

QUARTERLY STATEMENT

OF THE

**NORTHWEST OHIO BUSINESS ALLIANCE HEALTH &
WELLNESS TRUST**

OF

MAUMEE, OHIO

TO THE

INSURANCE DEPARTMENT

OF THE STATE OF

OHIO

**FOR THE PERIOD ENDED
SEPTEMBER 30, 2022**

2022



QUARTERLY STATEMENT

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

Northwest Ohio Business Alliance Health & Wellness Trust

NAIC Group Code 0000 (Current Period) 17313 (Prior Period) NAIC Company Code 17313 Employer's ID Number 88-77111

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type:
 Life, Accident and Health ☐ Dental
 Service Corporation ☐ Health
 Maintenance Organization ☐ Property/Casualty ☐
 Vision Service Corporation ☐ Hospital, Medical and Dental Service or Indemnity ☐
 Is HMO Federally Qualified? Yes ☐ No ☐ Other ☒ MEWA

Incorporated/Organized March 24, 2022 Commenced Business May 01, 2022

Statutory Home Office 5632 N Main Street, Sylvania, Ohio, US 43560
 (Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 1755 Indian Wood Circle, Suite 100, Maumee, Ohio, US 43537 (419) 891-5200
 (Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1755 Indian Wood Circle, Suite 100, Maumee, Ohio, US 43537
 (Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1755 Indian Wood Circle, Suite 100, Maumee, Ohio, US 43537
 (Street and Number, City or Town, State, Country and Zip Code)
(419) 891-5200
 (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Tiffany Lynn Scott (419) 882-2135
 (Name) (Area Code) (Telephone Number) (Extension)

tscott@sylvaniachamber.org (E-Mail Address) (Fax Number)

OFFICERS

Tiffany Lynn Scott (Chairperson and Trustee)
 Joshua Burnell Torres (Trustee)
 Richard Tuteur Eppstein (Trustee)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Tiffany Lynn Scott
 Joshua Burnell Torres
 Richard Tuteur Eppstein

State of _____ }
 County of _____ } SS

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

DocuSigned by:

 F4D31618A0E442 Tiffany Lynn Scott
 Chairperson and Trustee

DocuSigned by:

 03C5FB20A0BA423 Joshua Burnell Torres
 Trustee

DocuSigned by:

 D0B5541CA0BB8C1 Richard Tuteur Eppstein
 Trustee

Subscribed and sworn to before me this _____

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

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Col. 1 minus Col. 2)	December 31 Prior Year Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$), cash equivalents (\$ 6,872,648) and short-term investments (\$)	6,872,648		6,872,648	
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	6,872,648		6,872,648	
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	13,820		13,820	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,017,015		2,017,015	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	8,903,483		8,903,483	
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	8,903,483		8,903,483	
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ reinsurance ceded)	2,475,363		2,475,363	
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,490,524		1,490,524	
9. General expenses due or accrued				
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Line 1 to Line 23)	3,965,887		3,965,887	
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX	5,000,000	
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(62,404)	
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 (Line 25 to Line 31 minus Line 32)	XXX	XXX	4,937,596	
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	8,903,483	
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X	26,454		
2. Net premium income (including \$ non-health premium income)	X X X	12,119,039		
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$ medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Line 2 to Line 7)	X X X	12,119,039		
Hospital and Medical:				
9. Hospital/medical benefits		7,914,013		
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		2,485,631		
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		10,399,644		
Less:				
17. Net reinsurance recoveries		(793,172)		
18. Total hospital and medical (Line 16 minus Line 17)		11,192,816		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 365,330 cost containment expenses		529,179		
21. General administrative expenses		496,450		
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Line 18 through Line 22)		12,218,445		
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	(99,406)		
25. Net investment income earned		37,002		
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Line 25 plus Line 26)		37,002		
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	(62,404)		
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Line 30 minus Line 31)	X X X	(62,404)		
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year			
34. Net income or (loss) from Line 32	(62,404)		
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets			
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes	5,000,000		
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Tranferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Line 34 to Line 47)	4,937,596		
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	4,937,596		
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	10,808,717		
2. Net investment income	23,182		
3. Miscellaneous income			
4. Total (Line 1 through Line 3)	10,831,899		
5. Benefit and loss related payments	7,140,450		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,818,800		
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Line 5 through Line 9)	8,959,250		
11. Net cash from operations (Line 4 minus Line 10)	1,872,649		
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Line 12.1 through Line 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Line 13.1 through Line 13.6)			
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	5,000,000		
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	5,000,000		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	6,872,649		
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year			
19.2 End of period (Line 18 plus Line 19.1)	6,872,649		

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

20.0001			
20.0002			
20.0003			
20.0004			
20.0005			
20.0006			
20.0007			
20.0008			
20.0009			
20.0010			

CASH FLOW, Line 20 (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter	5,313		5,313							
4. Third Quarter	10,565		10,565							
5. Current Year										
6. Current Year Member Months	26,454		26,454							
Total Member Ambulatory Encounters for Period:										
7. Physician	15,051		15,051							
8. Non-Physician	3,145		3,145							
9. Total	18,196		18,196							
10. Hospital Patient Days Incurred	609		609							
11. Number of Inpatient Admissions	120		120							
12. Health Premiums Written (a)	24,226,140		24,226,140							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,119,039		12,119,039							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,438,650		5,438,650							
18. Amount Incurred for Provision of Health Care Services	10,399,644		10,399,644							

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed - covered	1,384,165	541,761	310,052	162,377	77,008	2,475,363
0499999 - Subtotals	1,384,165	541,761	310,052	162,377	77,008	2,475,363
0799999 - Total claims unpaid						2,475,363

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)		8,717,453		2,475,363		
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 to Line 8)		8,717,453		2,475,363		
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)		8,717,453		2,475,363		

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

NOTES TO FINANCIAL STATEMENTS

Northwest Ohio Business Alliance (NWOBA)
Health and Wellness Trust

NOTES TO FINANCIAL STATEMENTS
June 30, 2022

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices
The accompanying financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance which are in accordance with the NAIC *Accounting Practices and Procedures Manual* (NAIC SAP) .

State Prescribed Practices	SSAP #	F/S Page	F/S Line #	2022	2021
01A01 - Net Income, State Basis (Page 4, Line 32, Columns 2 & 4)				(62,404)	
01A04 - Net Income, NAIC SAP (1-2-3=4)				(62,404)	
01A05 - Surplus, State Basis (Page 3, Line 33, Columns 3 & 4)				4,937,596	
01A08 - Suplus, NAIC (5-6-7=8)				4,937,596	

- B. Use of Estimates in the Preparation of the Financial Statements
The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.
- C. Accounting Policy
Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost, which approximate fair value.

- D. Going Concern
(1) Not applicable
(2) Not applicable
(3) Not applicable
(4) Not applicable

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combinations and Goodwill

Not applicable

4. Discontinued Operations

Not applicable

5. Investments

- A. Not applicable
B. Not applicable
C. Not applicable
D. Not applicable

NOTES TO FINANCIAL STATEMENTS

- E. Not applicable
- F. Not applicable
- G. Not applicable
- H. Not applicable
- I. Not applicable
- J. Not applicable
- K. Not applicable
- L. Not applicable
- M. Not applicable
- N. Not applicable
- O. Not applicable
- P. Not applicable
- Q. Not applicable
- R. Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment income

- A. Due and accrued income will be excluded from surplus on the following bases:
All investment income due and accrued with amounts that are over 90 days past due.
- B. The total amount excluded was \$-0-.

8. Derivative Instruments

Not applicable

9. Income Taxes

The Trust is an Ohio Business Trust established pursuant to Title 17, Chapter 1746 of the Ohio Revised Code.

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	Nature of Relationship	Type of Transaction	Written Agreement Y/N	Due Date	Reporting Period Date Amount Due From (To)
1.....	03/03/2022.....	Northwest Ohio Business Alliance.....	Sponsor.....	Other.....	NO.....	09/30/2022.....	.....
2.....	03/23/2022.....	Northwest Ohio Business Alliance.....	Sponsor.....	Loan.....	YES.....	01/01/2032.....	.. 2,500,000
3.....	08/01/2022.....	Northwest Ohio Business Alliance.....	Sponsor.....	Loan.....	YES.....	01/01/2032.....	.. 2,500,000

A. The nature of the relationship involved.

The Northwest Ohio Business Alliance (NWOBA) is the sponsoring entity of the Northwest Ohio Business Alliance Health and Wellness Trust (the MEWA) . NWOBA is comprised of the Better Business Bureau of Northwest Ohio and Southeast Michigan , the Sylvania Area Chamber of Commerce, and The Chamber Partnership .

B. A description of the transactions for each of the periods for which financial statements are presented, and such other information considered necessary to obtain an understanding of the effects of the transactions on the financial statements is as follows.

- Date of transaction; 03/03/2022
- Explanation of transaction; Advance for funding establishment of Trust Account
- Name of reporting entity; Northwest Ohio Business Alliance Health and Wellness Trust
- Name of affiliate; Northwest Ohio Business Alliance
- Description of assets received by reporting entity; Cash
- Statement value of assets received by reporting entity; \$10,000
- Description of assets transferred by reporting entity; Cash

NOTES TO FINANCIAL STATEMENTS

- Statement value of assets transferred by reporting entity. \$10,000

The above transaction was reflected as a \$10,000 liability as of March 31, 2022 and June 30, 2022 in the statement of Liabilities, Capital and Surplus. On September 8, 2022 the amount due was repaid and the liability is \$-0- as of September 30, 2022.

- Date of transaction; 03/23/2022
- Explanation of transaction; Surplus Note to provide reserve funding for MEWA.
- Name of reporting entity; Northwest Ohio Business Alliance Health and Wellness Trust
- Name of affiliate; Northwest Ohio Business Alliance
- Description of assets received by reporting entity; Cash
- Statement value of assets received by reporting entity; \$2,500,000
- Description of assets transferred by reporting entity; Cash
- Statement value of assets transferred by reporting entity. \$2,500,000
- Date of transaction; 08/01/2022
- Explanation of transaction; Surplus Note to provide reserve funding for MEWA.
- Name of reporting entity; Northwest Ohio Business Alliance Health and Wellness Trust
- Name of affiliate; Northwest Ohio Business Alliance
- Description of assets received by reporting entity; Cash
- Statement value of assets received by reporting entity; \$2,500,000
- Description of assets transferred by reporting entity; Cash and
Statement value of assets transferred by reporting entity. \$2,500,000

The above transactions are reflected as surplus capital totalling \$5,000,000 as of September 30, 2022 in the accompanying statement of Liabilities, Capital and Surplus. No repayment is required until January 1, 2027 and repayment of the note and accrued interest is due January 1, 2032 but is subordinate to all claimant and beneficiary claims and all other classes of creditors other than surplus note holders; paid only when the surplus is equal to the principal amount; and paid only upon prior approval by the Ohio Department of Insurance. Also see Note 13.

C. Transactions with related parties who are not reported on Schedule Y: Not applicable

Items D through O: Not applicable

11. Debt

Not applicable

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

Not applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A through J not applicable

K Surplus Notes

The Trust issued the following surplus debentures or similar obligations:

NOTES TO FINANCIAL STATEMENTS

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year *	Unapproved Interest And/Or Principal	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider) .	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity	Are Surplus Note payments contractually linked? (Y/N)	Surplus Note payments subject to administrative offsetting provisions? (Y/N)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (Y/N)	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
Surplus debentures or similar obligations issued																					
..... 1	03/23/2022	. 0.020	... 2,500,000	YES		2,500,000							01/01/2032	NO	NO	NO	NO	N/A			NO
..... 2	08/01/2022	. 0.020	... 2,500,000	YES		2,500,000							01/01/2032	NO	NO	NO	NO	N/A			NO
13K9999 - Surplus debentures or similar obligations issued			... 5,000,000			5,000,000															

* Total should agree with Page 3, Line 33.

For each surplus debenture or similar obligation , except those surplus notes required or those that are a prerequisite for purchasing an insurance policy and are held by the policyholder , furnish the following information:

- Date issued: 03/23/2022
 - Description and fair value of the assets received: Cash proceeds from Surplus Note; \$2,500,000.
 - Holder of the note or , if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Northwest Ohio Business Alliance .
 - Original issue amount of note: \$2,500,000.
 - Carrying value of note (current year and prior year): \$2,500,000.
 - The rate at which interest accrues: 2.0%.
 - Maturity dates or repayment schedules , if stated: January 1, 2032.
 - Unapproved interest and/or principal: None.
 - Approved interest recognized and principal paid current year and life-to-date: \$0.00
-
- Date issued: 08/01/2022
 - Description and fair value of the assets received: Cash proceeds from Surplus Note; \$2,500,000.
 - Holder of the note or , if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Northwest Ohio Business Alliance .
 - Original issue amount of note: \$2,500,000.
 - Carrying value of note (current year and prior year): \$2,500,000.

NOTES TO FINANCIAL STATEMENTS

- The rate at which interest accrues: 2.0%.
- Maturity dates or repayment schedules, if stated: January 1, 2032.
- Unapproved interest and/or principal: None.
- Approved interest recognized and principal paid current year and life-to-date: \$0.00
- Percentage of interest payments offset through administrative offsetting (not inclusive of amounts paid to a 3rd party liquidity provider) . I.E. if \$100 in interest was recognized through the year , \$10 of which was remitted to a 3rd party liquidity provider and the reminder \$90 was offset , the reporting entity shall report 100% as offset . None.
- Disclosure of whether the surplus note was issued as part of a transaction with any of the following attributes:
 - ❖ Do surplus note/associated asset terms negate or reduce cash flow exchanges , and/or are amounts payable under surplus note and amounts receivable under other agreements contractually linked (For example , the asset provides interest payments only when the surplus note provides interest payments) . No.
 - ❖ Are any amounts due under surplus notes and associated assets netted or offset (partially or in full) thus eliminating or reducing the exchange of cash or assets that would normally occur throughout the duration , or at maturity , of the agreement (This may be referred to as administrative offsetting .) No.
 - ❖ Were the proceeds from the issuance of a surplus note used to purchase an asset directly or indirectly from the holder of the surplus note . No.

- Principal amount value of assets received upon Surplus Note issuance, if applicable. \$2,500,000 on 3/23/2022 and \$2,500,000 on 08/01/2022 for a total of \$5,000,000 at 9/30/2022.
- Subordination terms: The surplus note, accrued interest, and all payments of principal and interest due under the terms of the Surplus Note are subordinate to all claimant and beneficiary claims under any multiple employer welfare or similar arrangement, and all other classes of creditors other than surplus note holders; and paid only when the surplus of the NWOBA Trust remaining after repayment is equal in amount to the principal amount advanced to the NWOBA Trust; and paid only upon prior approval by the Ohio Department of Insurance
- Liquidation preference to the reporting entity's common and preferred shareholders . NA.
- The repayment conditions and restrictions: The terms of repayment are that the Surplus Note shall be fully repaid to include both principal and interest on the tenth anniversary following the First Installment and Second Installment, respectively. This Note is unsecured and shall be non-recourse against the NWOBA Trust or any of its assets except as provided in this Note. All payments of principal and interest shall be payable only from surplus of the NWOBA Trust. "Surplus" shall have the meaning and intent set forth in *Ohio Revised Code* 1739.01(H) and 1739.13.
- Information about any guarantees, support agreements, or related party transactions associated with the surplus note issuance, and whether payments have been made under such agreements . None.

If a reporting entity has ceded business to a surplus note issuer that is a related party as part of a reinsurance transaction in which the surplus note meets any of the criteria above, the ceding entity shall provide a description of the transaction, including whether the criteria above were met with respect to the surplus note issuance, as long as the reinsurance agreement remains in force.

The ceding entity should provide a description of the risks reinsured, the related party reinsurer, any guarantees or support agreements and the amount of notes outstanding.

- If the proceeds from the issuance of a surplus note used to purchase an asset directly or indirectly from the holder of the surplus note, the following information shall be disclosed regarding the assets received: NA.
 - ❖ Identification of asset, including the investment schedule where the asset is reported and reported NAIC designation;
 - ❖ Book/adjusted carrying value of asset as of the current reporting date.

NOTES TO FINANCIAL STATEMENTS

❖ A description of terms under which liquidity would be provided should a triggering event occur .

- In addition to the above , a reporting entity shall identify all affiliates that hold any portion of a surplus debenture or similar obligation (including an offering registered under the Securities Act of 1933 or distributed pursuant to Rule 144A under the Securities Act of 1933) , and any holder of 10% or more of the outstanding amount of any surplus note registered under the Securities Act of 1933 or distributed pursuant to Rule 144A under the Securities Act of 1933 . None .

L Not applicable

M Not applicable

14. Liabilities, Contingencies and Assessments

Not applicable

15. Leases

Not applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

20. Fair Value Measurements

Various inputs are used in determining the value of the Trust's investments . These inputs are summarized in the three broad levels listed below:

Level 1 quoted prices in active markets for identical securities .

Level 2 other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.) . Also includes securities valued at amortized cost .

Level 3 significant unobservable inputs (including the Fund's own assumptions in determining the fair value of investments) .

A(1) Investments consist of the Federated Hermes Government Obligations Fund , a government money market fund . The investments are considered cash equivalents and are valued at amortized cost , which is a methodology utilizing Level 2 inputs .

NOTES TO FINANCIAL STATEMENTS

(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
Total Assets at Fair Value					
Federated Government Obligations Premier Money Market		6,872,648			6,872,648
20A1A99 - Total Assets at Fair Value		6,872,648			6,872,648

A(2) Not applicable

A(3) Not applicable

A(4) As noted in A(1) above, investments in government money market funds are valued at amortized cost, which is a methodology utilizing Level 2 inputs.

21. Other Items

Not applicable

22. Events Subsequent

Subsequent events have been evaluated through November 15, 2022, the date through which the statutory reporting statements were available to be issued.

23. Reinsurance--Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

At June 30, 2022 estimated claims incurred but not yet paid amounted to approximately \$1.286 million.

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

Not applicable

28. Health Care Receivables

Not applicable

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

Not applicable

31. Anticipated Salvage and Subrogation

Not applicable

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 1, Summary of Significant Accounting Policies, Going Concern - Part 1
TAG ID: [XQ010.01:N01A:Summary of Significant Accounting Policies, going concern]

State Prescribed Practices	SSAP #	F/S Page	F/S Line #	2022	2021
01A01 - Net Income, State Basis (Page 4, Line 32, Columns 2 & 4)				(62,404)	.....
01A04 - Net Income, NAIC SAP (1-2-3=4)				(62,404)	.....
01A05 - Surplus, State Basis (Page 3, Line 33, Columns 3 & 4)				4,937,596	.....
01A08 - Suplus, NAIC (5-6-7=8)				4,937,596	.....

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 1
TAG ID: [XQ010.10:N10C1:PSA - Material Related Party Transactions]

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	Nature of Relationship	Type of Transaction	Written Agreement Y/N	Due Date	Reporting Period Date Amount Due From (To)
1.....	03/03/2022.....	Northwest Ohio Business Alliance.....	Sponsor.....	Other.....	NO.....	09/30/2022.....	.....
2.....	03/23/2022.....	Northwest Ohio Business Alliance.....	Sponsor.....	Loan.....	YES.....	01/01/2032.....	.. 2,500,000
3.....	08/01/2022.....	Northwest Ohio Business Alliance.....	Sponsor.....	Loan.....	YES.....	01/01/2032.....	.. 2,500,000

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 2
TAG ID: [XQ010.10:N10C2:PSA - Transactions of Related Party not on Schedule Y]

C. Transactions with related party who are not reported on Schedule Y
(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 Y/N
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 3
TAG ID: [XQ010.10:N10C3A:PSA - Description of Transaction]

- C. Transactions with related party who are not reported on Schedule Y
- (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 Y/N
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 4
TAG ID: [XQ010.10:N10C3B:PSA - Assets Received]

- C. Transactions with related party who are not reported on Schedule Y
- (3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities
- (b) Assets Received

Ref #	Name of Related Party	Description of Assets Received	Statement Value of Assets Received
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 5
TAG ID: [XQ010.10:N10C3C:PSA - Assets Transferred]

- C. Transactions with related party who are not reported on Schedule Y
- (3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities
- (c) Assets Transferred

Ref #	Name of Related Party	Description of Assets Transferred	Statement Value of Assets Transferred
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 6
TAG ID: [XQ010.10:N10C4:PSA - Amounts Owed To/ From A Related Party]

C. Transactions with related party who are not reported on Schedule Y
(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
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 7
TAG ID: [XQ010.10:N10M1:PSA - Balance Sheet Value (Admitted and Nonadmitted) All SCAs]

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
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NONE

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 8
TAG ID: [XQ010.10:N10M2:PSA - NAIC Filing Response Information]

M. All SCA Investments
(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**
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* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing
** I - Immaterial or M - Material

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 9
TAG ID: [XQ010.10:N10N2:PSA - Investment in insurance SCAs]

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)	Suplus Increase (Decrease)	Per Audited Statutory Equity	If the Insurance SCA Had Completed Statutory Financial Statements *

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 10, Parent, Subsidiaries, Affiliates, Other Related Parties - Part 10
TAG ID: [XQ010.10:N100:PSA - SCA Loss Tracking]

O. SCA or SSAP No. 48 Entity Loss Tracking

SCA Entity (Investments in Insurance SCA Entities)				Guaranteed Obligation / Commitment for Financial Support (Yes / No)	
	Reporting Entity's Share of SCA Net Income (Loss)	Accumulated Share of SCA Net Income (Loss)	Reporting Entity's Share of SCA Equity, Including Negative Equity		SCA Reported Value

NONE

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NOTES TO FINANCIAL STATEMENTS: Note 13, Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - Part 1
TAG ID: [XQ010.13:N1310:CSSDRQ - Unassigned funds (surplus) represented or reduced]

13. Capital and Surplus, Dividend Restrictions and Quasi-F

(J). The portion of unassigned funds (surplus) repres

NONE

\$

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 13, Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - Part 2
TAG ID: [XQ010.13:N1311:CSSDRQ - Surplus notes]

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year *	Unapproved Interest And/Or Principal	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider) .	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity	Are Surplus Note payments contractually linked? (Y/N)	Surplus Note payments subject to administrative offsetting provisions? (Y/N)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (Y/N)	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
Surplus debentures or similar obligations issued																					
1	03/23/2022	0.020	2,500,000	YES		2,500,000							01/01/2032	NO	NO	NO	NO	N/A			NO
2	08/01/2022	0.020	2,500,000	YES		2,500,000							01/01/2032	NO	NO	NO	NO	N/A			NO
13K9999 - Surplus debentures or similar obligations issued			5,000,000			5,000,000															

* Total should agree with Page 3, Line 33.

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 13, Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - Part 3
TAG ID: [XQ010.13:N1312:CSSDRQ - Impact of any restatement due to prior quasi-reorganization]

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

Year (Starting with Current Year)	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus
--------------------------------------	------------------------	--

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 20, Fair Value Measurements - Part 1
TAG ID: [XQ010.20:N20A1:Fair value measurements at reporting date]

(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
Total Assets at Fair Value					
Federated Government Obligations Premier Money Market		6,872,648			6,872,648
20A1A99 - Total Assets at Fair Value		6,872,648			6,872,648

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 20, Fair Value Measurements - Part 2
TAG ID: [XQ010.20:N20A2:Fair value measurement of the fair value heirarchy]

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

Description	Balance at Beginning of Period	Transfers in 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
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 20, Fair Value Measurements - Part 3
TAG ID: [XQ010.20:N20C:Practicable to estimate fair value]

C. Practicable to Estimate Fair Value

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

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 20, Fair Value Measurements - Part 4
TAG ID: [XQ010.20:N20D:Not practicable to estimate fair value]

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
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NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 23, Reinsurance - Part 1
TAG ID: [XQ010.23:N23B:Uncollectable reinsurance]

(1) The company has written off in the current year reinsurance balances due (from the companies listed below) in the amount of: \$
which is reflected as:
a. Losses incurred \$
b. Loss adjustment expenses incurred \$
c. Premiums earned \$
d. Other \$
e.

Company	Amount
---------	--------

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 23, Reinsurance - Part 2
TAG ID: [XQ010.23:N23C:Commutation of ceded reinsurance]

C. Commutation of Ceded Reinsurance

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

(1) Losses incurred	\$
(2) Loss adjustment expenses incurred	\$
(3) Premiums earned	\$
(4) Other	\$
(5)	

Company	Amount
---------	--------

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 23, Reinsurance - Part 3
TAG ID: [XQ010.23:N23D1:Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded]

(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		

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

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NOTES TO FINANCIAL STATEMENTS: Note 23, Reinsurance - Part 4
TAG ID: [XQ010.23:N23D2:Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation]

(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		

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

The data entered in these tables is included in your electronic submission to the NAIC, but the printed tables are not part the PDF submission component.
To incorporate these tables into the PDF, enter the Notes to Financial Statements page and select the ID tags that are displayed above the tables.

NOTES TO FINANCIAL STATEMENTS: Note 28, Health Care Receivables - Part 1
TAG ID: [XQ010.28:N28A:Pharmaceutical Rebate Receivables]

A. Pharmaceutical Rebate Receivables

Quarter	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
---------	--	---	---	--	--

NONE

STATEMENT AS OF September 30, 2022 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

The data entered in these tables is included in your electronic submission to the NAIC, but the printed tables are not part the PDF submission component.
To incorporate these tables into the PDF, enter the Notes to Financial Statements page and select the ID tags that are displayed above the tables.

NOTES TO FINANCIAL STATEMENTS: Note 28, Health Care Receivables - Part 2
TAG ID: [XQ010.28:N28B:Risk-Sharing Receivables]

B. Risk Sharing Receivables

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
---------------	-------------------------------	--	--	--------------------------------	--	---	--	---	--

NONE

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?

Yes () No (X)
- If yes, complete Schedule Y, Parts 1 and 1A.
- 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 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 (X) N/A ()
- 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.
- 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.
- 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).
- 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 () No () N/A (X)
- 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
---------------------	-----------------------------	----------	----------	-----------	----------

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes (X) No ()
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes () No (X)
- 9.21

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

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

Yes () No (X)
- 9.31

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

FINANCIAL

- 10.1

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

Yes () No (X)
- 10.2

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

\$

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes () No (X)

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes () No (X)

14.2 If yes, please complete the following:

	¹ Prior Year-End Book/ Adjusted Carrying Value	² 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 Line 14.21 to Line 14.26)	\$	\$
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes () No (X)

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No () N/A (X)

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 current statement date:

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

16.2 Total book adusted/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 \$

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

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

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

Fifth Third Institutional Services..... 38 Fountain Square Plaza, MD 1090C7, Cincinnati, OH 45202.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes () No (X)

17.4 If yes, give full and complete 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. ^A... that have access to the investment accounts"; "... handle securities"^A

¹ Name of Firm or Individual	² Affiliation
--	-----------------------------

Fifth Third Institutional Services..... U.....

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

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes (X) 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
---	---	--	---------------------------------	--

Not applicable..... Fifth Third Bank National Association..... QFROUN1UWUYU0DVIWD Not applicable..... Y.....
51

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

18. 1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes (X) No ()

18. 2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?

Yes () No ()

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 ()

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1

A&H loss percent

.....

%

1.2

A&H cost containment percent

.....

%

1.3

A&H expense percent excluding cost containment expenses

.....

%

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 () No (X)

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 (X)

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
Accident & Health - Non-Affiliates									
11518	88-1977111	05/01/2022	Paramount Insurance Company	OH	SSL/G	CMM	Authorized .....	.....	.....
11518	88-1977111	05/01/2022	Paramount Insurance Company	OH	ASL/G	CMM	Authorized .....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1		Direct Business Only							
				2	3	4	5	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI					
1.	Alabama	AL	N								
2.	Alaska	AK	N								
3.	Arizona	AZ	N								
4.	Arkansas	AR	N								
5.	California	CA	N								
6.	Colorado	CO	N								
7.	Connecticut	CT	N								
8.	Delaware	DE	N								
9.	District of Columbia	DC	N								
10.	Florida	FL	N								
11.	Georgia	GA	N								
12.	Hawaii	HI	N								
13.	Idaho	ID	N								
14.	Illinois	IL	N								
15.	Indiana	IN	N								
16.	Iowa	IA	N								
17.	Kansas	KS	N								
18.	Kentucky	KY	N								
19.	Louisiana	LA	N								
20.	Maine	ME	N								
21.	Maryland	MD	N								
22.	Massachusetts	MA	N								
23.	Michigan	MI	N								
24.	Minnesota	MN	N								
25.	Mississippi	MS	N								
26.	Missouri	MO	N								
27.	Montana	MT	N								
28.	Nebraska	NE	N								
29.	Nevada	NV	N								
30.	New Hampshire	NH	N								
31.	New Jersey	NJ	N								
32.	New Mexico	NM	N								
33.	New York	NY	N								
34.	North Carolina	NC	N								
35.	North Dakota	ND	N								
36.	Ohio	OH	L	12,119,039						12,119,039	
37.	Oklahoma	OK	N								
38.	Oregon	OR	N								
39.	Pennsylvania	PA	N								
40.	Rhode Island	RI	N								
41.	South Carolina	SC	N								
42.	South Dakota	SD	N								
43.	Tennessee	TN	N								
44.	Texas	TX	N								
45.	Utah	UT	N								
46.	Vermont	VT	N								
47.	Virginia	VA	N								
48.	Washington	WA	N								
49.	West Virginia	WV	N								
50.	Wisconsin	WI	N								
51.	Wyoming	WY	N								
52.	American Samoa	AS	N								
53.	Guam	GU	N								
54.	Puerto Rico	PR	N								
55.	U.S. Virgin Islands	VI	N								
56.	Northern Mariana Islands	MP	N								
57.	Canada	CAN	N								
58.	Aggregate Other Alien	OT	X X X								
59.	Subtotal	X X X		12,119,039						12,119,039	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	Total (Direct Business)	X X X		12,119,039						12,119,039	
DETAILS OF WRITE-INS											
58001.		X X X									
58002.		X X X									
58003.		X X X									
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.	Total (Line 58001 through Line 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
N - None of the above - Not allowed to write business in the state

1 R - Registered - Non-domiciled RRGs
56 Q - Qualified - Qualified or accredited reinsurer

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? NO



2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. N/A

Page SI03

Schedule DA, Part 1

NONE

Schedule DA, Verification

NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired	6,872,648	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,872,648	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,872,648	

Page E13
Schedule E, Part 1, Cash
NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
99FEDGOP6--	Federated Government Obligations Premier			0.021		6,872,648	13,820	23,182
8309999999	- All Other Money Market Mutual Funds					6,872,648	13,820	23,182
8609999999	- Total Cash Equivalents					6,872,648	13,820	23,182

Quarterly Health

Quarterly Statement Blank Alphabetical Index

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