtotal
- (g) Securities Received
- (h) Total Collateral Received

- b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

5. Collateral Reinvestment

a. Aggregate Amount Collateral Reinvested

Amortized Cost Fair Value

1. Securities Lending

- (a) Open
- (b) 30 Days or Less
- (c) 31 to 60 Days
- (d) 61 to 90 Days
- (e) 91 to 120 Days
- (f) 121 to 180 Days
- (g) 181 to 365 Days
- (h) 1 to 2 years
- (i) 2 to 3 years
- (j) Greater than 3 years
- (k) Subtotal
- (l) Securities Received
- (m) Total Collateral Reinvested

2. Dollar Repurchase Agreement

- (a) Open
- (b) 30 Days or Less
- (c) 31 to 60 Days
- (d) 61 to 90 Days
- (e) 91 to 120 Days
- (f) 121 to 180 Days
- (g) 181 to 365 Days
- (h) 1 to 2 years
- (i) 2 to 3 years
- (j) Greater than 3 years
- (k) Subtotal
- (l) Securities Received
- (m) Total Collateral Reinvested

(7) Collateral for securities lending transactions that extend beyond one year from the reporting date.

| Description of Collateral | Amount |
|--|--------|
| | |
| | |
| Total Collateral Extending beyond one year of the reporting date | |

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

(2) Type of Repo Trades Used

NONE

a. Maximum Amount

[illegible]

a. Maximum Amount

| FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|---------------|----------------|---------------|----------------|
| XXX | XXX | XXX | |
| XXX | XXX | XXX | |
| | | | |
| XXX | XXX | XXX | |
| XXX | XXX | XXX | |
| | | | |

ENDING BALANCE

[illegible][illegible]

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

(7) Collateral Received – Secured Borrowing

a. Maximum Amount

1. Cash
2. Securities (FV)

b. Ending Balance

1. Cash
2. Securities (FV)

| FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|------------------|-------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |

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

ENDING BALANCE

- a. Cash
b. Bonds - FV
c. LB & SS - FV
d. Preferred Stock - FV
e. Common Stock
f. Mortgage Loans - FV
g. Real Estate - FV
h. Derivatives - FV
i. Other Invested Assets - FV
j. Total Collateral Assets - FV (Sum of a through i)

| 1 NONE | 2 NAIC 1 | 3 NAIC 2 | 4 NAIC 3 |
|-----------|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ENDING BALANCE

- a. Cash
b. Bonds - FV
c. LB & SS - FV
d. Preferred Stock - FV
e. Common Stock
f. Mortgage Loans - FV
g. Real Estate - FV
h. Derivatives - FV
i. Other Invested Assets - FV
j. Total Collateral Assets - FV (Sum of a through i)

| 5 NAIC 4 | 6 NAIC 5 | 7 NAIC 6 | 8 DOES NOT QUALIFY AS ADMITTED |
|-------------|-------------|-------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

- a. Overnight and Continuous
b. 30 Days or Less
c. 31 to 90 Days
d. > 90 Days

| FAIR VALUE |
|------------|
| |
| |
| |

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

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

| AMORTIZED COST | FAIR VALUE |
|----------------|------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

a. Maximum Amount

1. Cash (Collateral – All)
2. Securities Collateral (FV)

b. Ending Balance

1. Cash (Collateral – All)
2. Securities Collateral (FV)

| FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|------------------|-------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

a. Bilateral (YES/NO)

b. Tri-Party (YES/NO)

a. Maximum Amount

1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

b. Ending Balance

1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

a. Maximum Amount
b. Ending Balance

ENDING BALANCE

- Bonds - FV
- LB & SS - FV
- Preferred Stock - FV
- Common Stock
- Mortgage Loans - FV
- Real Estate - FV
- Derivatives - FV
- Other Invested Assets - FV
- Total Assets - FV (Sum of a through h)

- a. Bonds - FV
- b. LB & SS - FV
- c. Preferred Stock - FV
- d. Common Stock
- e. Mortgage Loans - FV
- f. Real Estate - FV
- g. Derivatives - FV
- h. Other Invested Assets - FV
- i. Total Assets - FV (Sum of a through h)

a. Maximum Amount

1. Cash
2. Securities (FV)
3. Securities (BACV)
4. Nonadmitted Subset (BACV)

b. Ending Balance

1. Cash
2. Securities (FV)
3. Securities (BACV)
4. Nonadmitted Subset (BACV)

- a. Overnight and Continuous
- b. 30 Days or Less
- c. 31 to 90 Days
- d. > 90 Days

[illegible]

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

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

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|--------------------------|------------------|-------------------|------------------|-------------------|
| a. Maximum Amount | | | | |
| 1. Cash | | | | |
| 2. Securities (FV) | | | | |
| b. Ending Balance | | | | |
| 1. Cash | | | | |
| 2. Securities (FV) | | | | |

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|--|------------------|-------------------|------------------|-------------------|
| a. Maximum Amount | | | | |
| 1. Repo Securities Sold/Acquired with Cash Collateral | | | | |
| 2. Repo Securities Sold/Acquired with Securities Collateral (FV) | | | | |
| b. Ending Balance | | | | |
| 1. Repo Securities Sold/Acquired with Cash Collateral | | | | |
| 2. Repo Securities Sold/Acquired with Securities Collateral (FV) | | | | |

H. Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|-----------------------------|---------------|----------------|---------------|----------------|
| a. Bilateral (YES/NO) | | | | |
| b. Tri-Party (YES/NO) | | | | |

(3) Original (Flow) & Residual Maturity

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|--------------------------------|------------------|-------------------|------------------|-------------------|
| a. Maximum Amount | | | | |
| 1. Open – No Maturity | | | | |
| 2. Overnight | | | | |
| 3. 2 Days to 1 Week | | | | |
| 4. > 1 Week to 1 Month | | | | |
| 5. > 1 Month to 3 Months | | | | |
| 6. > 3 Months to 1 Year | | | | |
| 7. > 1 Year | | | | |
| b. Ending Balance | | | | |
| 1. Open – No Maturity | | | | |
| 2. Overnight | | | | |
| 3. 2 Days to 1 Week | | | | |
| 4. > 1 Week to 1 Month | | | | |
| 5. > 1 Month to 3 Months | | | | |
| 6. > 3 Months to 1 Year | | | | |
| 7. > 1 Year | | | | |

(5) Securities "Sold" Under Repo – Sale

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|---------------------------------------|------------------|-------------------|------------------|-------------------|
| a. Maximum Amount | | | | |
| 1. BACV | XXX | XXX | XXX | |
| 2. Nonadmitted - Subset of BACV | XXX | XXX | XXX | |
| 3. Fair Value | | | | |
| b. Ending Balance | | | | |
| 1. BACV | XXX | XXX | XXX | |
| 2. Nonadmitted - Subset of BACV | XXX | XXX | XXX | |
| 3. Fair Value | | | | |

(6) Securities Sold Under Repo – Sale by NAIC Designation

ENDING BALANCE

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

ENDING BALANCE

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

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

(7) Proceeds Received – Sale

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|--------------------------|------------------|-------------------|------------------|-------------------|
| a. Maximum Amount | | | | |
| 1. Cash | | | | |
| 2. Securities (FV) | | | | |
| 3. Nonadmitted | | | | |
| b. Ending Balance | | | | |
| 1. Cash | | | | |
| 2. Securities (FV) | | | | |
| 3. Nonadmitted | | | | |

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

ENDING BALANCE

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

ENDING BALANCE

| | 5 NAIC 4 | 6 NAIC 5 | 7 NAIC 6 | 8 NONADMITTED |
|--|-------------|-------------|-------------|------------------|
| a. Bonds - FV | | | | |
| b. LB & SS - FV | | | | |
| c. Preferred Stock - FV | | | | |
| d. Common Stock | | | | |
| e. Mortgage Loans - FV | | | | |
| f. Real Estate - FV | | | | |
| g. Derivatives - FV | | | | |
| h. Other Invested Assets - FV | | | | |
| i. Total Collateral Assets - FV (Sum of a through h) | | | | |

(9) Recognized Forward Resale Commitment

| | FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|-------------------------|------------------|-------------------|------------------|-------------------|
| a. Maximum Amount | | | | |
| b. Ending Balance | | | | |

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

a. Bilateral (YES/NO)
b. Tri-Party (YES/NO)

a. Maximum Amount

1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month ..
5. > 1 Month to 3 Months ..
6. > 3 Months to 1 Year ..
7. > 1 Year

b. Ending Balance

1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month ..
5. > 1 Month to 3 Months ..
6. > 3 Months to 1 Year ..
7. > 1 Year

a. Maximum Amount

1. BACV
2. Nonadmitted - Subset of BACV
3. Fair Value

b. Ending Balance

1. BACV
2. Nonadmitted - Subset of BACV
3. Fair Value

ENDING BALANCE

- a. Bonds - BACV
- b. Bonds - FV
- c. LB & SS - BACV
- d. LB & SS - FV
- e. Preferred Stock - BACV
- f. Preferred Stock - FV
- g. Common Stock
- h. Mortgage Loans - BACV
- i. Mortgage Loans - FV
- j. Real Estate - BACV
- k. Real Estate - FV
- l. Derivatives - BACV
- m. Derivatives - FV
- n. Other Invested Assets - BACV
- o. Other Invested Assets - FV
- p. Total Assets - BACV
- q. Total Assets - FV

ENDING BALANCE

- a. Bonds - BACV
- b. Bonds - FV
- c. LB & SS - BACV
- d. LB & SS - FV
- e. Preferred Stock - BACV
- f. Preferred Stock - FV
- g. Common Stock
- h. Mortgage Loans - BACV
- i. Mortgage Loans - FV
- j. Real Estate - BACV
- k. Real Estate - FV
- l. Derivatives - BACV
- m. Derivatives - FV
- n. Other Invested Assets - BACV
- o. Other Invested Assets - FV
- p. Total Assets - BACV
- q. Total Assets - FV

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

(7) Proceeds Provided – Sale

a. Maximum Amount

- 1. Cash
- 2. Securities (FV)
- 3. Securities (BACV)
- 4. Nonadmitted Subset (BACV)

b. Ending Balance

- 1. Cash
- 2. Securities (FV)
- 3. Securities (BACV)
- 4. Nonadmitted Subset (BACV)

| FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|------------------|-------------------|------------------|-------------------|
| | | | |
| XXX | XXX | XXX | XXX |
| XXX | XXX | XXX | XXX |
| | | | |
| | | | |
| | | | |
| | | | |

(8) Recognized Forward Resale Commitment

a. Maximum Amount

b. Ending Balance

| FIRST QUARTER | SECOND QUARTER | THIRD QUARTER | FOURTH QUARTER |
|------------------|-------------------|------------------|-------------------|
| | | | |
| | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

K. Low Income Housing tax Credits (LIHTC)

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

L. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | 3 Increase/ (Decrease) (1 minus 2) | 4 Total Current Year Nonadmitted Restricted | 5 Total Current Year Admitted Restricted (1 minus 4) | 6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | 7 Admitted Restricted to Total Admitted Assets (b) |
|---|--|--|---|---|--|---|--|
| a. Subject to contractual obligation for which liability is not shown | | | | | | | |
| b. Collateral held under security lending agreements | | | | | | | |
| c. Subject to repurchase agreements | | | | | | | |
| d. Subject to reverse repurchase agreements | | | | | | | |
| e. Subject to dollar repurchase agreements | | | | | | | |
| f. Subject to dollar reverse repurchase agreements | | | | | | | |
| g. Placed under option contracts | | | | | | | |
| h. Letter stock or securities restricted as to sale, excluding FHLB capital stock | | | | | | | |
| i. FHLB capital stock | | | | | | | |
| j. On deposit with states | | | | | | | |
| k. On deposit with other regulatory bodies | | | | | | | |
| l. Pledged collateral to FHLB (including assets backing funding agreements) | | | | | | | |
| m. Pledged as collateral not captured in other categories | | | | | | | |
| n. Other restricted assets | | | | | | | |
| o. Total Restricted Assets | | | | | | | |

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

| Description of Assets | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | 3 Increase/ (Decrease) (1 minus 2) | 4 Total Current Year Admitted Restricted | 5 Gross (Admitted & Nonadmitted) Restricted to Total Assets | 6 Admitted Restricted to Total Admitted Assets |
|-----------------------|--|--|---|---|---|--|
| Total (a) | | | | | | |

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

| Description of Assets | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | 3 Increase/ (Decrease) (1 minus 2) | 4 Total Current Year Admitted Restricted | 5 Gross (Admitted & Nonadmitted) Restricted to Total Assets | 6 Admitted Restricted to Total Admitted Assets |
|-----------------------|--|--|---|---|---|--|
| Total (a) | | | | | | |

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

| Collateral Assets | 1 Book/Adjusted Carrying Value (BACV) | 2 Fair Value | 3 % of BACV to Total Assets (Admitted and Nonadmitted)* | 4 % of BACV to Total Admitted Assets ** |
|--|--|-----------------|---|--|
| a. Cash, Cash Equivalents and Short-Term Investments | | | % | % |
| b. Schedule D, Part 1 | | | % | % |
| c. Schedule D, Part 2, Section 1 | | | % | % |
| d. Schedule D, Part 2, Section 2 | | | % | % |
| e. Schedule B | | | % | % |
| f. Schedule A | | | % | % |
| g. Schedule BA, Part 1 | | | % | % |
| h. Schedule DL, Part 1 | | | % | % |
| i. Other | | | % | % |
| j. Total Collateral Assets (a+b+c+d+e+f+g+h+i) | | | % | % |

* Column 1 divided by Asset Page, Line 26 (Column 1)

** Column 1 divided by Asset Page, Line 26 (Column 3)

k. Recognized Obligation to Return Collateral Asset %

* Column 1 divided by Liability Page, Line 24(Column 3)

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

M. Working Capital Finance Investments

1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

| | Gross Asset CY | Non-admitted Asset CY | Net Admitted Asset CY |
|-----------------------------|----------------|-----------------------|-----------------------|
| a. WCFI Designation 1 | | | |
| b. WCFI Designation 2 | | | |
| c. WCFI Designation 3 | | | |
| d. WCFI Designation 4 | | | |
| e. WCFI Designation 5 | | | |
| f. WCFI Designation 6 | | | |
| g. Total | | | |

2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

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

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

N. Offsetting and Netting of Assets and Liabilities

| | | | |
|------------|----------------------------|---------------|---|
| | Gross Amount Recognized | Amount Offset | Net Amount Presented on Financial Statements |
| (1) Assets | | | |

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

| | | | |
|-----------------|----------------------------|----------------|---|
| | Gross Amount Recognized | Amount Offset* | Net Amount Presented on Financial Statements |
| (2) Liabilities | | | |

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

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

O. 5GI Securities

| Investment | Number of 5GI Securities | | Aggregate BACV | | Aggregate Fair Value | |
|--------------------------------|--------------------------|------------|----------------|------------|----------------------|------------|
| | Current Year | Prior Year | Current Year | Prior Year | Current Year | Prior Year |
| (1) Bonds - AC | | | | | | |
| (2) Bonds - FV | | | | | | |
| (3) LB&SS - AC | | | | | | |
| (4) LB&SS - FV | | | | | | |
| (5) Preferred Stock - AC | | | | | | |
| (6) Preferred Stock - FV | | | | | | |
| (7) Total (1+2+3+4+5+6) | | | | | | |

AC - Amortized Cost FV - Fair Value

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

| | Proceeds Received | Current Fair Value of Securities Sold Short | Unrealized Gain or Loss | Expected Settlement (# of Days) | Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days | Fair Value of Short Sales Expected to be Settled by Secured Borrowing |
|--------------------------|----------------------|---|----------------------------|---------------------------------------|---|---|
| a. Bonds | | | | | | |
| b. Preferred Stock | | | | | | |
| c. Common Stock | | | | | | |
| d. Totals (a+b+c) | | | | XXX | | |

(2) Settled Short Sale Transactions

| | Proceeds Received | Current Fair Value of Securities Sold Short | Realized Gain or Loss on Transaction | Fair Value of Short Sales that Exceeded 3 Settlement Days | Fair Value of Short Sales Settled by Secured Borrowing |
|--------------------------|----------------------|---|--|--|--|
| a. Bonds | | | | | |
| b. Preferred Stock | | | | | |
| c. Common Stock | | | | | |
| d. Totals (a+b+c) | | | | | |

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

Q. Prepayment Penalty and Acceleration Fees

General Account

1. Number of CUSIPs
2. Aggregate Amount of Investment Income

NONE

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

R. Reporting Entity’s Share of Cash Pool by Asset Type

| | Asset Type | Percent Share |
|----------------------------|------------|---------------|
| (1) Cash | | % |
| (2) Cash Equivalents | | % |
| (3) Short-Term Investments | | % |
| (4) Total | | % |

NONE

NOTE 6
Joint Ventures, Partnerships and Limited Liability Companies

NOTE 7
Investment Income

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 8
Derivative Instruments

- A. Derivatives under SSAP No. 86 - Derivatives
(8)

a.

| | Fiscal Year | Derivative Premium Payments Due |
|----------------------------------|-------------|------------------------------------|
| 1. 2022 | | |
| 2. 2023 | | |
| 3. 2024 | | |
| 4. 2025 | | |
| 5. Thereafter | | |
| 6. Total Future Settled Premiums | | |

b.

| | Indiscounted Future Premium Commitments | Derivative Fair Value With Premium Commitments (Reported on DB) | Derivative Fair Value Excluding Impact of Future Settled Premiums |
|-----------------|---|---|--|
| 1. Prior Year | | | |
| 2. Current Year | | | |

- B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees

(2) Recognition of gains/losses and deferred assets and liabilities

a. Scheduled Amortization

| Amortization Year | Deferred Assets | Deferred Liabilities |
|-------------------|-----------------|----------------------|
| 1. 2022 | | |
| 2. 2023 | | |
| 3. 2024 | | |
| 4. 2025 | | |
| 5. 2026 | | |
| 6. 2027 | | |
| 7. 2028 | | |
| 8. 2029 | | |
| 9. 2030 | | |
| 10. 2031 | | |
| 11. Total | | |

b. Total Deferred Balance *

* Should agree to Column 19 of Schedule DB, Part E

c. Reconciliation of Amortization:

| | |
|--|--|
| 1. Prior Year Total Deferred Balance | |
| 2. Current Year Amortization | |
| 3. Current Year Deferred Recognition | |
| 4. Ending Deferred Balance [1 - (2 + 3)] | |

d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86

| | |
|--|--|
| 1. Total Derivative Fair Value Change | |
| 2. Change in Fair Value Reflected as a Natural Offset to VM21 Liability under SSAP No. 108 | |
| 3. Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108 | |
| 4. Other Changes | |
| 5. Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)] | |

e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108

| | |
|--|--|
| 1. Total Derivative Fair Value Change | |
| 2. Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108 | |
| 3. Other Changes | |
| 4. Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)] | |

(3) Hedging Strategies Identified as No Longer Highly Effective

b. Details of Hedging Strategies Identified as No Longer Highly Effective

| Unique Identifier | Date Domiciliary State Notified | Amortization (# of Years) 5 or Less | Recognized Deferred Assets | Recognized Deferred Liabilities |
|-------------------|--|---|----------------------------------|---------------------------------------|
| | | | | |

c. Amortization

| Amortization Year | Recognized Deferred Assets | Recognized Deferred Liabilities | Accelerated Amortization | Original Amortization |
|-------------------|-------------------------------|------------------------------------|-----------------------------|--------------------------|
| 1. 2022 | | | | |
| 2. 2023 | | | | |
| 3. 2024 | | | | |
| 4. 2025 | | | | |
| 5. 2026 | | | | |

6. Total Adjusted Amortization

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

(4) Hedging Strategies Terminated

b. Details of Hedging Strategies Terminated

| Unique Identifier | Date Domiciliary State Notified | Amortization (# of Years) 5 or Less | Recognized Deferred Assets | Recognized Deferred Liabilities |
|-------------------|--|---|----------------------------------|---------------------------------------|
| | | | | |

c. Amortization

| Amortization Year | Recognized Deferred Assets | Recognized Deferred Liabilities | Accelerated Amortization | Original Amortization |
|-------------------|-------------------------------|------------------------------------|-----------------------------|--------------------------|
| 1. 2022 | | | | |
| 2. 2023 | | | | |
| 3. 2024 | | | | |
| 4. 2025 | | | | |
| 5. 2026 | | | | |

6. Total Adjusted Amortization

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 9

Income Taxes No income taxes, entity is tax-exempt benefit plan.

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

| | As of End of Current Period | | | 12/31/2021 | | | Change | | |
|--|-----------------------------|---------|-----------------------|------------|---------|-----------------------|--------------------------|-------------------------|-----------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | (Col. 1 + 2) Total | Ordinary | Capital | (Col. 4 + 5) Total | (Col. 1 - 4) Ordinary | (Col. 2 - 5) Capital | (Col. 7 + 8) Total |
| (a) Gross Deferred Tax Assets | | | 0 | | | 0 | 0 | 0 | 0 |
| (b) Statutory Valuation Allowance Adjustment | | | 0 | | | 0 | 0 | 0 | 0 |
| (c) Adjusted Gross Deferred Tax Assets (1a - 1b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (d) Deferred Tax Assets Nonadmitted | | | 0 | | | 0 | 0 | 0 | 0 |
| (e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (f) Deferred Tax Liabilities | | | 0 | | | 0 | 0 | 0 | 0 |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

2.

| | As of End of Current Period | | | 12/31/2021 | | | Change | | |
|---|-----------------------------|---------|-----------------------|------------|---------|-----------------------|--------------------------|-------------------------|-----------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | (Col. 1 + 2) Total | Ordinary | Capital | (Col. 4 + 5) Total | (Col. 1 - 4) Ordinary | (Col. 2 - 5) Capital | (Col. 7 + 8) Total |
| Admission Calculation Components | | | | | | | | | |
| SSAP No. 101 | | | | | | | | | |
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. | | | 0 | | | 0 | 0 | 0 | 0 |
| (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) | | | 0 | | | 0 | 0 | 0 | 0 |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. | | | 0 | | | 0 | 0 | 0 | 0 |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. | XXX | XXX | | XXX | XXX | | XXX | XXX | 0 |
| (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. | | | 0 | | | 0 | 0 | 0 | 0 |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c)) .. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

3.

| | | |
|---|------|------|
| | 2022 | 2021 |
| a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. | | |
| b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. | | |

4.

| | As of End of Current Period | | 12/31/2021 | | Change | |
|--|-----------------------------|---------|------------|---------|--------------------------|-------------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| | Ordinary | Capital | Ordinary | Capital | (Col. 1 - 3) Ordinary | (Col. 2 - 4) Capital |
| Impact of Tax Planning Strategies: | | | | | | |
| (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) | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies | | | | | 0.000 | 0.000 |
| 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | | | | | 0.000 | 0.000 |

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No []

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

C. Current income taxes incurred consist of the following major components:

| | (1) As of End of Current Period | (2) 12/31/2021 | (3) (Col. 1 - 2) Change |
|---|---------------------------------------|-------------------|-------------------------------|
| 1. Current Income Tax | | | |
| (a) Federal | | | 0 |
| (b) Foreign | | | 0 |
| (c) Subtotal | 0 | 0 | 0 |
| (d) Federal income tax on net capital gains | | | 0 |
| (e) Utilization of capital loss carry-forwards | | | 0 |
| (f) Other | | | 0 |
| (g) Federal and foreign income taxes incurred | 0 | 0 | 0 |
| 2. Deferred Tax Assets: | | | |
| (a) Ordinary: | | | |
| (1) Discounting of unpaid losses | | | 0 |
| (2) Unearned premium reserve | | | 0 |
| (3) Policyholder reserves | | | 0 |
| (4) Investments | | | 0 |
| (5) Deferred acquisition costs | | | 0 |
| (6) Policyholder dividends accrual | | | 0 |
| (7) Fixed Assets | | | 0 |
| (8) Compensation and benefits accrual | | | 0 |
| (9) Pension accrual | | | 0 |
| (10) Receivables - nonadmitted | | | 0 |
| (11) Net operating loss carry-forward | | | 0 |
| (12) Tax credit carry-forward | | | 0 |
| (13) Other (including items <5% of total ordinary tax assets) | | | 0 |
| (99) Subtotal | 0 | 0 | 0 |
| (b) Statutory valuation allowance adjustment | | | 0 |
| (c) Nonadmitted | | | 0 |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | 0 | 0 | 0 |
| (e) Capital: | | | |
| (1) Investments | | | 0 |
| (2) Net capital loss carry-forward | | | 0 |
| (3) Real estate | | | 0 |
| (4) Other (including items <5% of total ordinary tax assets) | | | 0 |
| (99) Subtotal | 0 | 0 | 0 |
| (f) Statutory valuation allowance adjustment | | | 0 |
| (g) Nonadmitted | | | 0 |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | 0 | 0 | 0 |
| (i) Admitted deferred tax assets (2d + 2h) | 0 | 0 | 0 |
| 3. Deferred Tax Liabilities: | | | |
| (a) Ordinary: | | | |
| (1) Investments | | | 0 |
| (2) Fixed assets | | | 0 |
| (3) Deferred and uncollected premium | | | 0 |
| (4) Policyholder reserves | | | 0 |
| (5) Other (including items <5% of total ordinary tax liabilities) | | | 0 |
| (99) Subtotal | 0 | 0 | 0 |
| (b) Capital: | | | |
| (1) Investments | | | 0 |
| (2) Real estate | | | 0 |
| (3) Other (including items <5% of total capital tax liabilities) | | | 0 |
| (99) Subtotal | 0 | 0 | 0 |
| (c) Deferred tax liabilities (3a99 + 3b99) | 0 | 0 | 0 |
| 4. Net deferred tax assets/liabilities (2i - 3c) | 0 | 0 | 0 |

| | |
|---|--------|
| I. Alternative Minimum Tax Credit | |
| (1) Gross AMT Credit Recognized as: | Amount |
| a. Current year recoverable | |
| b. Deferred tax asset (DTA) | |
| (2) Beginning Balance of AMT Credit Carryforward | |
| (3) Amounts Recovered | |
| (4) Adjustments | |
| (5) Ending Balance of AMT Credit Carryforward (5=2-3-4) | 0 |
| (6) Reduction for Sequestration | |
| (7) Nonadmitted by Reporting Entity | |
| (8) Reporting Entity Ending Balance (8=5-6-7) | 0 |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 10

Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

C. Transactions with related party who are not reported on Schedule Y

(1) Detail of Material Related Party Transactions

| Ref # | Date of Transaction | Name of Related Party | Name of Relationship | Type of Transaction | Written Agreement (Yes/No) | Due Date | Reporting Period Date Amount Due From (To) |
|-------|---------------------|-----------------------|----------------------|---------------------|----------------------------|----------|--|
|-------|---------------------|-----------------------|----------------------|---------------------|----------------------------|----------|--|

Options for Type of Transaction:

- Loan
- Exchange of Assets or Liabilities (e.g., buys, sells and secured borrowing transactions)
- Management of Services
- Cost-Sharing Agreement
- Other Transactions Involving Services
- Guarantee (e.g., guarantees to related parties, on behalf of, and when beneficiary is related party)
- Other

(2) Detail of Material Related Party Transactions Involving Services

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

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

a. Description of Transaction

| Ref # | Name of Related Party | Overview Description | Have Terms Changed from Preceding Period? (Yes/No) |
|-------|-----------------------|----------------------|--|
|-------|-----------------------|----------------------|--|

b. Assets Received

| Ref # | Name of Related Party | Description of Assets Received | Statement Value of Assets Received |
|-------|-----------------------|--------------------------------|------------------------------------|
| Total | | | 0 |

c. Assets Transferred

| Ref # | Name of Related Party | Description of Assets Transferred | Statement Value of Assets Transferred |
|-------|-----------------------|-----------------------------------|---------------------------------------|
| Total | | | 0 |

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

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

M. All SCA Investments

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

| SCA Entity | Percentage of SCA Ownership | Gross Amount | Admitted Amount | Nonadmitted Amount |
|--|-----------------------------|--------------|-----------------|--------------------|
| a. SSAP No. 97 8a Entities | | | | |
| Total SSAP No. 97 8a Entities | XXX | 0 | 0 | 0 |
| b. SSAP No. 97 8b(ii) Entities | | | | |
| Total SSAP No. 97 8b(ii) Entities | XXX | 0 | 0 | 0 |
| c. SSAP No. 97 8b(iii) Entities | | | | |
| Total SSAP No. 97 8b(iii) Entities | XXX | 0 | 0 | 0 |
| d. SSAP No. 97 8b(iv) Entities | | | | |
| Total SSAP No. 97 8b(iv) Entities | XXX | 0 | 0 | 0 |
| e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d) | XXX | 0 | 0 | 0 |
| f. Aggregate Total (a+ e) | XXX | 0 | 0 | 0 |

(2) NAIC Filing Response Information

| SCA Entity (Should be same entities as shown in M(1) above.) | Type of NAIC Filing * | Date of Filing to the NAIC | NAIC Valuation Amount | NAIC Response Received Y/N | NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N | Code ** |
|---|-----------------------|----------------------------|-----------------------|----------------------------|--|---------|
| a. SSAP No. 97 8a Entities | | | | | | |
| Total SSAP No. 97 8a Entities | XXX | XXX | 0 | XXX | XXX | XXX |
| b. SSAP No. 97 8b(ii) Entities | | | | | | |
| Total SSAP No. 97 8b(ii) Entities | XXX | XXX | 0 | XXX | XXX | XXX |
| c. SSAP No. 97 8b(iii) Entities | | | | | | |
| Total SSAP No. 97 8b(iii) Entities | XXX | XXX | 0 | XXX | XXX | XXX |

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| | | | | | | |
|--|-----|-----|--------|-----|-----|-----|
| e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d) | XXX | XXX |0 | XXX | XXX | XXX |
| f. Aggregate Total (a+e) | XXX | XXX |0 | XXX | XXX | XXX |

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing
** I - Immaterial or M - Material

N. Investment in Insurance SCAs

(2) The monetary effect on net income and surplus as a result of using an accounting practice that differed from NAIC Statutory Accounting Practices and Procedures (NAIC SAP), the amount of the investment in the insurance SCA per audited statutory equity and amount of the investment if the insurance SCA had completed statutory financial statements in accordance with the AP&P Manual.

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

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

O. SCA or SSAP 48 Entity Loss Tracking

| 1 | 2 | 3 | 4 | 5 | 6 |
|--------|---|--|--|--|--|
| Entity | Reporting Entity's Share of Net Income (Loss) | Accumulated Share of Net Income (Losses) | Reporting Entity's Share of Equity, Including Negative Equity | Guaranteed Obligation / Commitment for Financial Support (Yes/No) | Amount of the Recognized Guarantee Under SSAP No. 5R |

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

The total for the year to date 2nd quarter, 2022 was \$669,511

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NOTE 11
Debt

- B. FHLB (Federal Home Loan Bank) Agreements
(2) FHLB Capital Stock
a. Aggregate Totals

| | Total |
|---|-------|
| 1. Current Year | |
| (a) Membership Stock - Class A | |
| (b) Membership Stock - Class B | |
| (c) Activity Stock | |
| (d) Excess Stock | |
| (e) Aggregate Total (a+b+c+d) | |
| (f) Actual or estimated Borrowing Capacity as Determined by the Insurer | |
| 2. Prior Year-end | |
| (a) Membership Stock - Class A | |
| (b) Membership Stock - Class B | |
| (c) Activity Stock | |
| (d) Excess Stock | |
| (e) Aggregate Total (a+b+c+d) | |
| (f) Actual or estimated Borrowing Capacity as Determined by the Insurer | |

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

- b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

| | 1 | 2 | Eligible for Redemption | | | |
|------------------|--------------------------------------|--------------------------------|----------------------------|--------------------------------------|--------------------------------|-------------------|
| | Current Year Total (2+3+4+5+6) | Not Eligible for Redemption | 3 Less Than 6 Months | 4 6 Months to Less Than 1 Year | 5 1 to Less Than 3 Years | 6 3 to 5 Years |
| Membership Stock | | | | | | |
| 1. Class A | | | | | | |
| 2. Class B | | | | | | |

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

- (3) Collateral Pledged to FHLB
a. Amount Pledged as of Reporting Date

| | 1 | 2 | 3 |
|--|------------|----------------|------------------------------|
| | Fair Value | Carrying Value | Aggregate Total Borrowing |
| 1. Current Year Total Collateral Pledged | | | |
| 2. Prior Year-end Total Collateral Pledged | | | |

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

- b. Maximum Amount Pledged During Reporting Period

| | 1 | 2 | 3 |
|--|------------|----------------|---|
| | Fair Value | Carrying Value | Amount Borrowed at Time of Maximum Collateral |
| 1. Current Year Total Maximum Collateral Pledged | | | |
| 2. Prior Year-end Total Maximum Collateral Pledged | | | |

- (4) Borrowing from FHLB
a. Amount as of Reporting Date

| | Total | Funding Agreements Reserves Established |
|-----------------------------|-------|--|
| 1. Current Year | | |
| (a) Debt | | XXX |
| (b) Funding Agreements | | |
| (c) Other | | XXX |
| (d) Aggregate Total (a+b+c) | | |
| 2. Prior Year-end | | |
| (a) Debt | | XXX |
| (b) Funding Agreements | | |
| (c) Other | | XXX |
| (d) Aggregate Total (a+b+c) | | |

- b. Maximum Amount During Reporting Period (Current Year)

| | Total |
|----------------------------------|-------|
| 1. Debt | |
| 2. Funding Agreements | |
| 3. Other | |
| 4. Aggregate Total (Lines 1+2+3) | |

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

- c. FHLB - Prepayment Obligations

| | Does the company have prepayment obligations under the following arrangements (yes/no)? |
|-----------------------|---|
| 1. Debt | |
| 2. Funding Agreements | |
| 3. Other | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 12

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

A. Defined Benefit Plan

(1) Change in benefit obligation

a. Pension Benefits

Overfunded

Underfunded

2022

2021

2022

2021

1. Benefit obligation at beginning of year

2. Service cost

3. Interest cost

4. Contribution by plan participants

5. Actuarial gain (loss)

6. Foreign currency exchange rate changes

7. Benefits paid

8. Plan amendments

9. Business combinations, divestitures, curtailments, settlements and special termination benefits

10. Benefit obligation at end of year

b. Postretirement Benefits

Overfunded

Underfunded

2022

2021

2022

2021

1. Benefit obligation at beginning of year

2. Service cost

3. Interest cost

4. Contribution by plan participants

5. Actuarial gain (loss)

6. Foreign currency exchange rate changes

7. Benefits paid

8. Plan amendments

9. Business combinations, divestitures, curtailments, settlements and special termination benefits

10. Benefit obligation at end of year

c. Special or Contractual Benefits Per SSAP No. 11

Overfunded

Underfunded

2022

2021

2022

2021

1. Benefit obligation at beginning of year

2. Service cost

3. Interest cost

4. Contribution by plan participants

5. Actuarial gain (loss)

6. Foreign currency exchange rate changes

7. Benefits paid

8. Plan amendments

9. Business combinations, divestitures, curtailments, settlements and special termination benefits

10. Benefit obligation at end of year

Pension Benefits

Postretirement Benefits

Special or Contractual Benefits Per SSAP No. 11

2022

2021

2022

2021

2022

2021

(2) Change in plan assets

a. Fair value of plan assets at beginning of year

b. Actual return on plan assets

c. Foreign currency exchange rate changes

d. Reporting entity contribution

e. Plan participants' contributions

f. Benefits paid

g. Business combinations, divestitures and settlements

h. Fair value of plan assets at end of year

(3) Funded status

Pension Benefits

Postretirement Benefits

2022

2021

2022

2021

a. Components:

1. Prepaid benefit costs

2. Overfunded plan assets

3. Accrued benefit costs

4. Liability for pension benefits

b. Assets and liabilities recognized:

1. Assets (nonadmitted)

2. Liabilities recognized

c. Unrecognized liabilities

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

| | Pension Benefits | | Postretirement Benefits | | Special or Contractual Benefits Per SSAP No. 11 | |
|---|------------------|------|-------------------------|------|--|------|
| | 2022 | 2021 | 2022 | 2021 | 2022 | 2021 |
| (4) Components of net periodic benefit cost | | | | | | |
| a. Service cost | | | | | | |
| b. Interest cost | | | | | | |
| c. Expected return on plan assets | | | | | | |
| d. Transition asset or obligation | | | | | | |
| e. Gains and losses | | | | | | |
| f. Prior service cost or credit | | | | | | |
| g. Gain or loss recognized due to a settlement or curtailment | | | | | | |
| h. Total net periodic benefit cost | | | | | | |

NONE

| | Pension Benefits | | Postretirement Benefits | |
|---|------------------|------|-------------------------|------|
| | 2022 | 2021 | 2022 | 2021 |
| (5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost | | | | |
| a. Items not yet recognized as a component of net periodic cost - prior year | | | | |
| b. Net transition asset or obligation recognized | | | | |
| c. Net prior service cost or credit arising during the period | | | | |
| d. Net prior service cost or credit recognized | | | | |
| e. Net gain and loss arising during the period | | | | |
| f. Net gain and loss recognized | | | | |
| g. Items not yet recognized as a component of net periodic cost - current year | | | | |

| | Pension Benefits | | Postretirement Benefits | |
|--|------------------|------|-------------------------|------|
| | 2022 | 2021 | 2022 | 2021 |
| (6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost | | | | |
| a. Net transition asset or obligation | | | | |
| b. Net prior service cost or credit | | | | |
| c. Net recognized gains and losses | | | | |

| | | |
|---|------|------|
| (7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period: | | |
| | 2022 | 2021 |
| a. Weighted average discount rate | | |
| b. Expected long-term rate of return on plan assets | | |
| c. Rate of compensation increase | | |
| d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates) | | |

| | | |
|---|------|------|
| Weighted average assumptions used to determine projected benefit obligations as of end of current period: | | |
| | 2022 | 2021 |
| e. Weighted average discount rate | | |
| f. Rate of compensation increase | | |
| g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates) | | |

| | | |
|--|-------|--------|
| (10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated: | | |
| | Years | Amount |
| a. 2023 | | |
| b. 2024 | | |
| c. 2025 | | |
| d. 2026 | | |
| e. 2027 | | |
| f. 2028 through 20xx | | |

C. The fair value of each class of plan assets

| | | | | | |
|--|---|-----------|-----------|-----------|-------|
| (1) Fair Value Measurements of Plan Assets at Reporting Date | | | | | |
| | Description for each class of plan assets | (Level 1) | (Level 2) | (Level 3) | Total |
| | | | | | |
| | Total Plan Assets | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 13

Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

J. The portion of unassigned funds (surplus) represented by cumulative realized gains and losses

NONE

K. The Company issued the following surplus debentures or similar obligations:

| 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 |
| Total | XXX | XXX | | XXX | | | |

* Total should agree with Page 3, Line 29.

| 1 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------|--|--|--|-----------------------------|-----------------------------|------------------|
| 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 |
| Total | | | XXX | | | XXX |

| 1 | 15 | 16 | 17 | 18 | 19 |
|-------------|---|--|--|---------------------------------------|---------------------------------------|
| Item Number | Are Surplus Note Payments Contractually Linked? (Y/N) | 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 |
| Total | XXX | XXX | XXX | XXX | XXX |

| 1 | 20 | 21 | 22 |
|-------------|---|-------------------------------------|---|
| Item Number | 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) |
| Total | | | XXX |

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

| | Change in Year Surplus | Change in Gross Paid-in and Contributed Surplus |
|--|------------------------|---|
| | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 14

Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) Total contingent liabilities: _____

NONE

(2)

| (1) | (2) | (3) | (4) | (5) |
|--|--|---|--|---|
| | Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5R.) | | Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted. | |
| Nature and circumstances of guarantee and key attributes, including date and duration of agreement | | Ultimate financial statement impact if action under the guarantee is required | | Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted |
| | | | | |
| Total | | XXX | | XXX |

(3)

Amount

- a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.) _____
- b. Current Liability Recognized in F/S:
1. Noncontingent Liabilities _____
2. Contingent Liabilities _____
- c. Ultimate Financial Statement Impact if action under the guarantee is required:
1. Investments in SCA _____
2. Joint Venture _____
3. Dividends to Stockholders (capital contribution) _____
4. Expense _____
5. Other _____
6. Total (Should equal (3)a.) _____

B. Assessments

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end _____

b. Decreases current period:

c. Increases current period:

d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end _____

(3)

a. Discount Rate Applied _____ %

b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency

| Name of the Insolvency | Guaranty Fund Assessment | | Related Assets | |
|------------------------|--------------------------|------------|----------------|------------|
| | Undiscounted | Discounted | Undiscounted | Discounted |
| | | | | |

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

| Name of the Insolvency | Payables | | | Recoverables | | |
|------------------------|-------------------------|----------------|----------------------------------|-------------------------|----------------|----------------------------------|
| | Number of Jurisdictions | Range of Years | Weighted Average Number of Years | Number of Jurisdictions | Range of Years | Weighted Average Number of Years |
| | | | | | | |

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

Direct

- (1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits _____
- (2) Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period _____
- (3) Indicate whether claim count information is disclosed per claim or per claimant _____

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 15
Leases

A. Lessee Operating Lease:

(2)a.At January 1, 2022, the minimum aggregate rental commitments are as follows:

| | Operating Leases |
|----------|------------------|
| 1. 2022 | |
| 2. 2023 | |
| 3. 2024 | |
| 4. 2025 | |
| 5. 2026 | |
| 6. Total | |

B. Lessor Leases

(1)c.Future minimum lease payment receivables under noncancelable leasing arrangements as of the end of current period are as follows:

| | Operating Leases |
|----------|------------------|
| 1. 2022 | |
| 2. 2023 | |
| 3. 2024 | |
| 4. 2025 | |
| 5. 2026 | |
| 6. Total | |

(2) Leveraged Leases

b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases as of the end of current period and December 31, 2021 were as shown below:

| | 2022 | 2021 |
|---|------|------|
| 1. Income from leveraged leases before income tax including investment tax credit | | |
| 2. Less current income tax | | |
| 3. Net income from leverage leases | | |

c. The components of the investment in leveraged leases as of the end of current period and December 31, 2021 were as shown below:

| | 2022 | 2021 |
|---|------|------|
| 1. Lease contracts receivable (net of principal and interest on non-recourse financing) | | |
| 2. Estimated residual value of leased assets | | |
| 3. Unearned and deferred income | | |
| 4. Investment in leveraged leases | | |
| 5. Deferred income taxes related to leveraged leases | | |
| 6. Net investment in leveraged leases | | |

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NOTE 16

Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk.

| | ASSETS | | LIABILITIES | |
|------------------|--------|------|-------------|------|
| | 2022 | 2021 | 2022 | 2021 |
| a. Swaps | NONE | | | |
| b. Futures | | | | |
| c. Options | | | | |
| d. Total | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 17

Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------------|--------------------------|---|----------------------------------|--|--|--|--|
| | | | | Amount that continues to be recognized in the statement of financial position (Only 2 minus 4) | BACV of acquired interests in transferred assets | Reporting Schedule of Acquired Interests | Percentage of interests of a reporting entity's transferred assets acquired by affiliated entities |
| Identification of Transaction | BACV at time of Transfer | Original Reporting Schedule of transferred assets | Derogation from Sale transaction | | | | |
| | | | | | | | |

C. Wash Sales

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current quarter and reacquired within 30 days of the sale date are:

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

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 18

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

A. ASO Plans:

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2022:

| | ASO Uninsured Plans | Uninsured Portion of Partially Insured Plans | Total ASO |
|---|------------------------|---|-----------|
| a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses | | | |
| b. Total net other income or expenses (including interest paid to or received from plans) | | | |
| c. Net gain or (loss) from operations | | | |
| d. Total claim payment volume | | | |

B. ASC Plans:

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2022:

| | ASC Uninsured Plans | Uninsured Portion of Partially Insured Plans | Total ASC |
|---|------------------------|---|-----------|
| a. Gross reimbursement for medical cost incurred | | | |
| b. Gross administrative fees accrued | | | |
| c. Other income or expenses (including interest paid to or received from plans) | | | |
| d. Gross expenses incurred (claims and administrative) | | | |
| e. Total net gain or loss from operations | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 19

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

| Name and Address of Managing General Agent or Third Party Administrator | FEIN NUMBER | Exclusive Contract | Types of Business | Type of Authority Granted | Total Direct Premiums Written/Produced By |
|---|-------------|--------------------|-------------------|---------------------------|---|
| | | | | | |
| Total | X | X | X | XXX | |

- C - Claims Payment
- CA - Claims Adjustment
- R - Reinsurance Ceding
- B - Binding Authority
- P - Premium Collection
- U - Underwriting

NONE

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 20
Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|---|------------|-----------|-----------|-----------------------|------------|
| a. Assets at fair value | | | | | |
| Investments (bonds, stocks, cash); accrued interest; rebates receivable | 19,515,995 | 0 | 0 | 0 | 19,515,995 |
| Total assets at fair value/NAV | 19,515,995 | 0 | 0 | 0 | 19,515,995 |

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|--|-----------|-----------|-----------|-----------------------|-----------|
| b. Liabilities at fair value | | | | | |
| Unpaid claims; LAE; general payables | 1,906,788 | 0 | 0 | 0 | 1,906,788 |
| Total liabilities at fair value | 1,906,788 | 0 | 0 | 0 | 1,906,788 |

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

| Description | Ending Balance as of Prior Quarter End | Transfers into Level 3 | Transfers out of Level 3 | Total gains and (losses) included in Net Income | Total gains and (losses) included in Surplus | Purchases | Issuances | Sales | Settlements | Ending Balance for Current Quarter End |
|--------------|--|------------------------|--------------------------|---|--|-----------|-----------|-------|-------------|--|
| a. Assets | | | | | | | | | | |
| Total Assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Description | Ending Balance as of Prior Quarter End | Transfers into Level 3 | Transfers out of Level 3 | Total gains and (losses) included in Net Income | Total gains and (losses) included in Surplus | Purchases | Issuances | Sales | Settlements | Ending Balance for Current Quarter End |
|-------------------|--|------------------------|--------------------------|---|--|-----------|-----------|-------|-------------|--|
| b. Liabilities | | | | | | | | | | |
| Total Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

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

D. Not Practicable to Estimate Fair Value

| Type or Class of Financial Instrument | Carrying Value | Effective Interest Rate | Maturity Date | Explanation |
|---------------------------------------|----------------|-------------------------|---------------|-------------|
|---------------------------------------|----------------|-------------------------|---------------|-------------|

Fair Value Disclosures

As defined in the applicable accounting guidance for fair value measurements and disclosures, fair value is the price to sell an asset or transfer a liability in an orderly transaction between market participants in the principal market. In other words, fair value represents an exit price at the measurement date. Market participants are buyers and sellers who are independent, knowledgeable, and willing and able to transact in the principal (or most advantageous) market for the asset or liability being measured. Current market conditions, including imbalances between supply and demand, are considered in determining fair value.

The Plan’s assets are valued based on the principal market where each would be sold. The principal market is the forum with the greatest volume and level of activity. In the absence of a principal market, valuation is based on the most advantageous market (i.e., the market where the asset could be sold at a price that maximizes the amount to be received.)

Valuation inputs refer to the assumptions market participants would use in pricing a given asset. Inputs can be observable or unobservable. Observable inputs are assumptions based on market data obtained from an independent source. Unobservable inputs are assumptions based on the Trustee’s own information or assessment of assumptions used by other market participants in pricing the asset. Unobservable inputs are based on the best and most current information available on the measurement date. All inputs, whether observable or unobservable, are ranked in accordance with a prescribed fair value hierarchy that gives the highest ranking to quoted prices in active markets for identical assets (Level 1) and the lowest ranking to unobservable inputs (Level 3). Fair values for assets classified as (Level 2) are based on one or a combination of the following factors: (a) quoted market prices for similar assets in active markets; (b) quoted prices for identical or similar assets in inactive markets; (c) observable inputs, such as interest rates or yield curves; or (d) inputs derived principally from or corroborated by observable market data. The level in the fair value hierarchy ascribed to a fair value measurement in its entirety is based on the lowest level input that is significant to the measurement. The Plan considers an input to be significant if it drives 10% or more of the total fair value of a particular asset. Assets may transfer between levels based on the observable and unobservable inputs used at the valuation date, as the inputs may be influenced by certain market conditions.

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 21
Other Items

- E. State Transferable and Non-transferable Tax Credits
- (1) Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total

| Description of State Transferable and Non-transferable Tax Credits | State | Carrying Value | Unused Amount |
|--|-------|----------------|---------------|
| | | | |
| 21E1999 - Total | | | |

- (4) State Tax Credits Admitted and Nonadmitted
- | | | |
|---------------------|----------------|-------------------|
| | Total Admitted | Total Nonadmitted |
| a. Transferable | | |
| b. Non-transferable | | |

- F. Subprime Mortgage Related Risk Exposure
- (2) Direct exposure through investments in subprime mortgage loans.

| | Book/Adjusted Carrying Value (excluding interest) | Fair Value | Value of Land and Buildings | Other-Than-Temporary Impairment Losses Recognized | Default Rate |
|--|---|------------|-----------------------------|---|--------------|
| a. Mortgages in the process of foreclosure | | | | | |
| b. Mortgages in good standing | | | | | |
| c. Mortgages with restructure terms | | | | | |
| d. Total | | | | | |

- (3) Direct exposure through other investments.

| | Actual Cost | Book/Adjusted Carrying Value (excluding interest) | Fair Value | Other-Than-Temporary Impairment Losses Recognized |
|---|-------------|---|------------|---|
| a. Residential mortgage backed securities | | | | |
| b. Commercial mortgage backed securities | | | | |
| c. Collateralized debt obligations | | | | |
| d. Structured securities | | | | |
| e. Equity investment in SCAs * | | | | |
| f. Other assets | | | | |
| g. Total | | | | |

* These investments comprise % of the companies invested assets.

- (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

| | Losses Paid in the Current Year | Losses Incurred in the Current Year | Case Reserves at End of Current Period | IBNR Reserves at End of Current Period |
|--------------------------------|---------------------------------|-------------------------------------|--|--|
| a. Mortgage Guaranty Coverage | | | | |
| b. Financial Guaranty Coverage | | | | |

| | Losses Paid in the Current Year | Losses Incurred in the Current Year | Case Reserves at End of Current Period | IBNR Reserves at End of Current Period |
|---------------------------|---------------------------------|-------------------------------------|--|--|
| c. Other Lines (specify): | | | | |
| d. Total | | | | |

G. Retained Assets

- (2)
- | | In Force | | | |
|----------------------------------|---------------------------|----------------|-------------------------|----------------|
| | As of End of Current Year | | As of End of Prior Year | |
| | (a) Number | (b) Balance | (c) Number | (d) Balance |
| a. Up to and including 12 Months | | | | |
| b. 13 to 24 Months | | | | |
| c. 25 to 36 Months | | | | |
| d. 37 to 48 Months | | | | |
| e. 49 to 60 Months | | | | |
| f. Over 60 Months | | | | |
| g. Total | | | | |

- (3)
- | | Individual | | Group | |
|---|------------|----------------|--------|----------------|
| | Number | Balance/Amount | Number | Balance/amount |
| a. Number/Balance of Retained Asset Accounts at the Beginning of the Year | | | | |
| b. Number/Amount of Retained Asset Accounts Issued/Added During the Year | | | | |
| c. Investment Earnings Credited to Retained Asset Accounts During the Year | XXX | | XXX | |
| d. Fees and Other Charges Assessed to Retained Asset Account During the Year | XXX | | XXX | |
| e. Number/Amount of Retained Asset Accounts Transferred to State Unclaimed Property funds During the Year | | | | |
| f. Number/Amount of Retained Asset Accounts Closed/Withdrawn During the Year | | | | |
| g. Number/balance of retained asset accounts at the end of the year (g = a + b + c - d - e - f) | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

H. Insurance-Linked Securities (ILS) Contracts

| | Number of Outstanding ILS Contracts | Aggregate Maximum Proceeds |
|--|---|----------------------------------|
| Management of Risk Related To: | | |
| (1) Directly-Written Insurance Risks | | |
| a. ILS Contracts as Issuer | | |
| b. ILS Contracts as Ceding Insurer | | |
| c. ILS Contracts as Counterparty | | |
| (2) Assumed Insurance Risks | | |
| a. ILS Contracts as Issuer | | |
| b. ILS Contracts as Ceding Insurer | | |
| c. ILS Contracts as Counterparty | | |

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

- (1) Amount of admitted balance that could be realized from an investment vehicle%
- (2) Percentage Bonds%
- (3) Percentage Stocks%
- (4) Percentage Mortgage Loans%
- (5) Percentage Real Estate%
- (6) Percentage Cash and Short-Term Investments%
- (7) Percentage Derivatives%
- (8) Percentage Other Invested Assets%

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 22
Events Subsequent

The World Health Organization declared the novel coronavirus (COVID-19) as a pandemic in March, 2020. The United States of America, Ohio and Central Ohio areas were affected by COVID-19 both in terms of the virus itself including the related effects on personnel as well as the orders from both federal and state organizations on operations procedures to prevent the spread of COVID-19. The offices of OBBT were officially closed, but work was conducted from home as prescribed by the "stay at home" orders issued. The disruption is anticipated to be temporary in nature.

The financial impact of COVID-19 is not fully known at this time, but it is anticipated OBBT certainly will experience some degree of increased claims. Due to the uncertain nature of COVID-19 at this time it is not possible to reasonably estimate what overall potential loss may be experienced. OBBT does have substantial reserves and continues to manage spending in response to the pandemic, but the ultimate affect could be substantial due the increased health care costs. OBBT is alo on the forefront of risk assessment, which includes performing stress tests by evaluating the potential effects of natural disasters upon the Plan. The most recent test, conducted on April 1st, using best COVID-19 data available at that time, showed favorable outcomes for the Plan with potential increase in claims of only 4% to 7%. However, the overall ultimate effect is not known but due to the uncertainty of COVID-19, no adjustments have been made to these financial statements.

OBBT began the process of their required Ohio Department of Insurance financial statement examination. The audit was not completed as of the date of this filing.

Subsequent events have been considered through August 12, 2022, for these statutory statements which are to be issued on this date.

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 23
Reinsurance

B. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balances due from the companies listed below, the amount of:

That is reflected as:

a. Losses incurred

b. Loss adjustment expenses incurred

c. Premiums earned

d. Other

e. _____ Company _____ Amount _____

NONE
NONE

C. Commutation of Reinsurance Reflected in Income and Expenses.

The company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1) Losses incurred

(2) Loss adjustment expenses incurred

(3) Premiums earned

(4) Other

(5) _____ Company _____ Amount _____

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation

a.

| Name of Certified Reinsurer | Relationship to Reporting Entity | Date of Action | Jurisdiction of Action | Collateral Percentage Requirement | | Net Obligation Subject to Collateral | Collateral Required (but not received) |
|-----------------------------|----------------------------------|----------------|------------------------|-----------------------------------|-------|--------------------------------------|--|
| | | | | Before | After | | |
| | | | | | | | |

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

| Date of Action | Jurisdiction of Action | Collateral Percentage Requirement | | Net Obligation Subject to Collateral | Collateral Required (but not yet Funded) |
|----------------|------------------------|-----------------------------------|-------|--------------------------------------|--|
| | | Before | After | | |
| | | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 24

Retrospectively Rated Contracts & Contracts Subject to Redetermination

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

| | 1 | 2 | 3 | 4 | 5 |
|---|------------|----------------------|----------------------|-------------------------------|-------|
| | Individual | Small Group Employer | Large Group Employer | Other Categories with rebates | Total |
| Prior Reporting Year | | | | | |
| (1) Medical loss ratio rebates incurred | | | | | |
| (2) Medical loss ratio rebates paid | | | | | |
| (3) Medical loss ratio rebates unpaid | | | | | |
| (4) Plus reinsurance assumed amounts | XXX | XXX | XXX | XXX | |
| (5) Less reinsurance ceded amounts | XXX | XXX | XXX | XXX | |
| (6) Rebates unpaid net of reinsurance | XXX | XXX | XXX | XXX | |
| Current Reporting Year-to-Date | | | | | |
| (1) Medical loss ratio rebates incurred | | | | | |
| (2) Medical loss ratio rebates paid | | | | | |
| (3) Medical loss ratio rebates unpaid | | | | | |
| (4) Plus reinsurance assumed amounts | XXX | XXX | XXX | XXX | |
| (5) Less reinsurance ceded amounts | XXX | XXX | XXX | XXX | |
| (6) Rebates unpaid net of reinsurance | XXX | XXX | XXX | XXX | |

E. Risk Sharing Provisions of the Affordable Care Act

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

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
AMOUNT

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

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

| | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | | Unsettled Balances as of the Reporting Date | |
|---|--|-----------|--|-----------|--|--|------------------------|------------------------|-----|---|---|
| | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | |
| 1. Premium adjustments receivable (including high risk pool payments) | | | | | | | | | A | | |
| 2. Premium adjustments (payable) (including high risk pool premium) | | | | | | | | | B | | |
| 3. Subtotal ACA Permanent Risk Adjustment Program | | | | | | | | | | | |
| b. Transitional ACA Reinsurance Program | | | | | | | | | | | |
| 1. Amounts recoverable for claims paid | | | | | | | | | C | | |
| 2. Amounts recoverable for claims unpaid (contra liability) | | | | | | | | | D | | |
| 3. Amounts receivable relating to uninsured plans | | | | | | | | | E | | |
| 4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium | | | | | | | | | F | | |
| 5. Ceded reinsurance premiums payable | | | | | | | | | G | | |
| 6. Liability for amounts held under uninsured plans | | | | | | | | | H | | |
| 7. Subtotal ACA Transitional Reinsurance Program | | | | | | | | | | | |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | I | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | J | | |
| 3. Subtotal ACA Risk Corridors Program | | | | | | | | | | | |
| d. Total for ACA Risk Sharing Provisions | | | | | | | | | | | |

Explanations of Adjustments

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

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

| Risk Corridors Program Year | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | | Unsettled Balances as of the Reporting Date | |
|---|--|-----------|--|-----------|--|--|------------------------|------------------------|-----|---|---|
| | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | A | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | B | | |
| b. 2015 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | C | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | D | | |
| c. 2016 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | | | | | E | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | | | | | F | | |
| d. Total for Risk Corridors | | | | | | | | | | | |

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

Explanations of Adjustments

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

NONE

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

| | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------------|---|---|---------------------------|---|---------------------|----------------------------|
| Risk Corridors Program Year | Estimated Amount to be Filed or Final Amount Filed with CMS | Non-Accrued Amounts for Impairment or Other Reasons | Amounts received from CMS | Asset Balance (Gross of Non-admissions) (1-2-3) | Non-admitted Amount | Net Admitted Asset (4 - 5) |
| a. 2014 | | | | | | |
| b. 2015 | | | | | | |
| c. 2016 | | | | | | |
| d. Total (a + b + c) | | | | | | |

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 25
Change in Incurred Claims and Claim Adjustment Expenses

Actuarial determined benefit obligations were \$1,562,200 at quarter end representing a \$208,550 increase form the prior year. Unpaid loss adjustment expenses were \$325,000 at quarter end representing a \$130,000 increase from the prior year.

NOTE 26
Intercompany Pooling Arrangements

NOTE 27
Structured Settlements

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

NOTE 28

Health Care Receivables

| Date | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|--|---|---|--|--|
| 06/30/2022 | 676,427 | 676,427 | | 442,260 | |

| Calendar Year | Evaluation Period Year Ending | Risk Sharing Receivable as Estimated in the Prior Year | Risk Sharing Receivable as Estimated in the Current Year | Risk Sharing Receivable Billed | Risk Sharing Receivable Not Yet Billed | Actual Risk Sharing Amounts Received in Year Billed | Actual Risk Sharing Amounts Received First Year Subsequent | Actual Risk Sharing Amounts Received Second Year Subsequent | Actual Risk Sharing Amounts Received - All Other |
|---------------|-------------------------------|--|--|--------------------------------|--|---|--|---|--|
| | | | | | | | | | |

NOTE 29
Participating Policies

NOTE 30
Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of the liability
3. Was anticipated investment income utilized in the calculation? Yes [☐] No [☐]

NONE

NOTE 31
Anticipated Salvage and Subrogation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [] No [X]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | | | |
|----------------|-------------------|-------------------|
| 1 | 2 | 3 |
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [] No [] N/A [X]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2016
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

05/17/2018
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/17/2018
- 6.4

By what department or departments?
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

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

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(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.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

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

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

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

Yes [] No [] N/A [X]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

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

\$0

16.2

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

\$0

16.3

Total payable for securities lending reported on the liability page.

\$0

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|--------------------------------|---|
| Huntington National Bank | 106 S. Main Street, Akron, Ohio 44308 |

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

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---|------------------|
| Huntington National Bank – Toby Blossom | U..... |
| | |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

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

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| | | | | |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. 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]

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

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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent

99.5 %
- 1.2 A&H cost containment percent

7.9 %
- 1.3 A&H expense percent excluding cost containment expenses

6.4 %
- 2.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

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- 2.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

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3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------------|--------------|-------------------|-----------------------------|-----------------------------|---------------------------------|------------------------------|-------------------|---|--|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |
| 10345 | 31-1440175 | 01/01/2022 | Community Insurance Company | OH | SSL/G | | Authorized | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | | 1 | Direct Business Only | | | | | | | | |
|----------------------|---|-------------------|------------------------------|----------------------|--------------------|----------------|--|--|----------------------------|---------------------------|------------------------|
| States, etc. | | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. | Alabama | AL | | | | | | | | .0 | |
| 2. | Alaska | AK | | | | | | | | .0 | |
| 3. | Arizona | AZ | | | | | | | | .0 | |
| 4. | Arkansas | AR | | | | | | | | .0 | |
| 5. | California | CA | | | | | | | | .0 | |
| 6. | Colorado | CO | | | | | | | | .0 | |
| 7. | Connecticut | CT | | | | | | | | .0 | |
| 8. | Delaware | DE | | | | | | | | .0 | |
| 9. | District of Columbia | DC | | | | | | | | .0 | |
| 10. | Florida | FL | | | | | | | | .0 | |
| 11. | Georgia | GA | | | | | | | | .0 | |
| 12. | Hawaii | HI | | | | | | | | .0 | |
| 13. | Idaho | ID | | | | | | | | .0 | |
| 14. | Illinois | IL | | | | | | | | .0 | |
| 15. | Indiana | IN | | | | | | | | .0 | |
| 16. | Iowa | IA | | | | | | | | .0 | |
| 17. | Kansas | KS | | | | | | | | .0 | |
| 18. | Kentucky | KY | | | | | | | | .0 | |
| 19. | Louisiana | LA | | | | | | | | .0 | |
| 20. | Maine | ME | | | | | | | | .0 | |
| 21. | Maryland | MD | | | | | | | | .0 | |
| 22. | Massachusetts | MA | | | | | | | | .0 | |
| 23. | Michigan | MI | | | | | | | | .0 | |
| 24. | Minnesota | MN | | | | | | | | .0 | |
| 25. | Mississippi | MS | | | | | | | | .0 | |
| 26. | Missouri | MO | | | | | | | | .0 | |
| 27. | Montana | MT | | | | | | | | .0 | |
| 28. | Nebraska | NE | | | | | | | | .0 | |
| 29. | Nevada | NV | | | | | | | | .0 | |
| 30. | New Hampshire | NH | | | | | | | | .0 | |
| 31. | New Jersey | NJ | | | | | | | | .0 | |
| 32. | New Mexico | NM | | | | | | | | .0 | |
| 33. | New York | NY | | | | | | | | .0 | |
| 34. | North Carolina | NC | | | | | | | | .0 | |
| 35. | North Dakota | ND | | | | | | | | .0 | |
| 36. | Ohio | L | 11,940,171 | | | | | | | 11,940,171 | |
| 37. | Oklahoma | OK | | | | | | | | .0 | |
| 38. | Oregon | OR | | | | | | | | .0 | |
| 39. | Pennsylvania | PA | | | | | | | | .0 | |
| 40. | Rhode Island | RI | | | | | | | | .0 | |
| 41. | South Carolina | SC | | | | | | | | .0 | |
| 42. | South Dakota | SD | | | | | | | | .0 | |
| 43. | Tennessee | TN | | | | | | | | .0 | |
| 44. | Texas | TX | | | | | | | | .0 | |
| 45. | Utah | UT | | | | | | | | .0 | |
| 46. | Vermont | VT | | | | | | | | .0 | |
| 47. | Virginia | VA | | | | | | | | .0 | |
| 48. | Washington | WA | | | | | | | | .0 | |
| 49. | West Virginia | L | | | | | | | | .0 | |
| 50. | Wisconsin | WI | | | | | | | | .0 | |
| 51. | Wyoming | WY | | | | | | | | .0 | |
| 52. | American Samoa | AS | | | | | | | | .0 | |
| 53. | Guam | GU | | | | | | | | .0 | |
| 54. | Puerto Rico | PR | | | | | | | | .0 | |
| 55. | U.S. Virgin Islands | VI | | | | | | | | .0 | |
| 56. | Northern Mariana Islands | MP | | | | | | | | .0 | |
| 57. | Canada | CAN | | | | | | | | .0 | |
| 58. | Aggregate Other Aliens | OT | XXX | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 59. | Subtotal | XXX | 11,940,171 | .0 | .0 | .0 | .0 | .0 | .0 | 11,940,171 | .0 |
| 60. | Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | .0 | |
| 61. | Totals (Direct Business) | XXX | 11,940,171 | 0 | 0 | 0 | 0 | 0 | 0 | 11,940,171 | 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 | .0 |
| 58999. | Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....2

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0

N - None of the above - Not allowed to write business in the state.....0

R - Registered - Non-domiciled RRGs.....0

Q - Qualified - Qualified or accredited reinsurer.0

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|-----------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiary or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| | | | | | | | | | | | | | | | |

| Asterisk | Explanation |
|----------|-------------|
| | |