

ANNUAL STATEMENT

OF THE

Ohio Chamber Health Benefit Program Trust

TO THE

Insurance Department

OF THE

STATE OF

Ohio

**FOR THE YEAR ENDED
DECEMBER 31, 2024**

HEALTH

2024



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Ohio Chamber Health Benefit Program Trust

| | | | | | |
|--|--|-------------------|--|----------------------|------------|
| NAIC Group Code | 0000 (Current) | NAIC Company Code | 18819 (Prior) | Employer's ID Number | 83-8804326 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry OH | | |
| Country of Domicile | United States of America | | | | |
| Licensed as business type: | Other | | | | |
| Is HMO Federally Qualified? Yes [] No [] | | | | | |
| Incorporated/Organized | 08/21/2019 | | Commenced Business | 08/07/2019 | |
| Statutory Home Office | 34 S. Third Street, Suite 100 (Street and Number) | | Columbus, OH, US 43215 (City or Town, State, County and Zip Code) | | |
| Main Administrative Office | 34 S. Third Street, Suite 100 (Street and Number) | | 614-829-0936 (Area Code) (Telephone Number) | | |
| Columbus, OH, US 43215 (City or Town, State, County and Zip Code) | | | | | |
| Mail Address | 34 S. Third Street, Suite 100 (Street and Number or P.O. Box) | | Columbus, OH, US 43215 (City or Town, State, County and Zip Code) | | |
| Primary Location of Books and Records | 34 S. Third Street, Suite 100 (Street and Number) | | 614-829-0936 (Area Code) (Telephone Number) | | |
| Columbus, OH, US 43215 (City or Town, State, County and Zip Code) | | | | | |
| Internet Website Address | www.ohiochamber.com | | | | |
| Statutory Statement Contact | Cynthia Ann Powell (Name) | | 614-829-0913 (Area Code) (Telephone Number) | | |
| CPowell@ohiochamber.com (E-mail Address) | 614-340-7953 (FAX Number) | | | | |

OFFICERS

| | | | |
|-------------------------|---------------------|-----------|----------------------------|
| Executive Director | Scott Michael Colby | Treasurer | Dwight William Seeley |
| Chief Financial Officer | Cynthia Ann Powell | Secretary | Jonathan Alexander Allison |

OTHER

| | |
|---|--|
| Steven Ernst Stivers, Chairman of the Board | |
|---|--|

DIRECTORS OR TRUSTEES

| | | |
|---------------------------|-----------------------|----------------------------|
| Dwight William Seeley | Steven Ernst Stivers | Jonathan Alexander Allison |
| Jennifer Hester Sitterley | Eric Henderson Keamey | Thomas Mark Zaino # |
| Lisa Marie Wesolek # | | |

| | | | | |
|-----------------------|------------------|-----------------------|------------------|-----------------------|
| State of County of | Ohio Franklin | State of County of | Ohio Franklin | State of County of |
|-----------------------|------------------|-----------------------|------------------|-----------------------|

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.

Scott Michael Colby
Executive Director

Cynthia Ann Powell
Chief Financial Officer

Dwight William Seeley
Treasurer

Subscribed and sworn to before me this

5th day of February

Subscribed and sworn to before me this

5th day of February

Subscribed and sworn to before me this

day of

a. Is this an original
filing? _____

Yes (X) No []

b. If no,

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....



TUCKER JAMES KING
Notary Public, State of Ohio
My Commission Expires:
10/25/28

ASSETS

| | Current Year | | | Prior Year |
|--|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | 0 | 0 | 0 | 0 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | 0 | 0 | 0 | 0 |
| 3.2 Other than first liens | 0 | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | 0 | 0 | 0 | 0 |
| 4.2 Properties held for the production of income (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.3 Properties held for sale (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 5. Cash (\$8,788,733 , Schedule E - Part 1), cash equivalents (\$0 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA) | 8,788,733 | 0 | 8,788,733 | 7,857,983 |
| 6. Contract loans, (including \$0 premium notes) | 0 | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB) | 0 | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | 0 | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 8,788,733 | 0 | 8,788,733 | 7,857,983 |
| 13. Title plants less \$0 charged off (for Title insurers only) | 0 | 0 | 0 | 0 |
| 14. Investment income due and accrued | 26,552 | 0 | 26,552 | 21,526 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 564,525 | 44,006 | 520,519 | 553,527 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums) | 0 | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0) | 0 | 0 | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 15,699,528 | 0 | 15,699,528 | 10,278,581 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 1,336,717 | 0 | 1,336,717 | 913,052 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 175,000 | 0 | 175,000 | 0 |
| 18.2 Net deferred tax asset | 140,409 | 0 | 140,409 | 55,416 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | 0 | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$0) | 0 | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 24. Health care (\$0) and other amounts receivable | 0 | 0 | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 7,846 | 7,846 | 0 | 540 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 26,739,310 | 51,852 | 26,687,458 | 19,680,625 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 26,739,310 | 51,852 | 26,687,458 | 19,680,625 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Commissions | 7,846 | 7,846 | 0 | 0 |
| 2502. Premiums Collected in Excess of Administrator Expenditures | 0 | 0 | 0 | 540 |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 7,846 | 7,846 | 0 | 540 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|---|--------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ 25,757,154 reinsurance ceded) | 2,861,894 | 0 | 2,861,894 | 1,676,189 |
| 2. Accrued medical incentive pool and bonus amounts | 12 | 0 | 12 | 77 |
| 3. Unpaid claims adjustment expenses | 120,177 | 0 | 120,177 | 70,821 |
| 4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act | 0 | 0 | 0 | 0 |
| 5. Aggregate life policy reserves | 0 | 0 | 0 | 0 |
| 6. Property/casualty unearned premium reserves | 0 | 0 | 0 | 0 |
| 7. Aggregate health claim reserves | 120,071 | 0 | 120,071 | 97,170 |
| 8. Premiums received in advance | 2,094,173 | 0 | 2,094,173 | 983,686 |
| 9. General expenses due or accrued | 309,161 | 0 | 309,161 | 697,330 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses)) | 0 | 0 | 0 | 0 |
| 10.2 Net deferred tax liability | 0 | 0 | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 17,323,894 | 0 | 17,323,894 | 12,363,921 |
| 12. Amounts withheld or retained for the account of others | 0 | 0 | 0 | 0 |
| 13. Remittances and items not allocated | 0 | 0 | 0 | 0 |
| 14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current) | 0 | 0 | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 16. Derivatives | 0 | 0 | 0 | 0 |
| 17. Payable for securities | 0 | 0 | 0 | 0 |
| 18. Payable for securities lending | 0 | 0 | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers) | 0 | 0 | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$ 0) companies | 0 | 0 | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 0 | 0 | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ 386,381 current) | 386,381 | 0 | 386,381 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 23,215,763 | 0 | 23,215,763 | 15,889,194 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 0 | 0 |
| 27. Preferred capital stock | XXX | XXX | 0 | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 0 | 0 |
| 29. Surplus notes | XXX | XXX | 4,000,000 | 4,000,000 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (528,305) | (208,569) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 \$ 0 shares common (value included in Line 26 \$ 0) | XXX | XXX | 0 | 0 |
| 32.2 \$ 0 shares preferred (value included in Line 27 \$ 0) | XXX | XXX | 0 | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 3,471,695 | 3,791,431 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 26,687,458 | 19,680,625 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Administrator Expenditures in Excess of Premiums Collected | 386,381 | 0 | 386,381 | 0 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 386,381 | 0 | 386,381 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|--|----------------|-------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months..... | XXX..... | 368,582 | 259,008 |
| 2. Net premium income (including \$ 0 non-health premium income) | XXX..... | 19,145,131 | 13,036,296 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX..... | 0 | 0 |
| 4. Fee-for-service (net of \$ 0 medical expenses) | XXX..... | 0 | 0 |
| 5. Risk revenue | XXX..... | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX..... | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX..... | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX..... | 19,145,131 | 13,036,296 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | 0 | 149,653,985 | 92,439,717 |
| 10. Other professional services | 0 | 0 | 0 |
| 11. Outside referrals | 0 | 0 | 0 |
| 12. Emergency room and out-of-area | 0 | 0 | 0 |
| 13. Prescription drugs | 0 | 46,196,113 | 30,485,681 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | 0 | 10,024 | 72,546 |
| 16. Subtotal (Lines 9 to 15) | 0 | 195,860,122 | 122,997,944 |
| Less: | | | |
| 17. Net reinsurance recoveries | 0 | 177,764,859 | 111,760,796 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 18,095,263 | 11,237,148 |
| 19. Non-health claims (net) | 0 | 0 | 0 |
| 20. Claims adjustment expenses, including \$ 340,252 cost containment expenses | 0 | 642,105 | 491,722 |
| 21. General administrative expenses | 0 | 1,046,932 | 653,909 |
| 22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only) | 0 | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 19,784,300 | 12,382,779 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX..... | (639,169) | 653,517 |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | 0 | 303,588 | 157,053 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ 0 | 0 | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 303,588 | 157,053 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ (22,162))] | 0 | (22,162) | (2,179) |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX..... | (357,743) | 808,391 |
| 31. Federal and foreign income taxes incurred | XXX..... | 0 | 0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (357,743) | 808,391 |
| DETAILS OF WRITE-INS | | | |
| 0601. | XXX..... | | |
| 0602. | XXX..... | | |
| 0603. | XXX..... | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX..... | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 |
| 0701. | XXX..... | | |
| 0702. | XXX..... | | |
| 0703. | XXX..... | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX..... | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 |
| 2901. | | | |
| 2902. | | | |
| 2903. | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CAPITAL AND SURPLUS ACCOUNT | | |
| 33. Capital and surplus prior reporting year..... | 3,791,431 | 3,143,979 |
| 34. Net income or (loss) from Line 32 | (357,743) | 808,391 |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 |
| 38. Change in net deferred income tax | 84,993 | (172,107) |
| 39. Change in nonadmitted assets | (46,986) | 11,168 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | 0 | 0 |
| 44. Capital Changes: | | |
| 44.1 Paid in | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 |
| 44.3 Transferred to surplus..... | 0 | 0 |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | (319,736) | 647,452 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 3,471,695 | 3,791,431 |
| DETAILS OF WRITE-INS | | |
| 4701. | 0 | 0 |
| 4702. | 0 | 0 |
| 4703. | 0 | 0 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
CASH FLOW

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 25,209,379 | 16,432,642 |
| 2. Net investment income | 298,562 | 135,527 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 25,507,941 | 16,568,169 |
| 5. Benefit and loss related payments | 22,307,669 | 12,387,979 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 2,481,443 | 1,012,890 |
| 8. Dividends paid to policyholders | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 175,000 | 0 |
| 10. Total (Lines 5 through 9) | 24,964,112 | 13,400,869 |
| 11. Net cash from operations (Line 4 minus Line 10) | 543,829 | 3,167,300 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 0 | 0 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 0 | 0 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 |
| 14. Net increase/(decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | 386,921 | (1,045,870) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 386,921 | (1,045,870) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 930,750 | 2,121,430 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 7,857,983 | 5,736,553 |
| 19.2 End of year (Line 18 plus Line 19.1) | 8,788,733 | 7,857,983 |

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

| | | |
|--|---|-------------|
| 20.0001. Surplus note maturity (Note 13) | 0 | (2,150,000) |
| 20.0002. Surplus note received (Note 13) | 0 | 2,150,000 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

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 |
| 1. | Net premium income | 19,145,131 | 0 | 19,145,131 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | Change in unearned premium reserves and reserve for rate credit | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Fee-for-service (net of \$ medical expenses) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 4. | Risk revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 5. | Aggregate write-ins for other health care related revenues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 6. | Aggregate write-ins for other non-health care related revenues | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 7. | Total revenues (Lines 1 to 6) | 19,145,131 | 0 | 19,145,131 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | Hospital/medical benefits | 149,653,985 | 0 | 149,653,985 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 9. | Other professional services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 10. | Outside referrals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 11. | Emergency room and out-of-area | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 12. | Prescription drugs | 46,196,113 | 0 | 46,196,113 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 13. | Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 14. | Incentive pool, withhold adjustments and bonus amounts | 10,024 | 0 | 10,024 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 15. | Subtotal (Lines 8 to 14) | 195,860,122 | 0 | 195,860,122 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 16. | Net reinsurance recoveries | 177,764,859 | 0 | 177,764,859 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 17. | Total medical and hospital (Lines 15 minus 16) | 18,095,263 | 0 | 18,095,263 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 18. | Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 19. | Claims adjustment expenses including \$ 340,252 cost containment expenses | 642,105 | 0 | 642,105 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. | General administrative expenses | 1,046,932 | 0 | 1,046,932 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. | Increase in reserves for accident and health contracts | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 22. | Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 23. | Total underwriting deductions (Lines 17 to 22) | 19,784,300 | 0 | 19,784,300 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. | Net underwriting gain or (loss) (Line 7 minus Line 23) | (639,169) | 0 | (639,169) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | XXX.. |
| 0502. | | | | | | | | | | | | | | XXX.. |
| 0503. | | | | | | | | | | | | | | XXX.. |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 0599. | Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699. | Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | | | | | XXX.. |
| 1302. | | | | | | | | | | | | | | XXX.. |
| 1303. | | | | | | | | | | | | | | XXX.. |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX.. |
| 1399. | Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

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

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1 + 2 - 3) |
|--|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical) individual | 0 | .0 | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | 210,954,689 | .0 | 191,809,558 | 19,145,131 |
| 3. Medicare Supplement | 0 | .0 | 0 | 0 |
| 4. Vision only | 0 | .0 | 0 | 0 |
| 5. Dental only | 0 | .0 | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | 0 | .0 | 0 | 0 |
| 7. Title XVIII - Medicare | 0 | .0 | 0 | 0 |
| 8. Title XIX - Medicaid | 0 | .0 | 0 | 0 |
| 9. Credit A&H | 0 | .0 | 0 | 0 |
| 10. Disability Income | 0 | .0 | 0 | 0 |
| 11. Long-Term Care | 0 | .0 | 0 | 0 |
| 12. Other health | 0 | .0 | 0 | 0 |
| 13. Health subtotal (Lines 1 through 12) | 210,954,689 | .0 | 191,809,558 | 19,145,131 |
| 14. Life | 0 | .0 | 0 | 0 |
| 15. Property/casualty | 0 | .0 | 0 | 0 |
| 16. Totals (Lines 13 to 15) | 210,954,689 | 0 | 191,809,558 | 19,145,131 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

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

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|------|---|---------------------------------------|-------|-------------|---|---|---|---|---|----|----|----|----|----|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | | | | | | | | | | | |
| 1. | Payments during the year: | | | | | | | | | | | | | |
| 1.1 | Direct | 183,764,623 | 0 | 183,764,623 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.2 | Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.3 | Reinsurance ceded | 161,467,044 | 0 | 161,467,044 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.4 | Net | 22,297,579 | 0 | 22,297,579 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | Paid medical incentive pools and bonuses | 10,089 | 0 | 10,089 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Claim liability December 31, current year from Part 2A: | | | | | | | | | | | | | |
| 3.1 | Direct | 28,619,048 | 0 | 28,619,048 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 | Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 | Reinsurance ceded | 25,757,154 | 0 | 25,757,154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 | Net | 2,861,894 | 0 | 2,861,894 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Claim reserve December 31, current year from Part 2D: | | | | | | | | | | | | | |
| 4.1 | Direct | 633,946 | 0 | 633,946 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 | Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 | Reinsurance ceded | 513,875 | 0 | 513,875 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 | Net | 120,071 | 0 | 120,071 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | Accrued medical incentive pools and bonuses, current year | 12 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. | Net health care receivables (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. | Amounts recoverable from reinsurers December 31, current year | 15,699,528 | 0 | 15,699,528 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | Claim liability December 31, prior year from Part 2A: | | | | | | | | | | | | | |
| 8.1 | Direct | 16,762,580 | 0 | 16,762,580 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.2 | Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 | Reinsurance ceded | 15,086,392 | 0 | 15,086,392 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 | Net | 1,676,188 | 0 | 1,676,188 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | | | | |
| 9.1 | Direct | 404,939 | 0 | 404,939 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.2 | Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.3 | Reinsurance ceded | 307,769 | 0 | 307,769 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.4 | Net | 97,170 | 0 | 97,170 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Accrued medical incentive pools and bonuses, prior year | 77 | 0 | 77 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. | Amounts recoverable from reinsurers December 31, prior year | 10,278,581 | 0 | 10,278,581 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Incurred Benefits: | | | | | | | | | | | | | |
| 12.1 | Direct | 195,850,098 | 0 | 195,850,098 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.2 | Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 | Reinsurance ceded | 177,764,859 | 0 | 177,764,859 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.4 | Net | 18,085,239 | 0 | 18,085,239 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. | Incurred medical incentive pools and bonuses | 10,024 | 0 | 10,024 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|------------|---------------------------------------|------------|---|---|---|---|---|---|----|----|----|----|----|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | | | | | | | | | | | |
| 1. Reported in Process of Adjustment: | | | | | | | | | | | | | | |
| 1.1 Direct | 8,883,060 | 0 | 8,883,060 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.3 Reinsurance ceded | 7,612,285 | 0 | 7,612,285 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1.4 Net | 1,270,775 | 0 | 1,270,775 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | | | | | |
| 2.1 Direct | 19,735,988 | 0 | 19,735,988 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.3 Reinsurance ceded | 18,144,969 | 0 | 18,144,869 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.4 Net | 1,591,119 | 0 | 1,591,119 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | | | | | |
| 3.1 Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | | | | | |
| 4.1 Direct | 28,619,048 | 0 | 28,619,048 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 Reinsurance ceded | 25,757,154 | 0 | 25,757,154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net | 2,861,894 | 0 | 2,861,894 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

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

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 | 6 |
|--|--|--|---|--|-----------|-----------|
| | 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | 1,653,121 | 15,223,511 | 13,208 | 2,968,757 | 1,666,329 | 1,773,359 |
| 3. Medicare Supplement | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Vision Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Dental Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Title XVIII - Medicare | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Title XIX - Medicaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Credit A&H | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Disability Income | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Long-Term Care | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Other health | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 1,653,121 | 15,223,511 | 13,208 | 2,968,757 | 1,666,329 | 1,773,359 |
| 14. Health care receivables (a) | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Other non-health | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | 10,043 | .46 | 0 | 12 | 10,043 | .77 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 1,663,164 | 15,223,557 | 13,208 | 2,968,769 | 1,676,372 | 1,773,436 |

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2020 | 2 2021 | 3 2022 | 4 2023 | 5 2024 |
| 1. Prior | 43 | 43 | 43 | 43 | 43 |
| 2. 2020 | 17,668 | 16,996 | 16,996 | 16,996 | 16,996 |
| 3. 2021 | XXX | 9,562 | 8,028 | 8,028 | 8,028 |
| 4. 2022 | XXX | XXX | 15,601 | 8,129 | 8,129 |
| 5. 2023 | XXX | XXX | XXX | 19,860 | 11,349 |
| 6. 2024 | XXX | XXX | XXX | XXX | 30,818 |

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

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2020 | 2 2021 | 3 2022 | 4 2023 | 5 2024 |
| 1. Prior | 43 | 43 | 43 | 43 | 43 |
| 2. 2020 | 20,172 | 16,998 | 16,996 | 16,996 | 16,996 |
| 3. 2021 | XXX | 10,857 | 8,031 | 8,028 | 8,028 |
| 4. 2022 | XXX | XXX | 16,974 | 8,154 | 8,129 |
| 5. 2023 | XXX | XXX | XXX | 21,608 | 11,362 |
| 6. 2024 | XXX | XXX | XXX | XXX | 33,787 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2020 | 23,118 | 16,996 | 996 | 5.9 | 17,992 | 77.8 | 0 | 0 | 17,992 | 77.8 |
| 2. 2021 | 5,907 | 8,028 | 222 | 2.8 | 8,250 | 139.7 | 0 | 0 | 8,250 | 139.7 |
| 3. 2022 | 9,280 | 8,129 | 336 | 4.1 | 8,465 | 91.2 | 0 | 0 | 8,465 | 91.2 |
| 4. 2023 | 13,036 | 11,349 | 426 | 3.8 | 11,775 | 90.3 | 13 | 0 | 11,788 | 90.4 |
| 5. 2024 | 19,145 | 30,818 | 533 | 1.7 | 31,351 | 163.8 | 2,969 | 120 | 34,440 | 179.9 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2020 | 2 2021 | 3 2022 | 4 2023 | 5 2024 |
| 1. Prior | 43 | 43 | 43 | 43 | 43 |
| 2. 2020 | 17,668 | 16,996 | 16,996 | 16,996 | 16,996 |
| 3. 2021 | XXX | 9,562 | 8,028 | 8,028 | 8,028 |
| 4. 2022 | XXX | XXX | 15,601 | 8,129 | 8,129 |
| 5. 2023 | XXX | XXX | XXX | 19,860 | 11,349 |
| 6. 2024 | XXX | XXX | XXX | XXX | 30,818 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2020 | 2 2021 | 3 2022 | 4 2023 | 5 2024 |
| 1. Prior | 43 | 43 | 43 | 43 | 43 |
| 2. 2020 | 20,172 | 16,998 | 16,996 | 16,996 | 16,996 |
| 3. 2021 | XXX | 10,857 | 8,031 | 8,028 | 8,028 |
| 4. 2022 | XXX | XXX | 16,974 | 8,154 | 8,129 |
| 5. 2023 | XXX | XXX | XXX | 21,608 | 11,362 |
| 6. 2024 | XXX | XXX | XXX | XXX | 33,787 |

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

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2020 | 23,118 | 16,996 | 996 | 5.9 | 17,992 | 77.8 | 0 | 0 | 17,992 | 77.8 |
| 2. 2021 | 5,907 | 8,028 | 222 | 2.8 | 8,250 | 139.7 | 0 | 0 | 8,250 | 139.7 |
| 3. 2022 | 9,280 | 8,129 | 336 | 4.1 | 8,465 | 91.2 | 0 | 0 | 8,465 | 91.2 |
| 4. 2023 | 13,036 | 11,349 | 426 | 3.8 | 11,775 | 90.3 | 13 | 0 | 11,788 | 90.4 |
| 5. 2024 | 19,145 | 30,818 | 533 | 1.7 | 31,351 | 163.8 | 2,969 | 120 | 34,440 | 179.9 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

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 | Medicare Supplement | | | | | | | | | | |
| | | Total | Individual | Group | | | | | | | | | | |
| 1. | Unearned premium reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | Additional policy reserves (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Reserve for future contingent benefits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Reserve for rate credits or experience rating refunds (including \$ 0 for investment income) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | Aggregate write-ins for other policy reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. | Totals (gross) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. | Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | Totals (Net)(Page 3, Line 4) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Present value of amounts not yet due on claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Reserve for future contingent benefits | 633,946 | 0 | 633,946 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. | Aggregate write-ins for other claim reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Totals (gross) | 633,946 | 0 | 633,946 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. | Reinsurance ceded | 513,875 | 0 | 513,875 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. | Totals (Net)(Page 3, Line 7) | 120,071 | 0 | 120,071 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | |
| 0501. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0502. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0503. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599. | Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1101. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1102. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1103. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199. | Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes \$ 0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|--|--------------------------------------|--|--|-----------------------------|---------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 1. Rent (\$0 for occupancy of own building) | 0 | 0 | 0 | 0 | 0 |
| 2. Salary, wages and other benefits | 0 | 0 | 0 | 0 | 0 |
| 3. Commissions (less \$7,743,403 ceded plus \$0 assumed) | 0 | 0 | 860,378 | 0 | 860,378 |
| 4. Legal fees and expenses | 0 | 0 | 2,183 | 0 | 2,183 |
| 5. Certifications and accreditation fees | 0 | 0 | 0 | 0 | 0 |
| 6. Auditing, actuarial and other consulting services | 0 | 0 | 5,711 | 0 | 5,711 |
| 7. Traveling expenses | 0 | 0 | 0 | 0 | 0 |
| 8. Marketing and advertising | 0 | 0 | 0 | 0 | 0 |
| 9. Postage, express and telephone | 0 | 0 | 0 | 0 | 0 |
| 10. Printing and office supplies | 0 | 0 | 0 | 0 | 0 |
| 11. Occupancy, depreciation and amortization | 0 | 0 | 0 | 0 | 0 |
| 12. Equipment | 0 | 0 | 0 | 0 | 0 |
| 13. Cost or depreciation of EDP equipment and software | 0 | 0 | 0 | 0 | 0 |
| 14. Outsourced services including EDP, claims, and other services | 340,252 | 301,853 | 161,089 | 0 | 803,194 |
| 15. Boards, bureaus and association fees | 0 | 0 | 0 | 0 | 0 |
| 16. Insurance, except on real estate | 0 | 0 | 0 | 0 | 0 |
| 17. Collection and bank service charges | 0 | 0 | 8 | 0 | 8 |
| 18. Group service and administration fees | 0 | 0 | 0 | 0 | 0 |
| 19. Reimbursements by uninsured plans | 0 | 0 | 0 | 0 | 0 |
| 20. Reimbursements from fiscal intermediaries | 0 | 0 | 0 | 0 | 0 |
| 21. Real estate expenses | 0 | 0 | 0 | 0 | 0 |
| 22. Real estate taxes | 0 | 0 | 0 | 0 | 0 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | 0 | 0 | 0 | 0 | 0 |
| 23.2 State premium taxes | 0 | 0 | 0 | 0 | 0 |
| 23.3 Regulatory authority licenses and fees | 0 | 0 | 13,615 | 0 | 13,615 |
| 23.4 Payroll taxes | 0 | 0 | 0 | 0 | 0 |
| 23.5 Other (excluding federal income and real estate taxes) | 0 | 0 | 0 | 0 | 0 |
| 24. Investment expenses not included elsewhere | 0 | 0 | 0 | 15,000 | 15,000 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 3,948 | 0 | 3,948 |
| 26. Total expenses incurred (Lines 1 to 25) | 340,252 | 301,853 | 1,046,932 | 15,000 | (a) 1,704,037 |
| 27. Less expenses unpaid December 31, current year | 63,682 | 56,495 | 309,161 | 0 | 429,338 |
| 28. Add expenses unpaid December 31, prior year | 37,207 | 33,614 | 697,330 | 0 | 768,151 |
| 29. Amounts receivable relating to uninsured plans, prior year | 0 | 0 | 0 | 0 | 0 |
| 30. Amounts receivable relating to uninsured plans, current year | 0 | 0 | 0 | 0 | 0 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 313,777 | 278,972 | 1,435,101 | 15,000 | 2,042,850 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. Interest | 0 | 0 | 3,948 | 0 | 3,948 |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 | 3,948 | 0 | 3,948 |

(a) Includes management fees of \$0 to affiliates and \$793,038 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|----------------------------|-------------------------|
| 1. U.S. government bonds | (a) | 0 |
| 1.1 Bonds exempt from U.S. tax | (a) | 0 |
| 1.2 Other bonds (unaffiliated) | (a) | 0 |
| 1.3 Bonds of affiliates | (a) | 0 |
| 2.1 Preferred stocks (unaffiliated) | (b) | 0 |
| 2.11 Preferred stocks of affiliates | (b) | 0 |
| 2.2 Common stocks (unaffiliated) | 0 | 0 |
| 2.21 Common stocks of affiliates | 0 | 0 |
| 3. Mortgage loans | (c) | 0 |
| 4. Real estate | (d) | 0 |
| 5. Contract Loans | 0 | 0 |
| 6. Cash, cash equivalents and short-term investments | (e) | 318,588 |
| 7. Derivative instruments | (f) | 0 |
| 8. Other invested assets | 0 | 0 |
| 9. Aggregate write-ins for investment income | 0 | 0 |
| 10. Total gross investment income | 0 | 318,588 |
| 11. Investment expenses | (g) | 15,000 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | (g) | 0 |
| 13. Interest expense | (h) | 0 |
| 14. Depreciation on real estate and other invested assets | (i) | 0 |
| 15. Aggregate write-ins for deductions from investment income | 0 | 0 |
| 16. Total deductions (Lines 11 through 15) | 0 | 15,000 |
| 17. Net investment income (Line 10 minus Line 16) | 0 | 303,588 |
| DETAILS OF WRITE-INS | | |
| 0901. .... | ..... | ..... |
| 0902. .... | ..... | ..... |
| 0903. .... | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) | 0 | 0 |
| 1501. .... | ..... | ..... |
| 1502. .... | ..... | ..... |
| 1503. .... | ..... | ..... |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | 0 | 0 |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) | 0 | 0 |

(a) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.

(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.

(e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.

(g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.

(i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
EXHIBIT OF NON-ADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|--|---|---|---|
| 1. Bonds (Schedule D) | 0 | 0 | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | 0 | 0 | 0 |
| 3.2 Other than first liens..... | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | 0 | 0 | 0 |
| 4.2 Properties held for the production of income..... | 0 | 0 | 0 |
| 4.3 Properties held for sale | 0 | 0 | 0 |
| 5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) | 0 | 0 | 0 |
| 6. Contract loans | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB) | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only) | 0 | 0 | 0 |
| 14. Investment income due and accrued | 0 | 0 | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 44,006 | 4,786 | (39,220) |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | 0 | 0 | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 |
| 18.2 Net deferred tax asset | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 |
| 23. Receivable from parent, subsidiaries and affiliates | 0 | 0 | 0 |
| 24. Health care and other amounts receivable | 0 | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 7,846 | 80 | (7,766) |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 51,852 | 4,866 | (46,986) |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 51,852 | 4,866 | (46,986) |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 |
| 2501. Prepaid Commissions | 7,846 | 80 | (7,766) |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 7,846 | 80 | (7,766) |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Provider Service Organizations | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Preferred Provider Organizations | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Point of Service | 24,435 | 28,258 | 31,395 | 32,279 | 33,338 | 368,582 |
| 5. Indemnity Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 24,435 | 28,258 | 31,395 | 32,279 | 33,338 | 368,582 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

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

Aging Analysis of Unpaid Claim

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported) | | | | | | |
| 0199999. Individually listed claims unpaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299999. Aggregate accounts not individually listed- uncovered | 0 | 0 | 0 | 0 | 0 | 0 |
| 0399999. Aggregate accounts not individually listed-covered | 8,550,478 | 186,477 | 95,289 | 35,764 | 15,052 | 8,883,060 |
| 0499999. Subtotals | 8,550,478 | 186,477 | 95,289 | 35,764 | 15,052 | 8,883,060 |
| 0599999. Unreported claims and other claim reserves | | | | | | 19,735,988 |
| 0699999. Total amounts withheld | | | | | | 0 |
| 0799999. Total claims unpaid | | | | | | 28,619,048 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 12 |

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

N O N E

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|--|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 2. Intermediaries..... | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 3. All other providers..... | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. Total capitation payments..... | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 6. Contractual fee payments | 183,764,623 | 100.0 | XXX | XXX | 0 | 183,764,623 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 8. Bonus/withhold arrangements - contractual fee payments | 10,089 | 0.0 | XXX | XXX | 0 | 10,089 |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 11. All other payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 12. Total other payments | 183,774,712 | 100.0 | XXX | XXX | 0 | 183,774,712 |
| 13. TOTAL (Line 4 plus Line 12) | 183,774,712 | 100% | XXX | XXX | 0 | 183,774,712 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

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

OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

Ohio Chamber Health Benefit Program Trust (the “Company”) is a multiple-employer welfare arrangement and health and welfare benefit plan covering participating employers, sponsored by the Ohio Chamber of Commerce. The board of trustees of the Company is the plan administrator. Each participating employer must execute an agreement to participate in the Company. The Company was established to provide medical and prescription drug benefits for eligible employees of participating employers and their eligible dependents.

A. Accounting Practices

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

The Ohio Department of Insurance recognizes only statutory accounting practices, prescribed or permitted by the state of Ohio, for determining and reporting the financial condition and results of operations of a multiple-employer welfare arrangement, for determining its solvency under Ohio Insurance Law. The state of Ohio prescribes the use of the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual in effect for the accounting periods covered in the financial statements.

No significant differences exist between the practices prescribed or permitted by the state of Ohio and the National Association of Insurance Commissioners’ Accounting Practices and Procedures manual, also known as NAIC SAP, which materially affect the statutory basis net income (loss) and capital and surplus, as illustrated in the table below:

| Net Income (Loss) | SSAP # | F/S Page # | F/S Line # | 2024 | 2023 |
|---|--------|------------|------------|--------------|--------------|
| (1) Company state basis (Page 4, Line 32, Columns 2 & 3) | XXX | XXX | XXX | \$ (357,743) | \$ 808,391 |
| (2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (4) NAIC SAP (1 - 2 - 3 = 4) | XXX | XXX | XXX | \$ (357,743) | \$ 808,391 |
| Capital and Surplus | | | | | |
| (5) Company state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 3,471,695 | \$ 3,791,431 |
| (6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (8) NAIC SAP (5 - 6 - 7 = 8) | XXX | XXX | XXX | \$ 3,471,695 | \$ 3,791,431 |

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

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

C. Accounting Policy

Basis of Presentation — The Company prepares its financial statements on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. These statutory practices differ from generally accepted accounting principles in the United States of America.

The Company has deemed the following to be significant differences between statutory practices and generally accepted accounting principles:

- Cash, cash equivalents, and short-term investments in the financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date. The Company reported \$0 and \$0 short-term investments as of December 31, 2024 and 2023, respectively.
- The statutory basis statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and short-term investments, which can include restricted cash reserves, with original maturities of one year or less from the time of acquisition, whereas under generally accepted accounting principles, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents, and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of generally accepted accounting principles cash flows. In addition, there are classification differences within the presentation of the cash flow categories between generally accepted accounting principles and National Association of Insurance Commissioners' Accounting Practices and Procedures manual. The statutory basis statements of cash flows are prepared in accordance with the National Association of Insurance Commissioners' Annual Statement Instructions.
- The National Association of Insurance Commissioners' Accounting Practices and Procedures manual provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax basis of assets, subject to a valuation allowance and admissibility limitations on deferred tax assets, and tax basis of liabilities (see Note 9). In addition, under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual, the net change in deferred tax assets and/or liabilities is recorded directly to unassigned funds (surplus) in the financial statements, whereas under generally accepted accounting principles, the net change in deferred tax assets and/or liabilities is recorded as a component of the income tax provision within the income statement and is based on the ultimate recoverability of the deferred tax assets. Based on the admissibility criteria under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the financial statements, whereas under generally accepted accounting principles, such assets are included in the balance sheet.
- Reserves ceded to reinsurers for claims unpaid and aggregate health claim reserves have been reported as reductions of the related reserves rather than as assets, which would be required under generally accepted accounting principles.
- Certain assets, including certain aged premium receivables and prepaid expenses, are considered nonadmitted assets under the National Association of Insurance Commissioners' Accounting Practices and Procedures manual and are excluded from the financial statements and charged directly to unassigned funds (surplus).
- Comprehensive income and its components are not separately presented in the financial statements, whereas under generally accepted accounting principles, it is a requirement to present comprehensive income and its components in the financial statements.

Accounting policy disclosures that are required by the National Association of Insurance Commissioners' Annual Statement instructions are as follows:

- (1–2) The Company holds no bonds or short-term investments;
- (3–4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;
- (6) The Company holds no loan-backed securities;
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;
- (10) Premium deficiency reserves (inclusive of conversion reserves) and the related expenses are recognized when it is probable that expected future health care expenses, claims adjustment expenses included in general insurance expenses, direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the financial statements. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, claims adjustment expenses and direct administration costs are considered. The data and assumptions underlying such estimates and the resulting reserves are periodically updated, and any adjustments are reflected as an increase in aggregate reserves for life and accident and health contracts in the financial statements in the period in which the change in estimate is identified. The Company does anticipate investment income as a factor in the premium deficiency reserves calculation (see Note 30);
- (11) Claims adjustment expenses are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc., the third-party administrator, is performed to determine the allocation between claims adjustment expenses and general administrative expenses to be reported in the financial statements. The Company has recorded an estimate of unpaid claims adjustment expenses associated with incurred but unpaid claims, which is included in unpaid claims adjustment expenses in the financial statements. Management believes the amount of the liability for unpaid claims adjustment expenses as of December 31, 2024 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid claims adjustment expenses are reflected in operating results in the period in which the change in estimate is identified;
- (12) The Company does not carry any fixed assets in the financial statements;
- (13) The Company does not carry any health care receivables, including pharmaceutical rebates receivables, in the financial statements.

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

ASSETS

Cash and Invested Assets

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

Other Assets

- **Uncollected Premiums** — The Company reports uncollected premium balances from its insured members and groups as uncollected premiums in the financial statements. Uncollected premium balances that are over 90 days past due are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential.

LIABILITIES

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

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2024 and 2023. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2024; however, actual payments may differ from those established estimates.

- **Premiums Received in Advance** — Premiums received in full for the policies processed during the current period, but prior to the commencement of the service period, are recorded as premiums received in advance in the financial statements.
- **General Expenses Due or Accrued** — General expenses that are due as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general expenses due or accrued in the financial statements.
- **Administrator Expenditures in Excess of Premiums Collected** — The Company utilizes United HealthCare Services, Inc., as its third-party administrator, to support its operations in the areas of sales, billing and collections, customer service, claims adjudication and payment services, and reinsurance administration among other provisions for which the Company provides compensation based on the defined terms in an administrative services agreement. The amount due from the Company pursuant to the administrative services agreement represents claims and operating expense payments in excess of the corresponding premiums collected on the Company's behalf and is reflected as administrator expenditures in excess of premiums collected in the financial statements.

CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- **Surplus Notes** — Under the National Association of Insurance Commissioners' Accounting Practices and Procedures, surplus notes are an element of total capital and surplus. The Company has \$4,000,000 in surplus notes outstanding as of December 31, 2024 (see Note 13).
- **Minimum Capital and Surplus** — Under the laws of the state of Ohio, the Ohio Department of Insurance requires the Company to maintain a minimum capital and surplus equal to \$500,000.

Risk-based capital is a regulatory tool for measuring the minimum amount of capital appropriate for a multiple-employer welfare arrangement to support its overall business operations in consideration of its size and risk profile. The Ohio Department of Insurance requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the risk based capital formula.

The Company is in compliance with the minimum required capital and surplus amounts where it is licensed to do business, as of December 31, 2024 and 2023.

STATEMENTS OF OPERATIONS

- **Net Premium Income** — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid, and the impact of the quota share provision in the financial statements.
- **Total Hospital and Medical Expenses** — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes and is shown net of reinsurance recoveries, reinsurance recoverables that have not yet been received and the impact of the quota share provision.

Total hospital and medical expenses also include amounts incurred for incentive pool, withhold adjustments, and bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the financial statements.

- **General Administrative Expenses** — General expenses that have been paid as of the reporting date in addition to general expenses that have been incurred but are not due until a subsequent period are reported as general administrative expenses and shown net of the quota share provision. Pursuant to the terms of the administrative services agreement, the Company pays an administrative fee to United HealthCare Services, Inc. in exchange for administrative services. Costs for items not included within the scope of the administrative services agreement are directly expensed as incurred. A detailed review of the administrative expenses of the Company and United HealthCare Services, Inc. is performed to determine the allocation between claims adjustment expenses to be reported in the financial statements.

REINSURANCE

- **Reinsurance Ceded** — In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts, which also includes a quota share provision, whereby the Company cedes a stated percentage of all net revenues, net medical expense, claims adjustment expenses and general administrative expenses to UnitedHealthcare Insurance Company. The Company remains primarily liable as the direct insurer on the risks reinsured (see Note 23).
- **Amounts Recoverable from Reinsurers** — The Company records amounts recoverable from reinsurers which represents amounts contractually due to the Company as net reinsurance recoveries in the financial statements.
- **Other Amounts Receivable Under Reinsurance Contracts** — The other amounts receivable under reinsurance contracts represent the quota share ceded on the Company's general administrative expense to the reinsurer.
- **Ceded Reinsurance Premiums Payable** — The ceded reinsurance premiums payable balance represents amounts due to the reinsurer for specified coverage which will be paid based on the contract terms.

OTHER

- **Vulnerability Due to Certain Concentrations** — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business. The business is subject to normal claims fluctuations and environmental issues.
- The Company has no commercial customers that individually exceed 10% of total direct premiums written for health contracts and uncollected premiums, for the years ended December 31, 2024 and 2023.

Recently Issued Accounting Standards

In May 2024, the National Association of Insurance Commissioners revised Statement of Statutory Accounting Principles No. 107, *Risk-Sharing Provisions of the Affordable Care Act* to remove the federal Affordable Care Act disclosure on the transitional reinsurance program and the risk corridor program (see Note 24), effective for annual 2024. The Company chose to early adopt the revision during quarter 2 of 2024.

The Company reviewed all other recently issued guidance in 2024 and 2023 that has been adopted for 2024 or subsequent years' implementation and has determined that none of the items would have a significant impact to the financial statements.

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2024 and 2023.

3. BUSINESS COMBINATIONS AND GOODWILL

A–E. The Company was not party to a business combination during the years ended December 31, 2024 and 2023, and does not carry goodwill in its financial statements.

4. DISCONTINUED OPERATIONS

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

(1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2024 and 2023.

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

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

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

5. INVESTMENTS

The Company holds no bonds or short-term investments as of December 31, 2024 and 2023.

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

D. Loan-Backed Securities

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions — Not applicable.**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.****G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.****H. Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.****I. Reverse Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.****J. Real Estate — Not applicable.****K. Low-Income Housing Tax Credits — Not applicable.****L. Restricted Assets — Not applicable.****M. Working Capital Finance Investments — Not applicable.****N. Offsetting and Netting of Assets and Liabilities**

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

O. 5GI Securities

The Company does not have any investments with an National Association of Insurance Commissioners' designation of 5GI as of December 31, 2024 and 2023.

P. Short Sales — Not applicable.**Q. Prepayment Penalty and Acceleration Fees**

The Company does not have any prepayment penalty and acceleration fees as of December 31, 2024.

R. Reporting Entity's Share of Cash Pool by Asset Type — Not applicable.**S. Aggregate Collateral Loans by Qualifying Investment Collateral — Not applicable.****6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES**

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

7. INVESTMENT INCOME

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

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

C. The following table illustrates the gross interest income due and accrued, nonadmitted interest income due and accrued, and admitted interest income due and accrued amounts as of December 31, 2024 and 2023:

| 2024 | | |
|----------------------------------|----|--------|
| Interest Income Due And Accrued: | | |
| 1. Gross | \$ | 26,552 |
| 2. Nonadmitted | \$ | — |
| 3. Admitted | \$ | 26,552 |

| 2023 | | |
|----------------------------------|----|--------|
| Interest Income Due And Accrued: | | |
| 1. Gross | \$ | 21,526 |
| 2. Nonadmitted | \$ | — |
| 3. Admitted | \$ | 21,526 |

D. The Company has no aggregated deferred interest as of December 31, 2024 or 2023.

E. The Company has no paid-in-kind interest as of December 31, 2024 or 2023.

8. DERIVATIVE INSTRUMENTS

A–B. The Company has no derivative instruments.

9. INCOME TAXES

The corporate alternative minimum tax is calculated as 15% of adjusted financial statement income and applies only to corporations with average annual adjusted financial statement income in excess of \$1 billion for three prior taxable years, which is not applicable to the Company.

A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2024 and 2023 are as follows:

| | 2024 | | | 2023 | | | Change | | |
|--|------------|---------|--------------------|-----------|---------|--------------------|-------------------------|------------------------|--------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Ordinary | Capital | (Col 1+2) Total | Ordinary | Capital | (Col 4+5) Total | (Col 1 - 4) Ordinary | (Col 2 - 5) Capital | (Col 7+8) Total |
| (a) Gross deferred tax assets | \$ 140,409 | \$ — | \$ 140,409 | \$ 55,416 | \$ — | \$ 55,416 | \$ 84,993 | \$ — | \$ 84,993 |
| (b) Statutory valuation allowance adjustments | — | — | — | — | — | — | — | — | — |
| (c) Adjusted gross deferred tax assets (1a - 1b) | 140,409 | — | 140,409 | 55,416 | — | 55,416 | 84,993 | — | 84,993 |
| (d) Deferred tax assets nonadmitted | — | — | — | — | — | — | — | — | — |
| (e) Subtotal net admitted deferred tax asset (1c - 1d) | 140,409 | — | 140,409 | 55,416 | — | 55,416 | 84,993 | — | 84,993 |
| (f) Deferred tax liabilities | — | — | — | — | — | — | — | — | — |
| (g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f) | \$ 140,409 | \$ — | \$ 140,409 | \$ 55,416 | \$ — | \$ 55,416 | \$ 84,993 | \$ — | \$ 84,993 |

(2) The components of the adjusted gross deferred tax assets admissibility calculation under Statement of Statutory Accounting Principles No. 101, *Income Taxes*, are as follows:

| Admission Calculation Components SSAP No. 101 | 2024 | | | 2023 | | | Change | | |
|---|------------|---------|----------------------|-----------|---------|----------------------|-------------------------|------------------------|----------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Ordinary | Capital | (Col 1 + 2) Total | Ordinary | Capital | (Col 4 + 5) Total | (Col 1 - 4) Ordinary | (Col 2 - 5) Capital | (Col 7 + 8) Total |
| (a) Federal income taxes paid in prior years recoverable through loss carrybacks | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — |
| (b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below) | 140,409 | — | 140,409 | 55,416 | — | 55,416 | 84,993 | — | 84,993 |
| 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date | 140,409 | — | 140,409 | 55,416 | — | 55,416 | 84,993 | — | 84,993 |
| 2. Adjusted gross deferred tax assets allowed per limitation threshold | XXX | XXX | 333,129 | XXX | XXX | 560,402 | XXX | XXX | (227,273) |
| (c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities | — | — | — | — | — | — | — | — | — |
| (d) Deferred tax assets admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c)) | \$ 140,409 | \$ — | \$ 140,409 | \$ 55,416 | \$ — | \$ 55,416 | \$ 84,993 | \$ — | \$ 84,993 |

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

| | 2024 | 2023 |
|--|--------------|--------------|
| (a) Ratio percentage used to determine recovery period and threshold limitation amount | 293 % | >300% |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)(2) above | \$ 3,331,286 | \$ 3,736,015 |

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2024 and 2023 is presented below:

| Impact of Tax-Planning Strategies | 2024 | | 2023 | | Change | |
|--|---------------|--------------|---------------|--------------|------------------------------|-----------------------------|
| | 1 Ordinary | 2 Capital | 3 Ordinary | 4 Capital | 5 (Col 1 - 3) Ordinary | 6 (Col 2 - 4) Capital |
| (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets by tax character as a percentage. | | | | | | |
| 1. Adjusted gross DTAs amount from Note 9A1(c) | \$ 140,409 | \$ — | \$ 55,416 | \$ — | \$ 84,993 | \$ — |
| 2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax-planning strategies | — % | — % | — % | — % | — % | — % |
| 3. Net admitted adjusted gross DTAs amount from Note 9A1(e) | \$ 140,409 | \$ — | \$ 55,416 | \$ — | \$ 84,993 | \$ — |
| 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax-planning strategies | — % | — % | — % | — % | — % | — % |
| (b) Does the Company's tax-planning strategies include the use of reinsurance? | | | Yes | _____ | No | X |

B. Unrecognized Deferred Tax Liabilities

(1-4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2024 and 2023.

C. Significant Components of Income Taxes

(1) The Company does not have any current federal income taxes incurred for the years ended December 31, 2024 and 2023.

(2-4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2024 and 2023, are as follows:

| | 1 2024 | 2 2023 | 3 (Col 1 - 2) Change |
|--|-------------------|------------------|----------------------------|
| 2. Deferred tax assets: | | | |
| (a) Ordinary: | | | |
| (1) Discounting of unpaid losses | \$ 8,951 | \$ 5,244 | \$ 3,707 |
| (2) Unearned premium reserve | 8,795 | 4,131 | 4,664 |
| (3) Policyholder reserves | — | — | — |
| (4) Investments | — | — | — |
| (5) Deferred acquisition costs | — | — | — |
| (6) Policyholder dividends accrual | — | — | — |
| (7) Fixed assets | — | — | — |
| (8) Compensation and benefits accrual | — | — | — |
| (9) Pension accrual | — | — | — |
| (10) Receivables — nonadmitted | 10,889 | 1,022 | 9,867 |
| (11) Net operating loss carryforward | 111,774 | 44,809 | 66,965 |
| (12) Tax credit carryforward | — | — | — |
| (13) Other | — | 210 | (210) |
| (99) Subtotal (sum of 2a1 through 2a13) | <u>140,409</u> | <u>55,416</u> | <u>84,993</u> |
| (b) Statutory valuation allowance adjustment | — | — | — |
| (c) Nonadmitted | <u>—</u> | <u>—</u> | <u>—</u> |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | <u>140,409</u> | <u>55,416</u> | <u>84,993</u> |
| (e) Capital: | | | |
| (1) Investments | — | — | — |
| (2) Net capital loss carryforward | — | — | — |
| (3) Real estate | — | — | — |
| (4) Other | — | — | — |
| (99) Subtotal (2e1+2e2+2e3+2e4) | <u>—</u> | <u>—</u> | <u>—</u> |
| (f) Statutory valuation allowance adjustment | — | — | — |
| (g) Nonadmitted | <u>—</u> | <u>—</u> | <u>—</u> |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | <u>—</u> | <u>—</u> | <u>—</u> |
| (i) Admitted deferred tax assets (2d + 2h) | <u>140,409</u> | <u>55,416</u> | <u>84,993</u> |
| 3. Deferred tax liabilities: | | | |
| (a) Ordinary: | | | |
| (1) Investments | — | — | — |
| (2) Fixed assets | — | — | — |
| (3) Deferred and uncollected premium | — | — | — |
| (4) Policyholder reserves | — | — | — |
| (5) Other | — | — | — |
| (99) Subtotal (3a1+3a2+3a3+3a4+3a5) | <u>—</u> | <u>—</u> | <u>—</u> |
| (b) Capital: | | | |
| (1) Investments | — | — | — |
| (2) Real estate | — | — | — |
| (3) Other | — | — | — |
| (99) Subtotal (3b1+3b2+3b3) | <u>—</u> | <u>—</u> | <u>—</u> |
| (c) Deferred tax liabilities (3a99 + 3b99) | <u>—</u> | <u>—</u> | <u>—</u> |
| 4. Net deferred tax assets/liabilities (2i - 3c) | <u>\$ 140,409</u> | <u>\$ 55,416</u> | <u>\$ 84,993</u> |

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2024 and 2023.

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% to net income or (loss) before federal income taxes. A summarization of the significant items causing this difference as of December 31, 2024 and 2023 is as follows:

| | 2024 | | 2023 | |
|---|--------------------|--------------------|-------------------|--------------------|
| | Amount | Effective Tax Rate | Amount | Effective Tax Rate |
| Tax provision at the federal statutory rate | \$ (75,126) | 21 % | \$ 169,762 | 21 % |
| Tax effect of nonadmitted assets | (9,867) | 3 | 2,345 | — |
| Total statutory income taxes | \$ (84,993) | 24 % | \$ 172,107 | 21 % |
| Change in net deferred income tax | (84,993) | 24 | 172,107 | 21 |
| Total statutory income taxes | \$ (84,993) | 24 % | \$ 172,107 | 21 % |

E. At December 31, 2024, the Company has net operating loss carryforwards of \$532,258 that expire in 2041.

Current federal income taxes recoverable of \$175,000 and \$0 as of December 31, 2024 and 2023, respectively, are included in the financial statements. Federal taxes paid were \$175,000 and \$0 in 2024 and 2023, respectively.

There are no federal income taxes available for recoupment in 2024 and 2023, in the event of future net losses.

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

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

G. Tax Contingencies — Not applicable.

H. Repatriation Transition Tax — Not applicable.

I. Alternative Minimum Tax Credit — Not applicable.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A–O. Material Related Party Transactions

The Company has no related party transactions.

11. DEBT

A–B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2024 and 2023.

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

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

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

A–B. The Company has no issued or outstanding common or preferred stock.

C–E. Not applicable.

F. There are no restrictions placed on the Company's unassigned funds (surplus).

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

H. The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.

I. The Company does not have any special surplus funds.

J. The portion of unassigned funds (surplus), excluding net income (loss), represented (or reduced) by each item below is as follows:

| | 2024 | 2023 |
|---------------------------|------------------|------------------|
| Net deferred income taxes | \$ 140,409 | \$ 55,416 |
| Nonadmitted assets | (51,852) | (4,866) |
| Total | \$ 88,557 | \$ 50,550 |

K. At December 31, 2024, the Company had the following surplus notes outstanding with UnitedHealth Group Incorporated:

| 1 Item Number | 2 Date Issued | 3 Interest Rate | 4 Original Issue Amount of Note | 5 Is Surplus Note Holder a Related Party (Y/N) | 6 Carrying Value of Note Prior Year | 7 Carrying Value of Note Current Year as of | 8 Unapproved Interest and/or Principal |
|---------------------|------------------|--------------------|---------------------------------------|--|---|---|--|
| | | | | | | | Unapproved Interest and/or Principal |
| 00002 | 12/31/2020 | 0% | \$ 2,150,000 | N | \$ 2,150,000 | \$ - | - |
| 00003 | 6/30/2022 | 0% | 1,850,000 | N | 1,850,000 | 1,850,000 | - |
| 00004 | 12/31/2023 | 0% | 2,150,000 | N | - | 2,150,000 | - |
| Total | XXX | XXX | \$ 6,150,000 | XXX | \$ 4,000,000 | \$ 4,000,000 | \$ - |

* Total should agree with Page 3, Line 32.

| 1 Item Number | 9 Current Year Interest Expense Recognized | 10 Life-To-Date Interest Expense Recognized | 11 Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider) | 12 Current Year Principal Paid | 13 Life-To-Date Principal Paid | 14 Date of Maturity | 15 Are Surplus Note payments contractually linked? (Y/N) | | | |
|---------------------|--|---|--|--------------------------------------|--------------------------------------|------------------------|---|--------------------------------|------------------|---|
| | | | | | | | Current Year Principal Paid | Life-To-Date Principal Paid | Date of Maturity | Are Surplus Note payments contractually linked? (Y/N) |
| | | | | | | | - | - | 12/31/2023 | N |
| 00002 | - | - | - | - | - | 6/30/2025 | - | - | 6/30/2025 | N |
| 00003 | - | - | - | - | - | 12/31/2026 | - | - | 12/31/2026 | N |
| Total | \$ - | \$ - | XXX | \$ - | \$ - | XXX | - | - | XXX | XXX |

| 1 Item Number | 10 Surplus Note payments subject to administrative offsetting provisions? (Y/N) | 17 Were Surplus Note proceeds used to purchase an asset already from the holder or the surplus note? (Y/N) | 18 Is Asset Issuer a Related Party? (Y/N) | 19 Type of Assets Received Upon Issuance | 20 Principal Amount of Assets Received Upon Issuance | 21 Book/Adjusted Carry Value of Assets | 22 Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N) | | | | | | |
|---------------------|--|---|---|---|---|---|--|---|---|---|---|---|---|
| | | | | | | | 10 Surplus Note payments subject to administrative offsetting provisions? (Y/N) | 17 Were Surplus Note proceeds used to purchase an asset already from the holder or the surplus note? (Y/N) | 18 Is Asset Issuer a Related Party? (Y/N) | 19 Type of Assets Received Upon Issuance | 20 Principal Amount of Assets Received Upon Issuance | 21 Book/Adjusted Carry Value of Assets | 22 Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N) |
| | | | | | | | - | - | - | - | - | - | - |
| 00002 | N | N | N | - | \$ - | \$ - | N | N | N | - | - | - | N |
| 00003 | N | N | N | - | \$ - | \$ - | N | N | N | - | - | - | N |
| 00004 | N | N | N | - | \$ - | \$ - | N | N | N | - | - | - | N |

The Company and UnitedHealth Group Incorporated executed a fourth surplus note, Note 00004, purchase agreement for \$2,150,000 with an effective date of December 31, 2023, and payable on or before December 31, 2026. On December 31, 2023, the Company and UnitedHealth Group Incorporated executed a satisfaction, release, and cancellation agreement of Note 00002, which was executed on December 31, 2020, in the principal amount of \$2,150,000. On December 31, 2023, the Company received approvals from the Ohio Department of Insurance for the satisfaction and release of Note 00002 and the issuance of Note 00004. As the execution of Note 00004 and the satisfaction of Note 00002 occurred simultaneously, no cash was exchanged and is reflected as a non-cash transaction in the 2023 statement of cash flow.

Principal on the surplus notes are due and payable on demand. Note 00003 and Note 00004 are payable no later than June 30, 2025 and December 31, 2026, respectively, unless an extension is granted. Any repayment of principal for the outstanding surplus notes may be made only out of the Company's surplus earnings and only if the Company's capital and surplus remaining after repayment is no less in amount than the principal remaining after such repayment, subject to approval by the Ohio Department of Insurance.

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

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

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

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

C. Gain Contingencies

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

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

E. Joint and Several Liabilities — Not applicable.

F. All Other Contingencies

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

In the ordinary course of business, the Company is subject to government oversight which can include governmental investigations, audits and reviews. The Company cannot reasonably estimate the range of outcomes, if any, that may result from government oversight given the inherent difficulty in predicting regulatory action and the various remedies and levels of judicial review available to the Company in the event of an adverse finding.

Because of the nature of its business, the Company can be made party to a variety of legal actions and regulatory inquiries relating to the Company's business, including management and administration of health benefit plans and other services. When applicable, the Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters involve: indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the outcome or range of outcomes for those matters where there is a reasonable possibility, or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of Management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the financial statements of the Company.

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

There are no assets that the Company considers to be impaired at December 31, 2024 and 2023.

15. LEASES

A–B. The Company has no lessee or lessor leasing arrangements.

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

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

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

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

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

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

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

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2024 and 2023.

20. FAIR VALUE MEASUREMENTS

A. Fair Value

(1–5) The Company does not have any financial assets that are measured and reported at fair value in the financial statements at December 31, 2024 and 2023.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy — Not applicable.

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

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

21. OTHER ITEMS

A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2024 and 2023.

B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2024 and 2023.

C. Other Disclosures

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

D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2024 and 2023.

E. State Transferable and Non-transferable Tax Credits

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

F. Sub-Prime Mortgage-Related Risk Exposure

(1-4) The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2024 and 2023.

G. Retained Assets

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

H. Insurance-Linked Securities Contracts

As of December 31, 2024, the Company is not aware of any possible proceeds of insurance-linked securities.

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

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through February 21, 2025, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to December 31, 2024, have been recognized in the financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

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

23. REINSURANCE

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

The Company has a reinsurance agreement with UnitedHealthcare Insurance Company to provide specific and aggregate excess loss coverage for the medical and prescription drug coverage provided to the Company's members. This agreement also includes a quota share provision whereby the Company cedes a stated percentage of all net premium income, net hospital and medical expenses, claims adjustment expenses, and general administrative expenses to UnitedHealthcare Insurance Company.

The effect of the external reinsurance agreements outlined above on net premium income, hospital and medical expenses, general administrative expenses, claims adjustment expenses, and change in reserve for life and accident and health contracts is presented below:

| | 2024 | 2023 |
|--|-----------------------------|-----------------------------|
| Premiums: | | |
| Direct | \$ 210,954,689 | \$ 142,562,521 |
| Ceded | <u>191,809,558</u> | <u>129,526,225</u> |
| Net premium income | <u><u>\$ 19,145,131</u></u> | <u><u>\$ 13,036,296</u></u> |
| Hospital and medical expenses: | | |
| Direct | \$ 195,860,122 | \$ 122,997,944 |
| Ceded | <u>177,764,859</u> | <u>111,760,796</u> |
| Net hospital and medical expenses | <u><u>\$ 18,095,263</u></u> | <u><u>\$ 11,237,148</u></u> |
| General Administrative Expenses and Claims Adjustment Expenses: | | |
| Direct | \$ 17,108,366 | \$ 11,467,307 |
| Ceded | <u>15,419,329</u> | <u>10,321,676</u> |
| Net General Administrative Expenses and Claims Adjustment Expenses | <u><u>\$ 1,689,037</u></u> | <u><u>\$ 1,145,631</u></u> |

The Company has a liability for ceded reinsurance premiums payable of \$17,323,894 and \$12,363,921, a receivable for amounts recoverable from reinsurers of \$15,699,528 and \$10,278,581, and a receivable for other amounts receivable under reinsurance contracts of \$1,336,717 and \$913,052 at December 31, 2024 and 2023, respectively.

In addition, the Company has reduced its liabilities for the ceded portion related to claims unpaid and unpaid claim adjustment expenses by \$25,757,154 and \$15,086,392 and aggregate health claim reserves by \$513,875 and \$307,769 at December 31, 2024 and 2023, respectively.

The Company had no write-offs of reinsurance balances due for the years ended December 31, 2024 and 2023.

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 credit?

Yes () No (X)

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

Yes () No (X)

Section 3 — Ceded Reinsurance Report — Part B

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

The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2024.

(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 — During 2024 and 2023, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance — There was no commutation of reinsurance in 2024 or 2023.

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

E. Reinsurance Credit

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

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

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

(4) The Company has not reflected a reinsurance accounting credit for any assumption reinsurance contracts not subject to APPENDIX A-791 and not yearly renewable term, which meet the risk transfer requirements of Statement of Statutory Accounting Principles No. 61R, *Life, Deposit-Type, and Accident and Health Reinsurance*.

(5) The Company did not cede any risk which is not subject to A-791 and not yearly renewable term reinsurance, under any reinsurance contract during the period covered by these financial statements, for which the statutory accounting treatment and generally accepted accounting principles accounting treatment were not the same.

(6) The Company’s ceded reinsurance contract which are not subject to A-791 and not yearly renewable term reinsurance, is treated the same for generally accepted accounting principles and statutory accounting principles.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

A-C. The Company does not have any retrospectively rated contracts or contracts subject to redetermination as of December 31, 2024 or 2023.

D. The Company does not have any business subject to specific minimum medical loss ratio requirements as of December 31, 2024 and 2023.

E. Risk-Sharing Provisions of the Affordable Care Act

(1-3) The Company did not write accident and health premiums in 2024 and 2023 subject to the risk-sharing provisions of the Affordable Care Act.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and reinsurance recoverables for the years ended December 31, 2024 and 2023:

| | 2024 | | |
|--|------------------------------------|-----------------------------------|----------------|
| | Current Year Incurred Claims | Prior Years Incurred Claims | Total |
| Beginning of year claim reserve | \$ — | \$ (1,773,436) | \$ (1,773,436) |
| Paid claims — net reinsurance recoveries collected | 30,818,440 | (8,510,771) | 22,307,669 |
| End of year claim reserve | 2,968,769 | 13,208 | 2,981,977 |

| | | | |
|---|---------------|--------------|---------------|
| Incurred claims excluding the change in reinsurance recoverables as presented below | 33,787,209 | (10,270,999) | 23,516,210 |
| Beginning of year reinsurance recoverables | — | 10,278,581 | 10,278,581 |
| End of year reinsurance recoverables | (15,594,881) | (104,647) | (15,699,528) |
| Total incurred claims | \$ 18,192,328 | \$ (97,065) | \$ 18,095,263 |

| | 2023 | | |
|--|------------------------------------|-----------------------------------|----------------|
| | Current Year Incurred Claims | Prior Years Incurred Claims | Total |
| Beginning of year claim reserve | \$ — | \$ (1,376,292) | \$ (1,376,292) |
| Paid claims — net reinsurance recoveries collected | 19,859,826 | (7,471,847) | 12,387,979 |
| End of year claim reserve | 1,748,480 | 24,956 | 1,773,436 |

| | | | |
|---|---------------|--------------|---------------|
| Incurred claims excluding the change in reinsurance recoverables as presented below | 21,608,306 | (8,823,183) | 12,785,123 |
| Beginning of year reinsurance recoverables | — | 8,730,606 | 8,730,606 |
| End of year reinsurance recoverables | (10,182,087) | (96,494) | (10,278,581) |
| Total incurred claims | \$ 11,426,219 | \$ (189,071) | \$ 11,237,148 |

As a result of changes to estimates for total incurred claims attributable to insured events of prior years, net of reinsurance, the Company experienced a favorable retroactivity of \$97,065 and \$189,071 as of December 31, 2024 and 2023, respectively, due to ongoing analysis of loss development trends as additional information becomes known.

The Company incurred claims adjustment expenses of \$642,105 and \$491,722 in 2024 and 2023, respectively. These costs are included in the administrative fees paid by the Company to United HealthCare Services, Inc. as a part of the administrative services agreement (see Note 10). The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for 2024 and 2023:

| | 2024 | 2023 |
|--|------------|------------|
| Total claims adjustment expenses | \$ 642,105 | \$ 491,722 |
| Less: current year unpaid claims adjustment expenses | (120,177) | (70,821) |
| Add: prior year unpaid claims adjustment expenses | 70,821 | 52,552 |
| Total claims adjustment expenses paid | \$ 592,749 | \$ 473,453 |

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claims adjustment expenses in 2024.

26. INTERCOMPANY POOLING ARRANGEMENTS

A–G. The Company did not have any intercompany pooling arrangements in 2024 or 2023.

27. STRUCTURED SETTLEMENTS

A–B. The Company did not have structured settlements in 2024 or 2023.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A–B. The Company did not have any pharmacy rebates receivable or risk-sharing receivables in 2024 or 2023.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2024 or 2023.

30. PREMIUM DEFICIENCY RESERVES

The Company has not recorded any premium deficiency reserves as of December 31, 2024 or 2023. The analysis of premium deficiency reserves was completed as of December 31, 2024 and 2023. The Company did consider anticipated investment income when calculating the premium deficiency reserves.

The following table summarizes the Company's premium deficiency reserves as of December 31, 2024 and 2023:

| 2024 | | |
|--|---|-----------------------------|
| 1. Liability carried for premium deficiency reserves | \$ | — |
| 2. Date of the most recent evaluation of this liability | | <u>12/31/2024</u> |
| 3. Was anticipated investment income utilized in this calculation? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2023 | | |
| 1. Liability carried for premium deficiency reserves | \$ | — |
| 2. Date of the most recent evaluation of this liability | | <u>12/31/2023</u> |
| 3. Was anticipated investment income utilized in this calculation? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2024 and 2023, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

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

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []

1.3 State Regulating?

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022

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. 12/31/2022

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). 01/02/2024

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

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

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

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control 0.0 %
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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

8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and 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 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

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

Plante & Moran, PLLC

1111 Michigan Ave, Suite 100

East Lansing, MI 48823

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

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

.....

Yes [] No [X]

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

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

.....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

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

.....

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?

Rong Yi, FSA, MAAA

Director of Actuary Services of the Employer and Individual division of United HealthCare Services, Inc.

3701 Asbury Lane, Plano TX 75025

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

12.11 Name of real estate holding company ...

12.12 Number of parcels involved

0

12.13 Total book/adjusted carrying value

\$ 0

12.2 If yes, provide explanation

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

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

.....

Yes [] No []

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

Yes [] No []

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

Yes [] No []

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

Yes [] No [] N/A []

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 [X] No []

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

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

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

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

e. Accountability for adherence to the code.

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

.....

Yes [] No [X]

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

.....

Yes [] No [X]

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

Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

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

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

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

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

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

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

| | |
|--|------------|
| 20.21 To directors or other officers..... | \$ 0 |
| 20.22 To stockholders not officers..... | \$ 0 |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ 0 |

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

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

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

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

22.2 If answer is yes:

| | |
|---|-------------|
| 22.21 Amount paid as losses or risk adjustment \$ | 291 |
| 22.22 Amount paid as expenses | \$ 40 |
| 22.23 Other amounts paid | \$ 0 |

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

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

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]

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

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

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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

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

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

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

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

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

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

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

| | | |
|--------|---|------------|
| 25.091 | Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ 0 |
| 25.092 | Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ 0 |
| 25.093 | Total payable for securities lending reported on the liability page | \$ 0 |

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

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

| | | |
|-------|--|------------|
| 26.21 | Subject to repurchase agreements | \$ 0 |
| 26.22 | Subject to reverse repurchase agreements | \$ 0 |
| 26.23 | Subject to dollar repurchase agreements | \$ 0 |
| 26.24 | Subject to reverse dollar repurchase agreements | \$ 0 |
| 26.25 | Placed under option agreements | \$ 0 |
| 26.26 | Letter stock or securities restricted as to sale - excluding FHLB Capital Stock | \$ 0 |
| 26.27 | FHLB Capital Stock | \$ 0 |
| 26.28 | On deposit with states | \$ 0 |
| 26.29 | On deposit with other regulatory bodies | \$ 0 |
| 26.30 | Pledged as collateral - excluding collateral pledged to an FHLB | \$ 0 |
| 26.31 | Pledged as collateral to FHLB - including assets backing funding agreements | \$ 0 |
| 26.32 | Other | \$ 0 |

26.3 For category (26.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |

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

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

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

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

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

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

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

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

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

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

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------------|------------------------------------|-----------------|---|
| 31.1 Bonds | 0 | 0 | 0 |
| 31.2 Preferred stocks | 0 | 0 | 0 |
| 31.3 Totals | 0 | 0 | 0 |

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

Not Applicable

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

Yes [] No []

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

Yes [] No []

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

.....

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

Yes [X] No []

33.2 If no, list exceptions:

.....

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes [] No [X]

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

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

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? Yes [] No [X]

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 Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []

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? \$ 0

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? \$ 0

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 Name | 2 Amount Paid |
|-----------|------------------|
| | |

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

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 Name | 2 Amount Paid |
|-----------|------------------|
| | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

| | | | | | | |
|--------------|---|---|---|---|--------------|------------|
| 1.1 | Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | | | | |
| 1.2 | If yes, indicate premium earned on U.S. business only. | \$ 0 | | | | |
| 1.3 | What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ 0 | | | | |
| 1.31 | Reason for excluding | | | | | |
| 1.4 | Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above | \$ 0 | | | | |
| 1.5 | Indicate total incurred claims on all Medicare Supplement Insurance. | \$ 0 | | | | |
| 1.6 | Individual policies: | Most current three years: 1.61 Total premium earned \$ 0 1.62 Total incurred claims \$ 0 1.63 Number of covered lives 0 All years prior to most current three years: 1.64 Total premium earned \$ 0 1.65 Total incurred claims \$ 0 1.66 Number of covered lives 0 | | | | |
| 1.7 | Group policies: | Most current three years: 1.71 Total premium earned \$ 0 1.72 Total incurred claims \$ 0 1.73 Number of covered lives 0 All years prior to most current three years: 1.74 Total premium earned \$ 0 1.75 Total incurred claims \$ 0 1.76 Number of covered lives 0 | | | | |
| 2. | Health Test: | <table border="0"> <tr> <td style="width: 50px;">1</td> <td style="width: 50px;">2</td> </tr> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> </table> | 1 | 2 | Current Year | Prior Year |
| 1 | 2 | | | | | |
| Current Year | Prior Year | | | | | |
| 2.1 | Premium Numerator | 19,145,131 13,036,296 | | | | |
| 2.2 | Premium Denominator | 19,145,131 13,036,296 | | | | |
| 2.3 | Premium Ratio (2.1/2.2) | 1.000 1.000 | | | | |
| 2.4 | Reserve Numerator | 2,981,977 1,773,436 | | | | |
| 2.5 | Reserve Denominator | 2,981,977 1,773,436 | | | | |
| 2.6 | Reserve Ratio (2.4/2.5) | 1.000 1.000 | | | | |
| 3.1 | Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | | | | |
| 3.2 | If yes, give particulars: | | | | | |
| 4.1 | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | | | | |
| 4.2 | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] | | | | |
| 5.1 | Does the reporting entity have stop-loss reinsurance? | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | | | | |
| 5.2 | If no, explain: | | | | | |
| 5.3 | Maximum retained risk (see instructions) | 5.31 Comprehensive Medical \$ 250,000 5.32 Medical Only \$ 0 5.33 Medicare Supplement \$ 0 5.34 Dental & Vision \$ 0 5.35 Other Limited Benefit Plan \$ 0 5.36 Other \$ 0 | | | | |
| 6. | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: | | | | | |
| 7.1 | Does the reporting entity set up its claim liability for provider services on a service date basis?..... | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] | | | | |
| 7.2 | If no, give details | | | | | |
| 8. | Provide the following information regarding participating providers: | 8.1 Number of providers at start of reporting year 65,724 8.2 Number of providers at end of reporting year 54,589 | | | | |
| 9.1 | Does the reporting entity have business subject to premium rate guarantees? | Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] | | | | |
| 9.2 | If yes, direct premium earned: | 9.21 Business with rate guarantees between 15-36 months.. \$ 0 9.22 Business with rate guarantees over 36 months \$ 0 | | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
GENERAL INTERROGATORIES

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

10.2 If yes:

| | |
|--|-----------------|
| 10.21 Maximum amount payable bonuses..... | \$ 12 |
| 10.22 Amount actually paid for year bonuses..... | \$ 10,089 |
| 10.23 Maximum amount payable withholds..... | \$ 0 |
| 10.24 Amount actually paid for year withholds..... | \$ 0 |

11.1 Is the reporting entity organized as:

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

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []

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

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

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []

11.6 If the amount is calculated, show the calculation

Ohio Code 1739.13

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

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

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

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

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A []

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

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

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

| | |
|------------------------------------|------------|
| 15.1 Direct Premium Written | \$ 0 |
| 15.2 Total Incurred Claims | \$ 0 |
| 15.3 Number of Covered Lives | 0 |

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
FIVE-YEAR HISTORICAL DATA

| | 1 2024 | 2 2023 | 3 2022 | 4 2021 | 5 2020 |
|--|------------|------------|-------------|-------------|------------|
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 26,687,458 | 19,680,625 | 15,729,226 | 10,839,239 | 9,001,479 |
| 2. Total liabilities (Page 3, Line 24) | 23,215,763 | 15,889,194 | 12,585,247 | 8,263,680 | 5,375,820 |
| 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) | 3,471,695 | 3,791,431 | 3,143,979 | 2,575,559 | 3,625,659 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 19,145,131 | 13,036,296 | 9,280,141 | 5,906,909 | 23,117,749 |
| 6. Total medical and hospital expenses (Line 18) | 18,095,263 | 11,237,148 | 8,256,008 | 5,860,330 | 19,069,982 |
| 7. Claims adjustment expenses (Line 20) | 642,105 | 491,722 | 336,600 | 231,942 | 1,099,148 |
| 8. Total administrative expenses (Line 21) | 1,046,932 | 653,909 | 506,147 | 703,575 | 3,282,596 |
| 9. Net underwriting gain (loss) (Line 24) | (639,169) | 653,517 | 333,987 | (1,041,539) | (333,977) |
| 10. Net investment gain (loss) (Line 27) | 303,588 | 157,053 | 14,692 | (765) | (311) |
| 11. Total other income (Lines 28 plus 29) | (22,162) | (2,179) | (148) | 0 | 0 |
| 12. Net income or (loss) (Line 32) | (357,743) | 808,391 | 348,531 | (1,042,304) | (334,288) |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | 543,829 | 3,167,300 | (1,914,183) | (1,289,005) | 3,797,205 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 3,471,695 | 3,791,431 | 3,143,979 | 2,575,559 | 3,625,659 |
| 15. Authorized control level risk-based capital | 1,137,142 | 709,199 | 563,279 | 400,355 | 1,331,121 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 33,338 | 24,435 | 18,383 | 12,628 | 7,116 |
| 17. Total members months (Column 6, Line 7) | 368,582 | 259,008 | 197,733 | 136,180 | 65,282 |
| Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | 94.5 | 86.2 | 89.0 | 99.2 | 82.5 |
| 20. Cost containment expenses | 1.8 | 2.0 | 2.2 | 2.5 | 3.2 |
| 21. Other claims adjustment expenses | 1.6 | 1.8 | 1.5 | 1.5 | 1.6 |
| 22. Total underwriting deductions (Line 23) | 103.3 | 95.0 | 96.4 | 117.6 | 101.4 |
| 23. Total underwriting gain (loss) (Line 24) | (3.3) | 5.0 | 3.6 | (17.6) | (1.4) |
| Unpaid Claims Analysis (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 17, Col. 5) | 1,676,372 | 1,187,222 | 1,262,729 | 2,536,645 | 43,281 |
| 25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] | 1,773,436 | 1,376,292 | 1,296,968 | 2,504,434 | 127,680 |
| Investments In Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | 0 | 0 | 0 | 0 | 0 |
| 31. All other affiliated | 0 | 0 | 0 | 0 | 0 |
| 32. Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Lines 26 to 31 above | 0 | 0 | 0 | 0 | 0 |

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

Yes [] No []

If no, please explain: _____



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Ohio Chamber Health Benefit Program Trust

2. Columbus, OH

(LOCATION)

| NAIC Group Code | 0000 | BUSINESS IN THE STATE OF Ohio | | | DURING THE YEAR 2024 | | | | | | NAIC Company Code | 16619 | | | |
|--|------|-------------------------------|------------------------------------|-------------|----------------------|-------------|-------------|--|----------------------|--------------------|-------------------|-------------------|----------------|--------------|------------------|
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | |
| | | 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 |
| Total Members at end of: | | | | | | | | | | | | | | | |
| 1. Prior Year | | 24,435 | 0 | 24,435 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | | 28,258 | 0 | 28,258 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | | 31,395 | 0 | 31,395 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | | 32,279 | 0 | 32,279 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | | 33,338 | 0 | 33,338 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | | 368,582 | 0 | 368,582 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | |
| 7. Physician | | 333,003 | 0 | 333,003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | | 52,007 | 0 | 52,007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | | 385,010 | 0 | 385,010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | | 5,330 | 0 | 5,330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | | 1,264 | 0 | 1,264 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | | 210,954,689 | 0 | 210,954,689 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned..... | | 210,954,689 | 0 | 210,954,689 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services..... | | 183,774,712 | 0 | 183,774,712 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | | 195,860,122 | 0 | 195,860,122 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Ohio Chamber Health Benefit Program Trust

2. Columbus, OH

(LOCATION)

| NAIC Group Code | 0000 | BUSINESS IN THE STATE OF | | | Grand Total | | DURING THE YEAR | | | | | 2024 | NAIC Company Code | 16619 | | |
|---|---|---------------------------------------|------------|-------------|------------------------|-------------|-----------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|-----------------|---------------------|--|
| | | 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 | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. | Prior Year | 24,435 | 0 | 24,435 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. | First Quarter | 28,258 | 0 | 28,258 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. | Second Quarter | 31,395 | 0 | 31,395 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. | Third Quarter | 32,279 | 0 | 32,279 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. | Current Year | 33,338 | 0 | 33,338 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. | Current Year Member Months | 368,582 | 0 | 368,582 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. | Physician | 333,003 | 0 | 333,003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. | Non-Physician | 52,007 | 0 | 52,007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. | Total | 385,010 | 0 | 385,010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 5,330 | 0 | 5,330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 1,264 | 0 | 1,264 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 210,954,689 | 0 | 210,954,689 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 210,954,689 | 0 | 210,954,689 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 183,774,712 | 0 | 183,774,712 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 195,860,122 | 0 | 195,860,122 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

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

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

30.GT

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 1 - SECTION 2

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

| 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 |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--|-------------------------------------|---------------|---------------------------|---|---|--|---|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 9999999 - Totals | | | | | | | | | | | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 2

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Paid Losses | 7 Unpaid Losses |
|--|-------------------|------------------------|----------------------|----------------------------------|------------------|--------------------|
| 0399999. Total Life and Annuity - U.S. Affiliates | | | | | 0 | 0 |
| 0699999. Total Life and Annuity - Non-U.S. Affiliates | | | | | 0 | 0 |
| 0799999. Total Life and Annuity - Affiliates | | | | | 0 | 0 |
| 1099999. Total Life and Annuity - Non-Affiliates | | | | | 0 | 0 |
| 1199999. Total Life and Annuity | | | | | 0 | 0 |
| 1499999. Total Accident and Health - U.S. Affiliates | | | | | 0 | 0 |
| 1799999. Total Accident and Health - Non-U.S. Affiliates | | | | | 0 | 0 |
| 1899999. Total Accident and Health - Affiliates | | | | | 0 | 0 |
| 79413 ..36-2739571 .. 10/01/2019 .. UnitedHealthcare Insurance Company | | | CT..... | | 15,699,528 | 25,757,154 |
| 1999999. Accident and Health - U.S. Non-Affiliates | | | | | 15,699,528 | 25,757,154 |
| 2199999. Total Accident and Health - Non-Affiliates | | | | | 15,699,528 | 25,757,154 |
| 2299999. Total Accident and Health | | | | | 15,699,528 | 25,757,154 |
| 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | | 15,699,528 | 25,757,154 |
| 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) | | | | | 0 | 0 |
| 9999999 Totals - Life, Annuity and Accident and Health | | | | | 15,699,528 | 25,757,154 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 3 - SECTION 2

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domi- ciliary Juris- diction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|--|-------------------|------------------------|----------------------|--|--------------------------------------|-----------------------------------|---------------|--|--|----------------------------|------------------|--|--|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| 0399999. Total General Account - Authorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699999. Total General Account - Authorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0799999. Total General Account - Authorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|79413 .. 36-2739571 .. 10/01/2019 . UnitedHealthcare Insurance Company | CT | SSL/I .. | CMM .. | 18,044,662 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|79413 .. 36-2739571 .. 10/01/2019 . UnitedHealthcare Insurance Company | CT | ASL/I .. | CMM .. | 1,480,774 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|79413 .. 36-2739571 .. 10/01/2019 . UnitedHealthcare Insurance Company | CT | OA/G .. | CMM .. | 172,284,121 | | | 0 | 513,875 | 0 | 0 | 0 | 0 | 0 |
| 0899999. General Account - Authorized U.S. Non-Affiliates | | | | | | | 191,809,557 | 0 | 513,875 | 0 | 0 | 0 | 0 |
| 1099999. Total General Account - Authorized Non-Affiliates | | | | | | | 191,809,557 | 0 | 513,875 | 0 | 0 | 0 | 0 |
| 1199999. Total General Account Authorized | | | | | | | 191,809,557 | 0 | 513,875 | 0 | 0 | 0 | 0 |
| 1499999. Total General Account - Unauthorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1799999. Total General Account - Unauthorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1899999. Total General Account - Unauthorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2199999. Total General Account - Unauthorized Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2299999. Total General Account Unauthorized | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2599999. Total General Account - Certified U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2899999. Total General Account - Certified Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2999999. Total General Account - Certified Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3299999. Total General Account - Certified Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3399999. Total General Account Certified | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4099999. Total General Account - Reciprocal Jurisdiction Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4499999. Total General Account Reciprocal Jurisdiction | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | | 191,809,557 | 0 | 513,875 | 0 | 0 | 0 | 0 |
| 4899999. Total Separate Accounts - Authorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5299999. Total Separate Accounts - Authorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5599999. Total Separate Accounts - Authorized Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5699999. Total Separate Accounts Authorized | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5999999. Total Separate Accounts - Unauthorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6399999. Total Separate Accounts - Unauthorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6699999. Total Separate Accounts - Unauthorized Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6799999. Total Separate Accounts Unauthorized | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7099999. Total Separate Accounts - Certified U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7399999. Total Separate Accounts - Certified Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7499999. Total Separate Accounts - Certified Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7799999. Total Separate Accounts - Certified Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7899999. Total Separate Accounts Certified | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8999999. Total Separate Accounts Reciprocal Jurisdiction | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) | | | | | | | 191,809,557 | 0 | 513,875 | 0 | 0 | 0 | 0 |
| 9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999 - Totals | | | | | | | 191,809,557 | 0 | 513,875 | 0 | 0 | 0 | 0 |

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 6

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

| | 1 2024 | 2 2023 | 3 2022 | 4 2021 | 5 2020 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 191,810 | 129,526 | 91,066 | 59,518 | 5,840 |
| 2. Title XVIII - Medicare | 0 | 0 | 0 | 0 | 0 |
| 3. Title XIX - Medicaid | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance | 15,397 | 10,312 | 7,585 | 8,417 | 0 |
| 5. Total hospital and medical expenses | 177,765 | 111,761 | 81,563 | 56,983 | 4,661 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | 17,324 | 12,364 | 8,543 | 5,524 | 2,244 |
| 7. Claims payable | 25,757 | 15,086 | 11,628 | 10,977 | 0 |
| 8. Reinsurance recoverable on paid losses | 15,700 | 10,279 | 8,731 | 2,840 | 1,018 |
| 9. Experience rating refunds due or unpaid | 0 | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances due | 1,337 | 913 | 622 | 826 | 0 |
| 11. Unauthorized reinsurance offset | 0 | 0 | 0 | 0 | 0 |
| 12. Offset for reinsurance with Certified Reinsurers | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 14. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 15. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 16. Other (O) | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | 0 | 0 | 0 | 0 | 0 |
| 18. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 20. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 21. Other (O) | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 8,788,733 | 0 | 8,788,733 |
| 2. Accident and health premiums due and unpaid (Line 15) | 520,519 | 0 | 520,519 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 15,699,528 | (15,699,528) | 0 |
| 4. Net credit for ceded reinsurance | XXX | 25,983,380 | 25,983,380 |
| 5. All other admitted assets (Balance) | 1,678,678 | (1,850,592) | (171,914) |
| 6. Total assets (Line 28) | 26,687,458 | 8,433,260 | 35,120,718 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 2,861,894 | 25,757,154 | 28,619,048 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | 12 | 0 | 12 |
| 9. Premiums received in advance (Line 8) | 2,094,173 | 0 | 2,094,173 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 0 | 0 | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | 0 | 0 | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | 0 | 0 | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | 0 | 0 |
| 14. All other liabilities (Balance) | 18,259,684 | (17,323,894) | 935,790 |
| 15. Total liabilities (Line 24) | 23,215,763 | 8,433,260 | 31,649,023 |
| 16. Total capital and surplus (Line 33) | 3,471,695 | XXX | 3,471,695 |
| 17. Total liabilities, capital and surplus (Line 34) | 26,687,458 | 8,433,260 | 35,120,718 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | 25,757,154 | | |
| 19. Accrued medical incentive pool | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 15,699,528 | | |
| 22. Other ceded reinsurance recoverables | 1,850,592 | | |
| 23. Total ceded reinsurance recoverables | 43,307,274 | | |
| 24. Premiums receivable | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 17,323,894 | | |
| 30. Total ceded reinsurance payables/offsets | 17,323,894 | | |
| 31. Total net credit for ceded reinsurance | 25,983,380 | | |

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

| States, etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | |
|--|---------------------------|---|------------------------------|----------------------------|------------------------|--|---|--|--------------------------------------|---------------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/ Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts |
| 1. Alabama | AL |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 2. Alaska | AK |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 3. Arizona | AZ |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 4. Arkansas | AR |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 5. California | CA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 6. Colorado | CO |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 7. Connecticut | CT |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 8. Delaware | DE |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 9. District of Columbia | DC |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 10. Florida | FL |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 11. Georgia | GA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 12. Hawaii | HI |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 13. Idaho | ID |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 14. Illinois | IL |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 15. Indiana | IN |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 16. Iowa | IA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 17. Kansas | KS |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 18. Kentucky | KY |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 19. Louisiana | LA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 20. Maine | ME |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 21. Maryland | MD |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 22. Massachusetts | MA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 23. Michigan | MI |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 24. Minnesota | MN |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 25. Mississippi | MS |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 26. Missouri | MO |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 27. Montana | MT |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 28. Nebraska | NE |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 29. Nevada | NV |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 30. New Hampshire | NH |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 31. New Jersey | NJ |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 32. New Mexico | NM |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 33. New York | NY |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 34. North Carolina | NC |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 35. North Dakota | ND |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 36. Ohio | OH |L..... | 210,954,689 |0..... |0..... |0..... |0..... |0..... |0..... | 210,954,689 |
| 37. Oklahoma | OK |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 38. Oregon | OR |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 39. Pennsylvania | PA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 40. Rhode Island | RI |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 41. South Carolina | SC |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 42. South Dakota | SD |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 43. Tennessee | TN |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 44. Texas | TX |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 45. Utah | UT |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 46. Vermont | VT |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 47. Virginia | VA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 48. Washington | WA |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 49. West Virginia | WV |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 50. Wisconsin | WI |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 51. Wyoming | WY |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 52. American Samoa | AS |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 53. Guam | GU |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 54. Puerto Rico | PR |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 55. U.S. Virgin Islands | VI |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 56. Northern Mariana Islands | MP |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 57. Canada | CAN |N..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 58. Aggregate Other Aliens | OT |XXX..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 59. Subtotal | |XXX..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... | 210,954,689 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | |XXX..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 61. Totals (Direct Business) | |XXX..... | 210,954,689 |0..... |0..... |0..... |0..... |0..... | 210,954,689 |0..... |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | |XXX..... | | | | | | | | |
| 58002. | |XXX..... | | | | | | | | |
| 58003. | |XXX..... | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | |XXX..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |0..... |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | |XXX..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1 4. Q - Qualified - Qualified or accredited reinsurer.....0

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

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

All premiums are written in the state of Ohio.

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

Allocated by States and Territories

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

NONE

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

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

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

N O N E

Schedule Y - Part 1A - Explanations

N O N E

Schedule Y - Part 2

N O N E

Schedule Y - Part 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
SUPPLEMENTAL EXHIBITS AND SCHEDULES 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.

| MARCH FILING | | Responses |
|---------------------|---|------------------|
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | SEE EXPLANATION |
| 2. | Will an actuarial opinion be filed by March 1? | SEE EXPLANATION |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | SEE EXPLANATION |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | SEE EXPLANATION |

APRIL FILING

| APRIL FILING | |
|--|--------|
| 5. Will Management's Discussion and Analysis be filed by April 1? | WAIVED |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | WAIVED |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | WAIVED |

JUNE FILING

8. Will an audited financial report be filed by June 1? SEE EXPLANATION
 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? SEE EXPLANATION

SUPPLEMENTAL FILINGS

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

MARCH FILING

| | | |
|-----|---|-----|
| 10. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 11. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?..... | NO |
| 13. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 14. | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 15. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 16. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 17. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 18. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 19. | Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?..... | YES |

APRIL FILING

| | |
|--|--------|
| 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? | WAIVED |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | NO |

AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

Explanations:

1. Ohio Multiple Employer Welfare Arrangements require the Supplemental Compensation Exhibit to be filed by March 31.
2. Ohio Multiple Employer Welfare Arrangements require the Actuarial Opinion to be filed by March 31.
3. Ohio Multiple Employer Welfare Arrangements require the Risk-based Capital Report to be filed by March 31.
4. Ohio Multiple Employer Welfare Arrangements require the confidential Risk-based Capital Report to be filed by March 31.
5. Ohio Multiple Employer Welfare Arrangements require the Audited Financial Report to be filed by June 30.
6. Ohio Multiple Employer Welfare Arrangements require the Accountants Letter of Qualifications to be filed by June 30.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 20.
- 21.
- 23.
- 24.

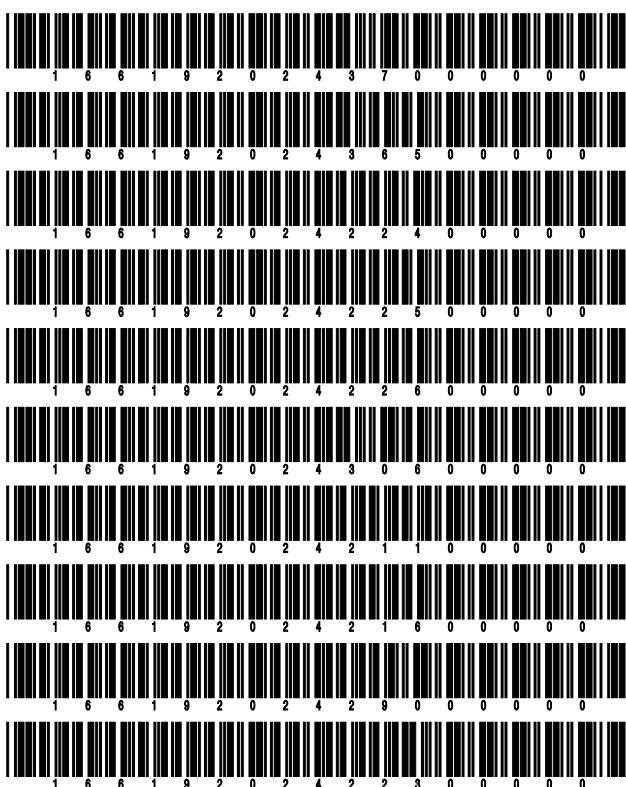
Bar Codes:

5. Management's Discussion and Analysis [Document Identifier 350]
6. Investment Risks Interrogatories [Document Identifier 285]
7. Accident and Health Policy Experience Exhibit [Document Identifier 210]
10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
11. Life Supplement [Document Identifier 205]
12. SIS Stockholder Information Supplement [Document Identifier 420]
13. Participating Opinion for Exhibit 5 [Document Identifier 371]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
OVERFLOW PAGE FOR WRITE-INS

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust
SUMMARY INVESTMENT SCHEDULE

| Investment Categories | Gross Investment Holdings | | Admitted Assets as Reported in the Annual Statement | | | |
|--|---------------------------|--|---|--|--------------------------------------|--|
| | 1 Amount | 2 Percentage of Column 1 Line 13 | 3 Amount | 4 Securities Lending Reinvested Collateral Amount | 5 Total (Col. 3 + 4) Amount | 6 Percentage of Column 5 Line 13 |
| 1. Long-Term Bonds (Schedule D, Part 1): | | | | | | |
| 1.01 U.S. governments | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.02 All other governments | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.03 U.S. states, territories and possessions, etc. guaranteed | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.06 Industrial and miscellaneous | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.07 Hybrid securities | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.08 Parent, subsidiaries and affiliates | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.09 SVO identified funds | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.10 Unaffiliated bank loans | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.11 Unaffiliated certificates of deposit | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 1.12 Total long-term bonds | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. Preferred stocks (Schedule D, Part 2, Section 1): | | | | | | |
| 2.01 Industrial and miscellaneous (Unaffiliated) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2.02 Parent, subsidiaries and affiliates | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2.03 Total preferred stocks | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. Common stocks (Schedule D, Part 2, Section 2): | | | | | | |
| 3.01 Industrial and miscellaneous Publicly traded (Unaffiliated) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.02 Industrial and miscellaneous Other (Unaffiliated) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.03 Parent, subsidiaries and affiliates Publicly traded | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.04 Parent, subsidiaries and affiliates Other | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.05 Mutual funds | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.06 Unit investment trusts | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.07 Closed-end funds | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.08 Exchange traded funds | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3.09 Total common stocks | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. Mortgage loans (Schedule B): | | | | | | |
| 4.01 Farm mortgages | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4.02 Residential mortgages | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4.03 Commercial mortgages | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4.04 Mezzanine real estate loans | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4.05 Total valuation allowance | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4.06 Total mortgage loans | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. Real estate (Schedule A): | | | | | | |
| 5.01 Properties occupied by company | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5.02 Properties held for production of income | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5.03 Properties held for sale | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5.04 Total real estate | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 6. Cash, cash equivalents and short-term investments: | | | | | | |
| 6.01 Cash (Schedule E, Part 1) | 8,788,733 | 100.000 | 8,788,733 | 0 | 8,788,733 | 100.000 |
| 6.02 Cash equivalents (Schedule E, Part 2) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 6.03 Short-term investments (Schedule DA) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 6.04 Total cash, cash equivalents and short-term investments | 8,788,733 | 100.000 | 8,788,733 | 0 | 8,788,733 | 100.000 |
| 7. Contract loans | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 8. Derivatives (Schedule DB) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 9. Other invested assets (Schedule BA) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 10. Receivables for securities | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 11. Securities Lending (Schedule DL, Part 1) | 0 | 0.000 | 0 | XXX. | XXX. | XXX. |
| 12. Other invested assets (Page 2, Line 11) | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 13. Total invested assets | 8,788,733 | 100.000 | 8,788,733 | 0 | 8,788,733 | 100.000 |

Schedule A - Verification - Real Estate

N O N E

Schedule B - Verification - Mortgage Loans

N O N E

Schedule BA - Verification - Other Long-Term Invested Assets

N O N E

Schedule D - Verification - Bonds and Stock

N O N E

Schedule D - Summary By Country

N O N E

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

N O N E

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

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

Schedule A - Part 1 - Real Estate Owned

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 1 - Mortgage Loans Owned

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule D - Part 1 - Long Term Bonds Owned

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Ohio Chamber Health Benefit Program Trust

SCHEDULE E - PART 1 - CASH

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Year | 5 Amount of Interest Accrued December 31 of Current Year | 6 Balance | 7 * |
|--|-----------|--------------------------|--|---|----------------|--------|
| US Bank Saint Paul, MN ..... | ..... | 3.750 |318,588 |26,551 |8,788,733 | .XXX. |
| 0199998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories | XXX | XXX | 0 | 0 | 0 | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 318,588 | 26,551 | 8,788,733 | XXX |
| 0299998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories | XXX | XXX | 0 | 0 | 0 | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 318,588 | 26,551 | 8,788,733 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | 0 | XXX |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 0599999 Total - Cash | XXX | XXX | 318,588 | 26,551 | 8,788,733 | XXX |

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

| | | | | | | | |
|------------------|----------------|---------------|----------------|-------------------|----------------|-------------------|----------------|
| 1. January..... |8,473,655 | 4. April..... |7,376,910 | 7. July..... |8,227,044 | 10. October..... |8,101,371 |
| 2. February..... |5,597,552 | 5. May..... |7,820,587 | 8. August..... |8,523,018 | 11. November... |8,772,770 |
| 3. March..... |7,555,235 | 6. June..... |7,702,817 | 9. September..... |9,029,903 | 12. December..... |8,788,733 |

Schedule E - Part 2 - Cash Equivalents Owned

N O N E

Schedule E - Part 3 - Special Deposits

N O N E