

# **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 Code	0000 (Current)	NAIC Company Code	00000	Employer's ID Number	31-1306485
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry OH		
Country of Domicile	United States of America				
Licensed as business type:	Other				
Is HMO Federally Qualified? Yes [ ] No [ X ]					
Incorporated/Organized	01/01/1997		Commenced Business	01/01/1997	
Statutory Home Office	4215 Worth Avenue, Suite 300 (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)		
Main Administrative Office	4215 Worth Avenue, Suite 300 (Street and Number)		Columbus, OH, US 43219 (Area Code) (Telephone Number)		
Mail Address	4215 Worth Avenue, Suite 300 (Street and Number or P.O. Box)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	4215 Worth Avenue, Suite 300 (Street and Number)		Columbus, OH, US 43219 (Area Code) (Telephone Number)		
Internet Website Address					
Statutory Statement Contact	Gauri Ari (Name)		614-340-7595 (Area Code) (Telephone Number)		
	gari@ohiobankersleague.com (E-mail Address)		614-340-7599 (FAX Number)		
<b>OFFICERS</b>					
<b>OTHER</b>					
<b>DIRECTORS OR TRUSTEES</b>					
Dean Miller	Paul Reed		Ron Zimmerly		
Lewis Renollet	John Essen		Mark Masters		

State of Ohio SS: \_\_\_\_\_  
County of Franklin

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

Christy Zeek

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.....

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

## 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
<b>DETAILS OF WRITE-INS</b>				
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
<b>DETAILS OF WRITE-INS</b>				
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
<b>Hospital and Medical:</b>				
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 .....	0			
16. Subtotal (Lines 9 to 15) .....	0	11,984,208	7,810,859	17,166,933
<b>Less:</b>				
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
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	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
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
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
<b>DETAILS OF WRITE-INS</b>			
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
<b>Cash from Operations</b>			
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
<b>Cash from Investments</b>			
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)
<b>Cash from Financing and Miscellaneous Sources</b>			
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
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
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:

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## 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							
<b>Total Members at end of:</b>										
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								
<b>Total Member Ambulatory Encounters for Period:</b>										
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 \$ .....

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
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						

**NONE**

**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	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	0
3. Dental Only .....	13,814	517,029	1,000	22,000	14,814	23,000
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	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	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	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.

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

## **NOTES TO FINANCIAL STATEMENTS**

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# 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
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4) .....	XXX	XXX	XXX	.....(345,721)	2,881,994
<b>SURPLUS</b>					
(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 (1-2-3=4) .....	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 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

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

**NOTE 2**

**Accounting Changes and Corrections of Errors**

**NONF**  
NOTE

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

**NONE**

1 Purchased Entity	6 Admitted Goodwill as of the Reporting Date	7 Amount of Goodwill Amortized During the Reporting Period	8 Book Value of SCA	9 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

**NONE**

(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 loans as of year end.....		
(2) The realized capital losses related to these loans.....		
(3) Total contractual commitments to extend credit to debt or ownership securities whose terms have been modified in troubled debt restructuring.....		

**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 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 .....			

**NONE**

(3)

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

**NONE**

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	.....

**NONE**

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

**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

## REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

ST ECO THIRD

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

# NONE

### (3) Original (Flow) & Residual Maturity

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(5) Securities "Sold" Under Repo – Secured Borrowing

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	
XXX	XXX	XXX	
XXX	XXX	XXX	
XXX	XXX	XXX	

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation

**ENDING BALANCE**

**ENDING BALANCE**

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

(7) Collateral Received – 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) .....				

**NONE**

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

**ENDING BALANCE**

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
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) .....				

**ENDING BALANCE**

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
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) .....				

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

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

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

	AMORTIZED COST	FAIR VALUE
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 .....		

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

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash (Collateral – All) .....				
2. Securities Collateral (FV) .....				
b. Ending Balance				
1. Cash (Collateral – All) .....				
2. Securities Collateral (FV) .....				

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

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

a. Bilateral (YES/NO) .....

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

LAST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
<b>NONE</b>			

(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) Fair Value of Securities Acquired Under Repo – Secured Borrowing

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

(6) Securities Acquired Under Repo – Secured Borrowing 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 Assets - FV (Sum of a through h) .....				

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
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) .....				

(7) Collateral Provided – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash .....				
2. Securities (FV) .....				
3. Securities (BACV) .....	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV) .....	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash .....				
2. Securities (FV) .....				
3. Securities (BACV) .....				
4. Nonadmitted Subset (BACV) .....				

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. Overnight and Continuous .....		
b. 30 Days or Less .....		
c. 31 to 90 Days .....		
d. > 90 Days .....		

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) .....				

**NONE**

(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) .....				

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

#### H. Repurchase Agreements Transactions Accounted for as a Sale

## REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

EST ECO

Bilateral (YES/NO) ..... **None**      Tri-Party (YES/NO) .....

### (3) Original (Flow) & Residual Maturity

(5) Securities "Sold" Under Repo – Sale

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX	XXX	XXX	
XXX	XXX	XXX	
XXX	XXX	XXX	
XXX	XXX	XXX	

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

**ENDING BALANCE**

**ENDING BALANCE**

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 .....				

**NONE**

(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 .....				

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

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

a. Bilateral (YES/NO) .....

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

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
<b>NONE</b>				

(3) Original (Flow) & Residual Maturity

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 .....

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
<b>NONE</b>				

(5) Securities Acquired Under Repo – Sale

a. Maximum Amount

1. BACV .....

2. Nonadmitted - Subset of BACV .....

3. Fair Value .....

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
1. BACV .....	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV .....	XXX	XXX	XXX	
3. Fair Value .....				

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

**ENDING BALANCE**

a. Bonds - BACV .....

	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**

a. Bonds - BACV .....

	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 Provided – Sale

a. Maximum Amount

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
1. Cash .....				
2. Securities (FV) .....				
3. Securities (BACV) .....				
4. Nonadmitted Subset (BACV) .....				

b. Ending Balance

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

(8) Recognized Forward Resale Commitment

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				

b. Ending Balance				
-------------------	--	--	--	--

**NONE**

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

J. Real Estate

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 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)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)m 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)

1  
Amount  
2  
% of Liability to Total  
Liabilities \*

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

**NONE**

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) .....						

**NONE**

(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) .....					

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**

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**

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

**NOTE 6**

**Joint Ventures, Partnerships and Limited Liability Companies**

**None**

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

**NOTE 7**  
Investment Income

**None**

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.

	Undiscounted 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 .....

**NONE**

**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) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets .....			.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) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
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	
(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) Ordinary	(2) Capital	(3) (Col. 1 - 3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital		
<b>Impact of Tax Planning Strategies:</b>								
(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 .....						.000		.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 .....						.000		.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	0	0
(b) Foreign .....	0	0	0
(c) Subtotal .....	0	0	0
(d) Federal income tax on net capital gains .....	0	0	0
(e) Utilization of capital loss carry-forwards .....	0	0	0
(f) Other .....	0	0	0
(g) Federal and foreign income taxes incurred .....	0	0	0
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses .....	0	0	0
(2) Unearned premium reserve .....	0	0	0
(3) Policyholder reserves .....	0	0	0
(4) Investments .....	0	0	0
(5) Deferred acquisition costs .....	0	0	0
(6) Policyholder dividends accrual .....	0	0	0
(7) Fixed Assets .....	0	0	0
(8) Compensation and benefits accrual .....	0	0	0
(9) Pension accrual .....	0	0	0
(10) Receivables - nonadmitted .....	0	0	0
(11) Net operating loss carry-forward .....	0	0	0
(12) Tax credit carry-forward .....	0	0	0
(13) Other (including items <5% of total ordinary tax assets) .....	0	0	0
(99) Subtotal .....	0	0	0
(b) Statutory valuation allowance adjustment .....	0	0	0
(c) Nonadmitted .....	0	0	0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....	0	0	0
(e) Capital:			
(1) Investments .....	0	0	0
(2) Net capital loss carry-forward .....	0	0	0
(3) Real estate .....	0	0	0
(4) Other (including items <5% of total ordinary tax assets) .....	0	0	0
(99) Subtotal .....	0	0	0
(f) Statutory valuation allowance adjustment .....	0	0	0
(g) Nonadmitted .....	0	0	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	0	0
(2) Fixed assets .....	0	0	0
(3) Deferred and uncollected premium .....	0	0	0
(4) Policyholder reserves .....	0	0	0
(5) Other (including items <5% of total ordinary tax liabilities) .....	0	0	0
(99) Subtotal .....	0	0	0
(b) Capital:			
(1) Investments .....	0	0	0
(2) Real estate .....	0	0	0
(3) Other (including items <5% of total capital tax liabilities) .....	0	0	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

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

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

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 Entity	2 Reporting Entity's Share of Net Income (Loss)	3 Accumulated Share of Net Income (Losses)	4 Reporting Entity's Share of Equity, Including Negative Equity	5 Guaranteed Obligation / Commitment for Financial Support (Yes/No)	6 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

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

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 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			6 3 to 5 Years
	3 Less Than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 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 Fair Value	2 Carrying Value	3 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 Fair Value	2 Carrying Value	3 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 .....		XXX
(c) Other .....		XXX
(d) Aggregate Total (a+b+c) .....		
2. Prior Year-end		
(a) Debt .....		XXX
(b) Funding Agreements .....		XXX
(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
	2022	2021	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
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 .....			

**NONE**

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**

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2022	2021	2022	2021
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 .....				

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2022	2021	2022	2021
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:		
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 credits or by cumulative capitalization gains and losses .....

**NONE**

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

1 Item Number	2 Date Issued	3 Interest Rate	4 Original Issue Amount of Note	5 Is Surplus Note Holder a Related Party (Y/N)	6 Carrying Value of Note Prior Year	7 Carrying Value of Note Current Year*	8 Unapproved Interest And/Or Principal
Total	XXX	XXX		XXX			

\* Total should agree with Page 3, Line 29.

1 Item Number	9 Current Year Interest Expense Recognized	10 Life-To-Date Interest Expense Recognized	11 Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	12 Current Year Principal Paid	13 Life-To-Date Principal Paid	14 Date of Maturity
Total			XXX			XXX

1 Item Number	15 Are Surplus Note Payments Contractually Linked? (Y/N)	16 Surplus Note Payments Subject to Adminis- trative Offsetting Provisions? (Y/N)	17 Were Surplus Note Proceeds Used to Purchase an Asset Directly From the Holder of the Surplus Note? (Y/N)	18 Is Asset Issuer a Related Party (Y/N)	19 Type of Assets Received Upon Issuance
Total	XXX	XXX	XXX	XXX	XXX

1 Item Number	20 Principal Amount of Assets Received Upon Issuance	21 Book/Adjusted Carry Value of Assets	22 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)
Nature and circumstances of guarantee and key attributes, including date and duration of agreement	Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5R.)	Ultimate financial statement impact if action under the guarantee is required	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.	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 .....	

# NONE

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 .....		

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

**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 .....				
b. Futures .....				
c. Options .....				
d. Total .....				

**NONE**

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
Identification of Transaction	BACV at the Date of Transfer	Original Reporting Schedule of the Transferred Asset	Derivatives position from Sale of Transferred Asset	Amount that continues to be recognized in the statement of financial position (Column 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

**NONE**

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			

# NONE

##### 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			

**NONE**  
**NONE**

(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				
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 also 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 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with rebates	5 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 .....	XX	X	X	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	

**NONE**

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) .....	
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											

**NONE**

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										C	
1. Accrued retrospective premium .....										D	
2. Reserve for rate credits or policy experience rating refunds .....										E	
c. 2016										F	
1. Accrued retrospective premium .....											
2. Reserve for rate credits or policy experience rating refunds .....											
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

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 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 from the prior year. Unpaid loss adjustment expenses were \$325,000 at quarter end representing a \$130,000 increase from the prior year.

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

**NOTE 26**  
**Intercompany Pooling Arrangements**

**NONF**  
NONF

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

**NOTE 27**  
**Structured Settlements**

**None**

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

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

**NOTE 29**  
**Participating Policies**

**None**

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

**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**

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

**NOTE 31**

**Anticipated Salvage and Subrogation**

**None**

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust  
**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 Name of Entity	2 NAIC Company Code	3 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? ..... Yes [ ] No [ ] N/A [ X ] If yes, attach an explanation.

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

**STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust**  
**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? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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 [  ]

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 [  ]

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 [  ]

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 [  ]

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 [  ]

14.2 If yes, please complete the following:

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

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

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

**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 [  ] 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 [  ]

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 [  ] 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 [  ]

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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 [  ] 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 [  ]

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 [  ]

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 [  ]

STATEMENT AS OF JUNE 30, 2022 OF THE Ohio Bankers Benefits Trust  
**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 ..... \$.....

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 ..... \$.....

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 [ ]

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

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 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

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama .....	AL								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 .....	OH	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 .....	WV	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	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	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 2 R - Registered - Non-domiciled RRGs..... 0

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

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

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

---

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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

NONE

Asterisk	Explanation