

# **ANNUAL STATEMENT**

of the

## **BUILDERS EXCHANGE BENEFIT PLAN**

of

**CLEVELAND**

in the

**STATE OF OHIO**

to the

**DEPARTMENT OF INSURANCE**

of the

state of

**OHIO**

For the Year Ended  
December 31, 2023

**2023**

**2023**



**ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2023  
 OF THE CONDITION AND AFFAIRS OF THE  
**BUILDERS EXCHANGE BENEFIT PLAN**

NAIC Group Code ..... 0000, .... 0000 ..... NAIC Company Code ..... 00118 .... Employer's ID Number ..... 47-2303889 .....  
 (Current) (Prior)

Organized under the Laws of ..... OH ..... State of Domicile or Port of Entry ..... OH .....  
 Country of Domicile ..... US .....  
 Licensed as business type: ..... Life, Accident & Health ..... Is HMO Federally Qualified? .....  
 Incorporated/Organized ..... 01/01/2016 ..... Commenced Business ..... 01/01/2016 .....  
 Statutory Home Office ..... 9555 Rockside Rd, Suite 300 ..... Cleveland, OH, US 44125 .....  
 Main Administrative Office ..... 9555 Rockside Rd, Suite 300 ..... Cleveland, OH, US 44125 ..... 2163936300 .....  
 Mail Address ..... 9555 Rockside Rd, Suite 300 ..... Cleveland, OH, US 44125 .....  
 Primary Location of Books and Records ..... 9555 Rockside Rd, Suite 300 ..... Cleveland, OH, US 44125 ..... 2163936300 .....  
 Internet Website Address ..... info@bxohio.com .....  
 Statutory Statement Contact ..... Anthony James Wisniewski ..... 440-227-3302 .....  
 Anthony.Wisniewski@consoliplex.com ..... (E-Mail) ..... 216-202-3499 .....  
 (Telephone) ..... (Fax) .....  
 OFFICERS  
 John Grandetti, Plan Administrator .....  
 Ashley Grandetti, Chair .....  
 DIRECTORS OR TRUSTEES  
 Ashley Grandetti ..... Russell O'Rourke .....  
 Fred Innamorato .....  
 .....  
 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:

x Ashley Grandetti  
 1304098A709B48F...

DocuSigned by:

x John M Grandetti  
 A368C1B6EEE8494...

Subscribed and sworn to before me  
 2/5/2024  
 this \_\_\_\_\_ day of  
 \_\_\_\_\_, 2024

DocuSigned by:

x Stephen A. Rader  
 2789DE25A066452...

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

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....				
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ... encumbrances).....				
4.2 Properties held for the production of income (less \$ ... encumbrances).....				
4.3 Properties held for sale (less \$ ... encumbrances).....				
5. Cash (\$ 3,137,727, Schedule E - Part 1), cash equivalents (\$ ... , Schedule E - Part 2) and short-term investments (\$ 0, Schedule DA).....	3,137,727		3,137,727	1,156,468
6. Contract loans (including \$ ... premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA).....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,137,727		3,137,727	1,156,468
13. Title plants less \$ ... charged off (for Title insurers only).....				
14. Investment income due and accrued.....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				6,425
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.....	4,577,670		4,577,670	6,048,950
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....	713,395		713,395	840,669
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....	683	683	—	—
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.....	3,428	3,428	—	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	8,432,903	4,112	8,428,792	8,052,512
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	8,432,903	4,112	8,428,792	8,052,512
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. Prepaid Expenses.....	3,428	3,428	—	
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	3,428	3,428	—	

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 657,632 reinsurance ceded).....	73,070		73,070	106,430
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....	3,000		3,000	4,000
4. Aggregate health policy reserves, including the liability of \$ ... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	6,248		6,248	1,903
9. General expenses due or accrued.....	535,429		535,429	23,214
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ... on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....	7,037,193		7,037,193	7,318,133
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 (Lines 1 to 23).....	7,654,939		7,654,939	7,453,680
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	510,000	510,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	263,852	88,831
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	773,852	598,831
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	8,428,791	8,052,512
<b>Details of Write-Ins</b>				
2301.....				
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	14,890.....	17,681.....
2. Net premium income (including \$ ... non-health premium income).....	XXX.....	781,910.....	811,345.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$ ... medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....		
7. Aggregate write-ins for other non-health revenues.....	XXX.....		
8. Total revenues (Lines 2 to 7).....	XXX.....	781,910.....	811,345.....
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		4,106,481.....	6,444,556.....
10. Other professional services.....		358,060.....	581,437.....
11. Outside referrals.....		—.....	
12. Emergency room and out-of-area.....		750,619.....	1,072,069.....
13. Prescription drugs.....		782,946.....	714,327.....
14. Aggregate write-ins for other hospital and medical.....			
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....		5,998,106.....	8,812,389.....
<b>Less:</b>			
17. Net reinsurance recoveries.....		5,411,893.....	7,998,184.....
18. Total hospital and medical (Lines 16 minus 17).....		586,213.....	814,205.....
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ 5,169 cost containment expenses.....		9,939.....	15,995.....
21. General administrative expenses.....		48,110.....	82,389.....
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).....		644,262.....	912,589.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	137,648.....	(101,244).....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		62,301.....	4,882.....
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Lines 25 plus 26).....		62,301.....	4,882.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ...) (amount charged off \$ ...)].....			
29. Aggregate write-ins for other income or expenses.....			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	199,949.....	(96,363).....
31. Federal and foreign income taxes incurred.....	XXX.....	20,999.....	568.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	178,950.....	(96,930).....
<b>Details of Write-Ins</b>			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....		
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....		
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....			
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....			

**STATEMENT OF REVENUE AND EXPENSES (CONTINUED)**

CAPITAL & SURPLUS ACCOUNT		1 Current Year	2 Prior Year
33. Capital and surplus prior reporting year.....		598,829	618,390
34. Net income or (loss) from Line 32.....		178,950	(96,930)
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.....		(3,929)	(182)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			77,552
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			-
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....			
48. Net change in capital and surplus (Lines 34 to 47).....		175,021	(19,561)
49. Capital and surplus end of reporting year (Line 33 plus 48).....		773,850	598,829
<b>Details of Write-Ins</b>			
4701.....			
4702.....			
4703.....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....			

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....		511,739	733,772
2. Net investment income.....		62,301	4,882
3. Miscellaneous income.....		—	506,064
4. Total (Lines 1 to 3).....		574,040	1,244,718
5. Benefit and loss related payments.....		(978,982)	1,078,383
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....		(453,165)	103,058
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ ... tax on capital gains (losses).....		21,500	568
10. Total (Lines 5 through 9).....		(1,410,647)	1,182,009
11. Net cash from operations (Line 4 minus Line 10).....		1,984,687	62,709
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....		—	—
12.8 Total investment proceeds (Lines 12.1 to 12.7).....		—	—
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....		—	—
13.7 Total investments acquired (Lines 13.1 to 13.6).....		—	—
14. Net increase / (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....		—	—
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....		—	77,552
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).....		(3,428)	(182)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....		(3,428)	77,370
<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).....		1,981,259	140,078
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....		1,156,468	1,016,390
19.2 End of year (Line 18 plus Line 19.1).....		3,137,727	1,156,468

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

20.0001.....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income...	781,910		781,910											
2. Change in unearned premium reserves and reserve for rate credit...														
3. Fee-for-service (net of \$ ... medical expenses)...														XXX
4. Risk revenue...														XXX
5. Aggregate write-ins for other health care related revenues...														XXX
6. Aggregate write-ins for other non-health care related revenues...														XXX
7. Total revenues (Lines 1 to 6)...	781,910	XXX	781,910	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Hospital/medical benefits...	4,106,481			4,106,481										XXX
9. Other professional services...	358,060			358,060										XXX
10. Outside referrals...	—			—										XXX
11. Emergency room and out-of-area...	750,619		750,619											XXX
12. Prescription drugs...	782,946		782,946											XXX
13. Aggregate write-ins for other hospital and medical...														XXX
14. Incentive pool, withhold adjustments and bonus amounts...														XXX
15. Subtotal (Lines 8 to 14)...	5,998,106		5,998,106											XXX
16. Net reinsurance recoveries...	5,411,893		5,411,893											XXX
17. Total hospital and medical (Lines 15 minus 16)...	586,213		586,213											XXX
18. Non-health claims (net)...		XXX	XXX		XXX	XXX		XXX		XXX	XXX	XXX	XXX	XXX
19. Claims adjustment expenses including \$ 5,169 cost containment expenses...	9,939		9,939											
20. General administrative expenses...	48,110		48,110											
21. Increase in reserves for accident and health contracts...														XXX
22. Increase in reserves for life contracts...														XXX
23. Total underwriting deductions (Lines 17 to 22)...	644,262		644,262											
24. Net underwriting gain or (loss) (Line 7 minus Line 23)...	137,648		137,648											
<b>Details of Write-Ins</b>														
0501. ....														XXX
0502. ....														XXX
0503. ....														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page...														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)...														XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page...		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)...		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301. ....														XXX
1302. ....														XXX
1303. ....														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page...														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)...														XXX

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual				
2. Comprehensive (hospital and medical) group	8,553,758		7,771,848	781,910
3. Medicare Supplement				
4. Vision only				
5. Dental only				
6. Federal Employees Health Benefits Plan				
7. Title XVIII – Medicare				
8. Title XIX – Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health				
13. Health subtotal (Lines 1 through 12)	8,553,758		7,771,848	781,910
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	8,553,758		7,771,848	781,910

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1	Payments during the year:													
1.1	Direct	6,331,705		6,331,705										
1.2	Reinsurance assumed													
1.3	Reinsurance ceded	5,712,132		5,712,132										
1.4	Net	619,573		619,573										
2.	Paid medical incentive pools and bonuses													
3.	Claim liability December 31, current year from Part 2A:													
3.1	Direct	730,702		730,702										
3.2	Reinsurance assumed													
3.3	Reinsurance ceded	657,632		657,632										
3.4	Net	73,070		73,070										
4.	Claim reserve December 31, current year from Part 2D:													
4.1	Direct													
4.2	Reinsurance assumed													
4.3	Reinsurance ceded													
4.4	Net													
5.	Accrued medical incentive pools and bonuses, current year													
6.	Net health care receivables (a)													
7.	Amounts recoverable from reinsurers December 31, current year													
8.	Claim liability December 31, prior year from Part 2A:													
8.1	Direct	1,064,301		1,064,301										
8.2	Reinsurance assumed													
8.3	Reinsurance ceded	957,871		957,871										
8.4	Net	106,430		106,430										
9.	Claim reserve December 31, prior year from Part 2D:													
9.1	Direct													
9.2	Reinsurance assumed													
9.3	Reinsurance ceded													
9.4	Net													
10.	Accrued medical incentive pools and bonuses, prior year													
11.	Amounts recoverable from reinsurers December 31, prior year													
12.	Incurred benefits:													
12.1	Direct	5,998,106		5,998,106										
12.2	Reinsurance assumed													
12.3	Reinsurance ceded	5,411,893		5,411,893										
12.4	Net	586,213		586,213										
13.	Incurred medical incentive pools and bonuses													

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

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct														
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net														
2. Incurred but Unreported:														
2.1 Direct	730,702			730,702										
2.2 Reinsurance assumed														
2.3 Reinsurance ceded	657,632			657,632										
2.4 Net	73,070			73,070										
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	730,702			730,702										
4.2 Reinsurance assumed														
4.3 Reinsurance ceded	657,632			657,632										
4.4 Net	73,070			73,070										

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group	117,444	502,129	–	73,070	117,444	106,430
3. Medicare Supplement						
4. Vision Only						
5. Dental Only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	117,444	502,129	–	73,070	117,444	106,430
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13 - 14 + 15 + 16)	117,444	502,129	–	73,070	117,444	106,430

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

**GRAND TOTAL****Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	(854)	(1,053)	(876)	(392)	
2. 2019	940	151			
3. 2020	XXX	1,711	307		
4. 2021	XXX	XXX	612	128	
5. 2022	XXX	XXX	XXX	687	117
6. 2023	XXX	XXX	XXX	XXX	502

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	(854)	(1,053)	(876)	(392)	
2. 2019	1,083	152			
3. 2020	XXX	1,867	7		
4. 2021	XXX	XXX	717	23	
5. 2022	XXX	XXX	XXX	791	11
6. 2023	XXX	XXX	XXX	XXX	575

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019	1,388									
2. 2020	2,632									
3. 2021	821									
4. 2022	811	117	4	3.406	121	14.968	–	–	121	14.968
5. 2023	798	502	6	1.183	508	63.671	73	3	584	73.205

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## HOSPITAL &amp; MEDICAL

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	(854)	(1,053)	(876)	(392)	
2. 2019	940	151			
3. 2020	XXX	1,711	307		
4. 2021	XXX	XXX	612	128	
5. 2022	XXX	XXX	XXX	687	117
6. 2023	XXX	XXX	XXX	XXX	502

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	(854)	(1,053)	(876)	(392)	
2. 2019	1,083	152			
3. 2020	XXX	1,867	7		
4. 2021	XXX	XXX	717	23	
5. 2022	XXX	XXX	XXX	791	11
6. 2023	XXX	XXX	XXX	XXX	575

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019	1,388									
2. 2020	2,632									
3. 2021	821									
4. 2022	811	117	4	3.406	121	14.968	–	–	121	14.968
5. 2023	798	502	6	1.183	508	63.671	73	3	584	73.205

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## MEDICARE SUPPLEMENT

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

DENTAL ONLY

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

VISION ONLY

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## TITLE XVIII MEDICARE

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## TITLE XIX MEDICAID

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	X				
4. 2021	X	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	XXX

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

## OTHER HEALTH

**Section A – Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section B – Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group										
1. Unearned premium reserves													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including \$ ... for investment income)													
5. Aggregate write-ins for other policy reserves													
6. Totals (gross)													
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)													
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves													
12. Totals (gross)													
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)													
<b>Details of Write-Ins</b>													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													

(a) Includes \$ ... premium deficiency reserve.

**NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ... for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less \$ 710,395 ceded plus \$ ... assumed)	(46,517)	(42,938)	(89,395)		(178,850)
4. Legal fees and expenses			6,073		6,073
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			50,133		50,133
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	51,685	47,709	79,948		179,342
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			14,414		14,414
17. Collection and bank service charges			2,347		2,347
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees			(15,410)		(15,410)
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)	5,169	4,771	48,110		(a) 58,050
27. Less expenses unpaid December 31, current year	960	2,040	535,429		538,429
28. Add expenses unpaid December 31, prior year	2,040	1,960	23,214		27,214
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	6,249	4,691	(464,104)		(453,165)
<b>Details of Write-Ins</b>					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of \$ ... to affiliates and \$ 79,948 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds.....	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates.....	(a)	
2.1 Preferred stocks (unaffiliated).....	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated).....		
2.21 Common stocks of affiliates		
3. Mortgage loans.....	(c)	
4. Real estate.....	(d)	
5. Contract loans.....		
6. Cash, cash equivalents and short-term investments.....	(e) 62,302	62,301
7. Derivative instruments.....	(f)	
8. Other invested assets.....		
9. Aggregate write-ins for investment income.....		
10. Total gross investment income.....	62,302	62,301
11. Investment expenses.....		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g)
13. Interest expense.....		(h)
14. Depreciation on real estate and other invested assets.....		(i)
15. Aggregate write-ins for deductions from investment income.....		
16. Total deductions (Lines 11 through 15).....		
17. Net investment income (Line 10 minus Line 16).....		62,301
<b>Details of Write-Ins</b>		
0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....		
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		

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

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds.....					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated).....					
1.3 Bonds of affiliates.....					
2.1 Preferred stocks (unaffiliated).....					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated).....					
2.21 Common stocks of affiliates					
3. Mortgage loans.....					
4. Real estate.....					
5. Contract loans.....					
6. Cash, cash equivalents and short-term investments.....					
7. Derivative instruments.....					
8. Other invested assets.....					
9. Aggregate write-ins for capital gains (losses).....					
10. Total capital gains (losses).....					
<b>Details of Write-Ins</b>					
0901.....					
0902.....					
0903.....					
0998. Summary of remaining write-ins for Line 9 from overflow page.....					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....					

**NONE**

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
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.....	683	182	(501)
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.....	3,428		(3,428)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	4,112	182	(3,929)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27).....	4,112	182	(3,929)
<b>Details of Write-Ins</b>			
1101.....			
1102.....			
1103.....			
1198. Summary of remaining write-ins for Line 11 from overflow page.....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....			
2501. Prepaid Expenses.....	3,428		(3,428)
2502.....			
2503.....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	3,428		(3,428)

**EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....						
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....	1,473	1,218	1,248	1,273	1,256	14,890
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....						
7. Total.....	1,473	1,218	1,248	1,273	1,256	14,890
<b>Details of Write-Ins</b>						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....						

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....						

**NONE**

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 - Gross Health Care Receivables.....	.....	.....	.....	.....	.....	.....

**NONE**

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

**NONE**

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)**

Aging Analysis of Unpaid Claims						
1 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>						
0199999 - Individually listed claims unpaid	730,702					730,702
0499999 - Subtotals	730,702					730,702
0799999 - Total claims unpaid						730,702
0899999 - Accrued medical incentive pool and bonus amounts						

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 - Total gross amounts receivable.....							

**NONE**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables				

**NONE**

## EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups.....						
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....						
<b>Other Payments:</b>						
5. Fee-for-service.....				XXX	XXX	
6. Contractual fee payments.....	6,331,705	100.000	XXX	XXX	XXX	6,331,705
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX	XXX	
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX	XXX	
9. Non-contingent salaries.....			XXX	XXX	XXX	
10. Aggregate cost arrangements.....			XXX	XXX	XXX	
11. All other payments.....			XXX	XXX	XXX	
12. Total other payments.....	6,331,705	100.000	XXX	XXX	XXX	6,331,705
13. Total (Line 4 plus Line 12).....	6,331,705	100.000 %	XXX	XXX	XXX	6,331,705

## EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

**NONE**

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....						
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						

**NONE**

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern

On August 4, 2023, the Board of Trustees of the Builders Exchange Benefit Plan adopted a motion to wind down the Plan by 12/31/2023 and relinquish its Certificate of Authority to the Ohio Department of Insurance.

#### A. Accounting Practices

These financial statements of the Builders Exchange Benefit Plan (the "Arrangement") have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, as prescribed by the Ohio Department of Insurance.

	SSAP #	F/S Page	F/S Line #	2023	2022
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3).....	XXX.....	XXX.....	XXX.....	\$ 178,950	\$ (96,930)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4).....	XXX.....	XXX.....	XXX.....	\$ 178,950	\$ (96,930)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX.....	XXX.....	XXX.....	\$ 773,852	\$ 598,831
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8).....	XXX.....	XXX.....	XXX.....	\$ 773,852	\$ 598,831

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

The preparation of the financial statements requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

#### C. Accounting Policy

##### (1) Basis for Short-Term Investments

The Arrangement does not hold any short-term investments at December 31, 2023.

##### (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

The Arrangement does not hold any such securities.

##### (3) Basis for Common Stocks

The Arrangement does not hold any common stocks.

##### (4) Basis for Preferred Stocks

The Arrangement does not hold any preferred stocks.

##### (5) Basis for Mortgage Loans

The Arrangement holds no mortgage loans on real estate.

##### (6) Basis for Loan-Backed Securities and Adjustment Methodology

The Arrangement does not hold any loan-backed securities.

##### (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Arrangement has no investment in subsidiaries.

##### (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Arrangement has no interests in joint ventures, partnerships or limited liability entities.

##### (9) Accounting Policies for Derivatives

The Arrangement holds no derivatives.

##### (10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Arrangement does not utilize anticipated investment income as a factor in the premium deficiency reserve calculation.

##### (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts

Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects to trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

##### (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Arrangement has made no modifications to its capitalization policy.

## Notes to the Financial Statements

### 1. Summary of Significant Accounting Policies and Going Concern (Continued)

#### (13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Arrangement has no pharmaceutical rebate receivables.

#### D. Going Concern

On August 4, 2023, the Board of Trustees of the Builders Exchange Benefit Plan adopted a motion to wind down the Plan by December 31, 2023, and relinquish its Certificate of Authority to the Ohio Department of Insurance.

### 2. Accounting Changes and Corrections of Errors - None

### 3. Business Combinations and Goodwill - None

### 4. Discontinued Operations - None

### 5. Investments - None

### 6. Joint Ventures, Partnerships and Limited Liability Companies - None

### 7. Investment Income

#### A. Due and Accrued Income Excluded from Surplus

The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

The Arrangement does not admit investment income due and accrued if the amounts are over 90 days old.

#### B. Total Amount Excluded - None

#### C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross.....	\$.....
2. Nonadmitted.....	\$.....
3. Admitted.....	\$.....

#### D. The aggregate deferred interest

Aggregate Deferred Interest	Amount
.....	\$.....

#### E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance

Cumulative amounts of PIK interest included in the current principal balance	Amount
.....	\$.....

### 8. Derivative Instruments - None

### 9. Income Taxes

The Arrangement has \$683 of income tax recoverable due to estimated tax prepayments exceeding the calculated liability for unrelated business taxable income.

- A. Components of the Net Deferred Tax Asset/(Liability) - Not Applicable
- B. Regarding Deferred Tax Liabilities That Are Not Recognized - None
- C. Operating Loss and Tax Credit Carryforwards - None
- D. Federal or Foreign Income Tax Loss Contingencies - None

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - None

### 11. Debt - None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - None

### 14. Liabilities, Contingencies and Assessments - None

### 15. Leases - None

### 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

### 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

### 20. Fair Value Measurements - None

### 21. Other Items - None

### 22. Events Subsequent

Subsequent events have been considered through March 26, 2024, for these statutory financial statements which are to be issued by March 31, 2024.

## Notes to the Financial Statements

### 23. Reinsurance

During 2023, the Plan was subject to a quota share reinsurance agreement with Medical Mutual of Ohio to cede 90% of the Plan's health business.

During 2023, the Plan was subject to a stop loss reinsurance agreement with Medical Mutual of Ohio for medical and prescription drug coverage. The specific stop loss threshold per covered person is \$ 250,000 for 2023. The aggregate threshold is 125% of the expected aggregate claims.

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
Yes ( ) No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?  
Yes ( ) No (X)

##### Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?  
Yes ( ) No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
Yes ( ) No (X)

##### Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$  
Yes ( ) No (X)

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?  
Yes ( ) No (X)

#### B. Uncollectible Reinsurance - None

#### C. Commutation of Reinsurance Reflected in Income and Expenses - None

#### D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

#### E. Reinsurance Credit - None

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

#### A. Method Used to Estimate - None

#### B. Method Used to Record - None

#### C. Amount and Percent of Net Retrospective Premiums - None

#### D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None

#### E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

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

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None

(4) Roll-forward of risk corridors asset and liability balances by program benefit year - None

(5) ACA risk corridors receivable as of reporting date - None

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

### 26. Intercompany Pooling Arrangements - None

### 27. Structured Settlements - None

### 28. Health Care Receivables - None

### 29. Participating Policies - None

## **Notes to the Financial Statements**

- 30. Premium Deficiency Reserves** - None
- 31. Anticipated Salvage and Subrogation** - None

## GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

### GENERAL

1.1. Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... NO.....  
If yes, complete Schedule Y, Parts 1, 1A, 2, and 3.

1.2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?.....

1.3. State Regulating?..... Ohio.....  
1.4. Is the reporting entity publicly traded or a member of a publicly traded group?..... NO.....  
1.5. If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....

2.1. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO.....  
2.2. If yes, date of change:.....  
3.1. State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019.....  
3.2. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019.....  
3.3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/06/2021.....  
3.4. By what department or departments?  
Ohio Department of Insurance

3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A.....  
3.6. Have all of the recommendations within the latest financial examination report been complied with?..... YES.....  
4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....  
4.11. sales of new business?..... YES.....  
4.12. renewals?..... YES.....  
4.2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....  
4.21. sales of new business?..... NO.....  
4.22. renewals?..... NO.....  
5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO.....  
If yes, complete and file the merger history data file with the NAIC.

5.2. If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....	.....	.....

6.1. Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO.....  
6.2. If yes, give full information  
  
7.1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?..... NO.....  
7.2. If yes,  
7.21. State the percentage of foreign control. %.....  
7.22. State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity
.....	.....

8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?..... NO.....  
8.2. If response to 8.1 is yes, please identify the name of the DIHC.....  
8.3. Is the company affiliated with one or more banks, thrifts or securities firms?..... NO.....  
8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... NO .....

8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... NO .....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Maloney + Novotny, LLC, 1111 Superior Avenue, Suite 700, Cleveland, Ohio 44114

10.1. Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... NO .....

10.2. If the response to 10.1 is yes, provide information related to this exemption:

10.3. Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... NO .....

10.4. If the response to 10.3 is yes, provide information related to this exemption:

10.5. Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... NO .....

10.6. If the response to 10.5 is no or n/a, please explain.  
Builders Exchange Benefit Plan Board of Trustees performs all Audit Committee functions.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
John Lloyd, Consulting Actuary, Optum Consulting, P.O. Box 89019, Chicago, IL 60689

12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... NO .....

12.11 Name of real estate holding company

12.12 Number of parcels involved .....

12.13 Total book / adjusted carrying value ..... \$ .....

12.2. If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....

13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? .....

13.3. Have there been any changes made to any of the trust indentures during the year? .....

13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .....

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

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

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

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

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

e. Accountability for adherence to the code.

14.11. If the response to 14.1 is no, please explain:

14.2. Has the code of ethics for senior managers been amended? ..... NO .....

14.21. If the response to 14.2 is yes, provide information related to amendment(s).

14.3. Have any provisions of the code of ethics been waived for any of the specified officers? ..... NO .....

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

15.1. Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... NO .....

15.2. If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
			\$

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... YES .....

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... YES .....

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... YES .....

## GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

### FINANCIAL

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

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

20.11 To directors or other officers ..... \$

20.12 To stockholders not officers ..... \$

20.13 Trustees, supreme or grand (Fraternal only) ..... \$

20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers ..... \$

20.22 To stockholders not officers ..... \$

20.23 Trustees, supreme or grand (Fraternal only) ..... \$

21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... NO

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

21.21 Rented from others ..... \$

21.22 Borrowed from others ..... \$

21.23 Leased from others ..... \$

21.24 Other ..... \$

22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? ..... NO

22.2. If answer is yes:

22.21 Amount paid as losses or risk adjustment ..... \$

22.22 Amount paid as expenses ..... \$

22.23 Other amounts paid ..... \$

23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... NO

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

24.1. Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... NO

24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

### INVESTMENT

25.01. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) ..... YES

25.02. If no, give full and complete information, relating thereto

25.03. For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04. For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. ..... \$

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

25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... N/A

25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... N/A

25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... N/A

25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

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

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

25.093. Total payable for securities lending reported on the liability page ..... \$

26.1. Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... NO

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

26.21. Subject to repurchase agreements ..... \$

26.22. Subject to reverse repurchase agreements ..... \$

26.23. Subject to dollar repurchase agreements ..... \$

26.24. Subject to reverse dollar repurchase agreements ..... \$

26.25. Placed under option agreements ..... \$

26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$

26.27. FHLB Capital Stock ..... \$

26.28. On deposit with states ..... \$

26.29. On deposit with other regulatory bodies ..... \$

26.30. Pledged as collateral - excluding collateral pledged to an FHLB ..... \$

26.31. Pledged as collateral to FHLB - including assets backing funding agreements ..... \$

26.32. Other ..... \$

26.3. For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

## GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB? ..... NO.....  
 27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.....

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

27.3. Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .....  
 27.4. If the response to 27.3 is YES, does the reporting entity utilize:  
 27.41 Special accounting provision of SSAP No. 108.....  
 27.42 Permitted accounting practice.....  
 27.43 Other accounting guidance.....  
 27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:  

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... NO.....  
 28.2. If yes, state the amount thereof at December 31 of the current year. .... \$.....  
 29. Excluding items in Schedule E- Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the *NAIC Financial Condition Examiners Handbook*? ..... YES.....

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

1	2
Name of Custodian(s)	Custodian's Address
PNC Bank, National Association.....	249 Fifth Avenue, Pittsburgh, PA 15222.....

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

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

29.03. Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? ..... NO.....

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....	.....	.....	.....

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

1	2
Name of Firm or Individual	Affiliation
PNC Bank, National Association.....	U.....

29.0597. For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... YES.....

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... YES.....

29.06. For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
N/A.....	PNC Bank, National Association.....	.....	OCC.....	NO.....

30.1. Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? ..... NO.....

30.2. If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL.....	.....	\$.....

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

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

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Bonds.....	\$.....	\$.....	\$.....
31.2. Preferred Stocks.....			
31.3. Totals.....	\$.....	\$.....	\$.....

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

Not applicable as the Arrangement holds only cash and money market accounts.

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?..... NO.....

32.2. If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?.....

32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1. Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?..... YES.....

33.2. If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... NO.....

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... NO.....

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

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO.....

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?..... YES.....

38.1. Does the reporting entity directly hold cryptocurrencies?..... NO.....

38.2. If the response to 38.1 is yes, on what schedule are they reported?.....

39.1. Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?..... NO.....

39.2. If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly.....

39.22 Immediately converted to U.S. dollars.....

39.3. If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

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

40.2. List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$.....

41.1. Amount of payments for legal expenses, if any?..... \$..... 6,073

**GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

41.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
.....	\$.....

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

42.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....	\$.....

**GENERAL INTERROGATORIES**

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... NO

1.2 If yes, indicate premium earned on U.S. business only. .... \$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .... \$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .... \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .... \$

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$

1.62 Total incurred claims ..... \$

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned ..... \$

1.65 Total incurred claims ..... \$

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$

1.72 Total incurred claims ..... \$

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned ..... \$

1.75 Total incurred claims ..... \$

1.76 Number of covered lives

## 2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	\$ 781,910	\$ 811,345
2.2 Premium Denominator	\$ 781,910	\$ 811,345
2.3 Premium Ratio (2.1/2.2)	100.000	100.000
2.4 Reserve Numerator	\$	\$
2.5 Reserve Denominator	\$ 73,070	\$ 106,430
2.6 Reserve Ratio (2.4/2.5)	%	%

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... NO

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... YES

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... NO

5.1 Does the reporting entity have stop-loss reinsurance? ..... YES

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$ 25,000

5.32 Medical Only ..... \$

5.33 Medicare Supplement ..... \$

5.34 Dental and Vision ..... \$

5.35 Other Limited Benefit Plan ..... \$

5.36 Other ..... \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... YES

7.2 If no, give details

## GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year.....

8.2 Number of providers at end of reporting year.....

9.1 Does the reporting entity have business subject to premium rate guarantees?..... NO.....

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months..... \$.....

9.22 Business with rate guarantees over 36 months..... \$.....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?..... NO.....

10.2 If yes:

10.21 Maximum amount payable bonuses..... \$.....

10.22 Amount actually paid for year bonuses..... \$.....

10.23 Maximum amount payable withholds..... \$.....

10.24 Amount actually paid for year withholds..... \$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,..... NO.....

11.13 An Individual Practice Association (IPA), or,..... NO.....

11.14 A Mixed Model (combination of above)?..... NO.....

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?..... YES.....

11.3 If yes, show the name of the state requiring such minimum capital and surplus..... Ohio.....

11.4 If yes, show the amount required..... \$..... 500,000.....

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?..... NO.....

11.6 If the amount is calculated, show the calculation

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

1
Name of Service Area
State of Ohio

13.1 Do you act as a custodian for health savings accounts?..... NO.....

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

13.3 Do you act as an administrator for health savings accounts?..... NO.....

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?..... N/A.....

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written..... \$.....

15.2 Total Incurred Claims..... \$.....

15.3 Number of Covered Lives.....

<b>*Ordinary Life Insurance Includes</b>						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without secondary guarantee)						
Universal Life (with or without secondary guarantee)						
Variable Universal Life (with or without secondary guarantee)						

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... NO.....

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... NO.....

## FIVE-YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	8,428,792	8,052,512	8,146,431	2,733,798	2,300,985
2. Total liabilities (Page 3, Line 24)	7,654,939	7,453,680	7,528,037	2,046,244	1,735,455
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	500,000	500,000
4. Total capital and surplus (Page 3, Line 33)	773,852	598,831	618,392	687,554	565,530
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	781,910	811,345	821,237	2,632,312	1,388,146
6. Total medical and hospital expenses (Line 18)	586,213	814,205	724,205	2,018,703	1,100,237
7. Claims adjustment expenses (Line 20)	9,939	15,995	54,568	151,722	106,469
8. Total administrative expenses (Line 21)	48,110	82,389	107,021	337,869	214,790
9. Net underwriting gain (loss) (Line 24)	137,648	(101,244)	(64,557)	124,018	(33,350)
10. Net investment gain (loss) (Line 27)	62,301	4,882	(4,609)	(1,991)	8,329
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	178,950	(96,930)	(69,166)	122,027	(25,021)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	1,984,687	62,709	(380,107)	756,886	291,124
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	773,852	598,831	618,392	687,554	565,530
15. Authorized control level risk-based capital	39,489	56,233	50,512	142,276	77,780
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	1,256	1,473	1,521	1,778	1,593
17. Total members months (Column 6, Line 7)	14,890	17,681	18,962	19,737	16,789
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	75.0	100.4	88.2	76.7	79.3
20. Cost containment expenses	0.7	1.0	3.8	1.6	1.5
21. Other claims adjustment expenses	0.6	1.0	2.9	4.1	6.2
22. Total underwriting deductions (Line 23)	82.4	112.5	107.9	95.3	102.4
23. Total underwriting gain (loss) (Line 24)	17.6	(12.5)	(7.9)	4.7	(2.4)
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	117,444	128,018	307,432	151,811	199,107
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	106,430	104,964	299,802	142,779	180,484
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—*Accounting Changes and Correction of Errors*? ...

If no, please explain

...

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Builders Exchange Benefit Plan

2. Cleveland, OH  
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023

NAIC Company Code: 00118

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	1,473		1,473											
2. First Quarter.....	1,218		1,218											
3. Second Quarter.....	1,248		1,248											
4. Third Quarter.....	1,273		1,273											
5. Current Year.....	1,256		1,256											
6. Current Year Member Months.....	14,890		14,890											
Total Member Ambulatory Encounters for Year:														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....														
11. Number of Inpatient Admissions.....														
12. Health Premiums Written (b).....	8,553,758		8,553,758											
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	8,553,758		8,553,758											
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	6,331,705		6,331,705											
18. Amount Incurred for Provision of Health Care Services.....	5,998,106		5,998,106											

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

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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Builders Exchange Benefit Plan

2. Cleveland, OH  
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 00118

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	1,473		1,473											
2. First Quarter.....	1,218		1,218											
3. Second Quarter.....	1,248		1,248											
4. Third Quarter.....	1,273		1,273											
5. Current Year.....	1,256		1,256											
6. Current Year Member Months.....	14,890		14,890											
Total Member Ambulatory Encounters for Year:														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....														
11. Number of Inpatient Admissions.....														
12. Health Premiums Written (b).....	8,553,758		8,553,758											
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	8,553,758		8,553,758											
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	6,331,705		6,331,705											
18. Amount Incurred for Provision of Health Care Services.....	5,998,106		5,998,106											

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

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

**SCHEDULE S - PART 1 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 – Total (Sum of 0799999 and 1099999)												

**NONE**

**SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health, Non-Affiliates, U.S. Non-Affiliates</b>						
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	4,577,670	657,632
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					4,577,670	657,632
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					4,577,670	657,632
2299999 - Total Accident and Health					4,577,670	657,632
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					4,577,670	657,632
9999999 - Total (Sum of 1199999 and 2299999)					4,577,670	657,632

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates</b>													
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	QA/G	CMM	7,037,193						
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	SSL/G	CMM	715,295						
29076	34-0648820	01/01/2021	Medical Mutual of Ohio	OH	ASL/G	CMM	19,360						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates								7,771,848					
1099999 - General Account, Authorized, Total Authorized Non-Affiliates								7,771,848					
1199999 - Total General Account Authorized								7,771,848					
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified								7,771,848					
9199999 - Total U.S.								7,771,848					
9999999 - Total (Sum of 4599999 and 9099999)								7,771,848					

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

		2023	2022	2021	2020	2019
A.	OPERATIONS ITEMS					
1	Premiums.....	7,772	8,126	8,388	6,667	5,738
2	Title XVIII-Medicare.....					
3	Title XIX-Medicaid.....					
4	Commissions and reinsurance expense allowance.....	710	842	1,347	1,129	1,185
5	Total hospital and medical expenses.....	5,412	7,998	7,611	5,038	5,333
B.	BALANCE SHEET ITEMS					
6	Premiums receivable.....					
7	Claims payable.....	658	958	945	701	571
8	Reinsurance recoverable on paid losses.....	4,578	6,049	5,783	1,028	1,185
9	Experience rating refunds due or unpaid.....					
10	Commissions and reinsurance expense allowances due.....					
11	Unauthorized reinsurance offset.....					
12	Offset for reinsurance with Certified Reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13	Funds deposited by and withheld from (F).....					
14	Letters of credit (L).....					
15	Trust agreements (T).....					
16	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17	Multiple Beneficiary Trust.....					
18	Funds deposited by and withheld from (F).....					
19	Letters of credit (L).....					
20	Trust agreements (T).....					
21	Other (O).....					

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1 Cash and invested assets (Line 12).....	3,137,727		3,137,727
2 Accident and health premiums due and unpaid (Line 15).....	4,577,670	(4,577,670)	-
3 Amounts recoverable from reinsurers (Line 16.1).....	XXX	4,577,670	4,577,670
4 Net credit for ceded reinsurance.....	713,395		713,395
5 All other admitted assets (Balance).....			
6 Total assets (Line 28).....	8,428,792	-	8,428,792
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7 Claims unpaid (Line 1).....	73,070		73,070
8 Accrued medical incentive pool and bonus payments (Line 2).....			
9 Premiums received in advance (Line 8).....	6,248		6,248
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount).....			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount).....			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....			
14 All other liabilities (Balance).....	7,575,621		7,575,621
15 Total liabilities (Line 24).....	7,654,939		7,654,939
16 Total capital and surplus (Line 33).....	773,852	XXX	773,852
17 Total liabilities, capital and surplus (Line 34).....	8,428,791		8,428,791
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18 Claims unpaid.....		XXX	XXX
19 Accrued medical incentive pool.....		XXX	XXX
20 Premiums received in advance.....		XXX	XXX
21 Reinsurance recoverable on paid losses.....	4,577,670	XXX	XXX
22 Other ceded reinsurance recoverables.....		XXX	XXX
23 Total ceded reinsurance recoverables.....	4,577,670	XXX	XXX
24 Premiums receivable.....		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....		XXX	XXX
26 Unauthorized reinsurance.....		XXX	XXX
27 Reinsurance with Certified Reinsurers.....		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
29 Other ceded reinsurance payables/offsets.....		XXX	XXX
30 Total ceded reinsurance payables/offsets.....		XXX	XXX
31 Total net credit for ceded reinsurance	4,577,670	XXX	XXX

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property / Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	L	8,553,758							8,553,758
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	XXX								
59. Subtotal		XXX	8,553,758							8,553,758
60. Reporting entity contributions for Employee Benefit Plans		XXX								
61. Total (Direct Business)		XXX	8,553,758							8,553,758
<b>Details of Write-Ins</b>										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write- ins for Line 58 from overflow page		XXX								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX								

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... 1 ..... 4. Q – Qualified - Qualified or accredited reinsurer ..... –  
 2. R – Registered – Non-domiciled RRGs ..... – ..... 5. N – None of the above - Not allowed to write business in the state ..... 56  
 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... –

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

**SCHEDULE T – PART 2**  
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
 Allocated By States And Territories

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Totals						

NONE

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

**NONE**

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

**NONE**

(41) Schedule Y - Part 1A - Explanations

**NONE**

(42) Schedule Y - Part 2

**NONE**

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

**NONE**

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES****REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Response
<b>March Filing</b>		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES .....
2.	Will an actuarial opinion be filed by March 1?	YES .....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	NO .....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES .....
<b>April Filing</b>		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES .....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES .....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES .....
<b>June Filing</b>		
8.	Will an audited financial report be filed by June 1?	YES .....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES .....

**SUPPLEMENTAL FILINGS**

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

		Response
<b>March Filing</b>		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO .....
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO .....
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO .....
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO .....
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO .....
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO .....
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO .....
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO .....
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO .....
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO .....
<b>April Filing</b>		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO .....
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO .....
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO .....
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO .....
<b>August Filing</b>		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES .....

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

	Explanation	Barcode
1.		
2.		
3.		 0 0 1 1 8 2 0 2 3 3 9 0 0 0 0 0 0
4.		
5.		
6.		
7.		
8.		
9.		
10.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 3 6 0 0 0 0 0 0
11.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 2 0 5 0 0 0 0 0
12.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 4 2 0 0 0 0 0 0
13.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 3 7 1 0 0 0 0 0
14.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 3 7 0 0 0 0 0 0
15.		 0 0 1 1 8 2 0 2 3 3 6 5 0 0 0 0 0
16.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 2 2 4 0 0 0 0 0
17.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 2 2 5 0 0 0 0 0
18.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 2 2 6 0 0 0 0 0
19.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 6 0 0 0 0 0 0 0
20.	The data for this supplement is not required to be filed.	 0 0 1 1 8 2 0 2 3 3 0 6 0 0 0 0 0
21.		 0 0 1 1 8 2 0 2 3 2 1 1 0 0 0 0 0
22.		 0 0 1 1 8 2 0 2 3 2 1 6 0 0 0 0 0
23.		 0 0 1 1 8 2 0 2 3 2 9 0 0 0 0 0 0
24.		

**OVERFLOW PAGE FOR WRITE-INS**

**OVERFLOW PAGE FOR WRITE-INS**

**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage of Column 5 Line 13
1. Long-term bonds (Schedule D, Part 1):						
1.01 U.S. governments.....						
1.02 All other governments.....						
1.03 U.S. states, territories and possessions, etc. guaranteed.....						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed.....						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed.....						
1.06 Industrial and miscellaneous.....						
1.07 Hybrid securities.....						
1.08 Parent, subsidiaries and affiliates.....						
1.09 SVO identified funds.....						
1.10 Unaffiliated bank loans.....						
1.11 Unaffiliated certificates of deposit.....						
1.12 Total long-term bonds.....						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated).....						
2.02 Parent, subsidiaries and affiliates.....						
2.03 Total preferred stocks.....						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated).....						
3.02 Industrial and miscellaneous Other (Unaffiliated).....						
3.03 Parent, subsidiaries and affiliates Publicly traded.....						
3.04 Parent, subsidiaries and affiliates Other.....						
3.05 Mutual funds.....						
3.06 Unit investment trusts.....						
3.07 Closed-end funds.....						
3.08 Exchange traded funds.....						
3.09 Total common stocks.....						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages.....						
4.02 Residential mortgages.....						
4.03 Commercial mortgages.....						
4.04 Mezzanine real estate loans.....						
4.05 Total valuation allowance.....						
4.06 Total mortgage loans.....						
5. Real estate (Schedule A):						
5.01 Properties occupied by company.....						
5.02 Properties held for production of income.....						
5.03 Properties held for sale.....						
5.04 Total real estate.....						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1).....	3,137,727	100.0	3,137,727		3,137,727	100.0
6.02 Cash equivalents (Schedule E, Part 2).....						
6.03 Short-term investments (Schedule DA).....						
6.04 Total cash, cash equivalents and short-term investments.....	3,137,727	100.0	3,137,727		3,137,727	100.0
7. Contract loans.....						
8. Derivatives (Schedule DB).....						
9. Other invested assets (Schedule BA).....						
10. Receivables for securities.....						
11. Securities lending (Schedule DL, Part 1).....					XXX	XXX
12. Other invested assets (Page 2, Line 11).....						
13. Total invested assets.....	3,137,727	100.0	3,137,727		3,137,727	100.0

(SI-02) Schedule A - Verification Between Years - Real Estate

**NONE**

(SI-02) Schedule B - Verification Between Years - Mortgage Loans

**NONE**

(SI-03) Schedule BA - Verification Between Years - Other Long-Term Invested Assets

**NONE**

(SI-03) Schedule D - Verification Between Years - Bonds and Stocks

**NONE**

(SI-04) Schedule D

**NONE**

(SI-05) Schedule D - Part 1A - Section 1 - 1 to 5

**NONE**

(SI-06) Schedule D - Part 1A - Section 1 - 6 to 11

**NONE**

(SI-07) Schedule D - Part 1A - Section 1 - 12 to 15

**NONE**

(SI-08) Schedule D - Part 1A - Section 2 - 1 to 8

**NONE**

(SI-09) Schedule D - Part 1A - Section 2 - 9 to 15

**NONE**

(SI-10) Schedule DA - Short-Term Investments

**NONE**

(SI-11) Schedule DB - Part A - Verification Between Years - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

(SI-11) Schedule DB - Part B - Verification Between Years - Futures Contracts

**NONE**

(SI-12) Schedule DB - Part C - Section 1

**NONE**

(SI-13) Schedule DB - Part C - Section 2

**NONE**

(SI-14) Schedule DB - Verification

**NONE**

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

**NONE**

(E-01) Schedule A - Part 1

**NONE**

(E-02) Schedule A - Part 2

**NONE**

(E-03) Schedule A - Part 3

**NONE**

(E-04) Schedule B - Part 1

**NONE**

(E-05) Schedule B - Part 2

**NONE**

(E-06) Schedule B - Part 3

**NONE**

(E-07) Schedule BA - Part 1

**NONE**

(E-08) Schedule BA - Part 2

**NONE**

(E-09) Schedule BA - Part 3

**NONE**

(E-10) Schedule D - Part 1

**NONE**

(E-11) Schedule D - Part 2 - Section 1

**NONE**

(E-12) Schedule D - Part 2 - Section 2

**NONE**

(E-13) Schedule D - Part 3

**NONE**

(E-14) Schedule D - Part 4

**NONE**

(E-15) Schedule D - Part 5

**NONE**

(E-16) Schedule D - Part 6 - Section 1

**NONE**

(E-16) Schedule D - Part 6 - Section 2

**NONE**

(E-17) Schedule DA - Part 1

**NONE**

(E-18) Schedule DB - Part A - Section 1

**NONE**

(E-18) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-18) Schedule DB - Part A - Section 1 - Financial or Economic Impact of the Hedge

**NONE**

(E-19) Schedule DB - Part A - Section 2

**NONE**

(E-19) Schedule DB - Part A - Section 2 - Description of Hedged Risk(s)

**NONE**

(E-19) Schedule DB - Part A - Section 2 - Financial or Economic Impact of the Hedge

**NONE**

(E-20) Schedule DB - Part B - Section 1

**NONE**

(E-20) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-20) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-20) Schedule DB - Part B - Section 1 - Financial or Economic Impact of the Hedge

**NONE**

(E-21) Schedule DB - Part B - Section 2

**NONE**

(E-21) Schedule DB - Part B - Section 2 - Description of Hedged Risk(s)

**NONE**

(E-21) Schedule DB - Part B - Section 2 - Financial or Economic Impact of the Hedge

**NONE**

(E-22) Schedule DB - Part D - Section 1

**NONE**

(E-23) Schedule DB - Part D - Section 2 - By Reporting Entity

**NONE**

(E-23) Schedule DB - Part D - Section 2 - To Reporting Entity

**NONE**

(E-24) Schedule DB - Part E

**NONE**

(E-25) Schedule DL - Part 1

**NONE**

(E-25) Schedule DL - Part 1 - General Interrogatories

**NONE**

(E-26) Schedule DL - Part 2

**NONE**

(E-26) Schedule DL - Part 2 - General Interrogatories

**NONE**

**SCHEDULE E - PART 1 - CASH**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
<b>Open Depositories</b>						
PNC Bank, National Association – 249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 1.....		0.030	62,302	–	3,137,727	XXX
0199998 – Deposits in depositories that do not exceed allowable limits in any one depository (See Instructions)-open depositories.....						XXX
0199999 – Totals – Open Depositories.....		62,302	–	3,137,727	XXX	
0399999 – Total Cash on Deposit.....		62,302	–	3,137,727	XXX	
0599999 – Total Cash.....		62,302	–	3,137,727	XXX	

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

1. January.....	1,200,731	4. April.....	1,715,247	7. July.....	2,453,130	10. October.....	2,901,318
2. February.....	1,091,134	5. May.....	1,552,959	8. August.....	2,661,581	11. November.....	2,980,560
3. March.....	1,462,949	6. June.....	1,808,692	9. September.....	2,786,849	12. December.....	3,137,727

(E-28) Schedule E - Part 2

**NONE**

(E-29) Schedule E - Part 3

**NONE**

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

**NONE**



## SUPPLEMENTAL COMPENSATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2023  
(TO BE FILED BY MARCH 1)

### PART 1 – INTERROGATORIES

1. Is the reporting insurer a member of a group of insurers or other holding company system?.....  
If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?.....
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?.....

### PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current Principal Executive Officer:									
1.	2023	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
Current Principal Financial Officer:									
2.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
3.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
4.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
5.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
6.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
7.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
8.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
9.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....
10.	2023	.....	.....	.....	.....	.....	.....	.....	.....
	2022	.....	.....	.....	.....	.....	.....	.....	.....
	2021	.....	.....	.....	.....	.....	.....	.....	.....

### PART 3 – DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....

**NONE**

### PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.



**Statement of Actuarial Opinion**  
**Builders' Exchange Benefit Plan Trust**  
**December 31, 2023**

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input checked="" type="checkbox"/> Revised Wording	
Relevant Comments			<input type="checkbox"/> Revised Wording	
<input type="checkbox"/> The Actuarial Memorandum include "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

I, John C. Lloyd, Consulting Actuary, am associated with the firm of Optum. I am a member of the American Academy of Actuaries and have been retained by the Builders' Exchange Benefit Plan Trust to render an opinion with regard to loss reserves, actuarial liabilities, actuarial assets, and related items. I was appointed on December 14, 2020, in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities, actuarial assets and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2023.

A. Claims unpaid (Page 3, Line 1);	\$73,070
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2);	\$0
C. Unpaid claims adjustment expenses (Page 3, Line 3);	\$3,000
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves, and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	\$0
E. Aggregate life policy reserves (Page 3, Line 5);	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6);	\$0
G. Aggregate health claim reserves (Page 3, Line 7);	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	N/A
I. Specified actuarial items presented as assets in the annual statement	N/A
a. Accrued retrospective premiums and contract redeterminations (page 2, Line 15.3)	\$0
b. Amounts recoverable from reinsurance (Page 2, Line 16.1)	\$ 4,577,670
c. Other amounts receivable under reinsurance contracts (Page 2, Line 16.3)	\$713,395

**Statement of Actuarial Opinion  
Builders' Exchange Benefit Plan Trust  
December 31, 2023**

In forming my opinion on items A through I above, I relied upon data prepared by John Grandetti and Glenn Gierman as certified in the attached statement. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the Insurance Laws and regulations of the state of Ohio; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed,
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Make a reasonable provision for all actuarial assets of the organization under the terms of its contracts and agreements,
- F. On a combined basis, make a reasonable provision for all actuarial assets and actuarial liabilities of the organization under moderately adverse conditions,
- G. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year end,
- H. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.



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John C. Lloyd, FSA, MAAA  
Consulting Actuary, Optum  
(404) 272-5115

March 25, 2024

# Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

**To:** Optum  
**FROM:** Builders' Exchange Benefit Trust Plan

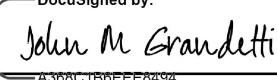
In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of Builders' Exchange Benefit Trust Plan as of December 31, 2023, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete, and were derived from the records and data which form the basis of the annual statement for the year ending December 31, 2023;
3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined; and,
4. At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers, and if not, Company has accrued an appropriate liability to cover the risk.

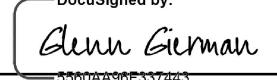
I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of Builders' Exchange Benefit Trust Plan as of December 31, 2023, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of December 31, 2023.

Signed \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

DocuSigned by:  
  
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Signed \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

DocuSigned by:  
  
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