



QUARTERLY STATEMENT

AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Northwest Ohio Business Alliance Health & Wellness Trust

NAIC Group Code 0000, 17313 NAIC Company Code 17313 Employer's ID Number 88-197711
(Current Period) (Prior Period)

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health ☐ Property/Casualty ☐ Hospital, Medical and Dental Service or Indemnity ☐
Dental Service Corporation ☐ Vision Service Corporation ☐ Other ☒
Health Maintenance Organization ☐ Is HMO Federally Qualified? Yes () No (X)

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

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

Main Administrative Office 5632 N Main Street, Sylvania, Ohio, US 43560 419) 882-2135
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 5632 N Main Street, Sylvania, Ohio, US 43560
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 5632 N Main Street, Sylvania, Ohio, US 43560
(Street and Number, City or Town, State, Country and Zip Code)
419) 882-2135
(Area Code) (Telephone Number)

Internet Website Address N/A

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

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

OFFICERS

Tiffany Lynn Scott Bosch (Chairperson and Trustee)
Joshua Burnell Torres (Trustee)
Alan Sattler# (Trustee)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Tiffany Lynn Scott Bosch
Joshua Burnell Torres
Alan Sattler#

State of OH }
County of _____ } SS

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

Tiffany Lynn Scott Bosch
Chairperson and Trustee

Joshua Burnell Torres
Trustee

Subscribed and sworn to before me this

a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number _____
2. Date filed August 15, 2025
3. Number of pages attached _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$), cash equivalents (\$ 4,651,641) and short-term investments (\$)	4,651,641		4,651,641	4,277,953
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	4,651,641		4,651,641	4,277,953
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	8,926		8,926	16,668
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	783,173		783,173	476,377
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	17,830,111		17,830,111	5,757,055
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable	420,000		420,000	1,206,082
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	23,693,851		23,693,851	11,734,135
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	23,693,851		23,693,851	11,734,135
DETAILS OF WRITE-INS				
1101. Prepaid 2025 COA Fee				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 2,620,582 reinsurance ceded)	2,131,125		2,131,125	2,129,653
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	163,592		163,592	1,041,662
9. General expenses due or accrued	725,030		725,030	556,616
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	18,213,312		18,213,312	6,304,039
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Line 1 to Line 23)	21,233,059		21,233,059	10,031,970
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X	6,000,000	6,000,000
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(3,539,208)	(4,297,835)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	X X X	X X X		
32.2 shares preferred (value included in Line 27 \$)	X X X	X X X		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32)	X X X	X X X	2,460,792	1,702,165
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	X X X	X X X	23,693,851	11,734,135
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X	23,802	29,636	49,566
2. Net premium income (including \$ non-health premium income)	X X X	2,240,716	15,328,031	22,978,152
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$ medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			49,678
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Line 2 to Line 7)	X X X	2,240,716	15,328,031	23,027,830
Hospital and Medical:				
9. Hospital/medical benefits		9,526,709	12,471,774	24,661,110
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		3,060,613	3,227,976	6,611,572
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Line 9 to Line 15)		12,587,322	15,699,750	31,272,682
Less:				
17. Net reinsurance recoveries		12,776,788	(22,550)	9,074,688
18. Total hospital and medical (Line 16 minus Line 17)		(189,466)	15,722,300	22,197,994
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		856,814	834,228	1,677,606
21. General administrative expenses		1,014,674	1,398,693	2,624,562
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Line 18 through Line 22)		1,682,022	17,955,221	26,500,162
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	558,694	(2,627,190)	(3,472,332)
25. Net investment income earned		86,584	113,522	238,750
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Line 25 plus Line 26)		86,584	113,522	238,750
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	645,278	(2,513,668)	(3,233,582)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Line 30 minus Line 31)	X X X	645,278	(2,513,668)	(3,233,582)
DETAILS OF WRITE-INS				
0601. Premium Refund Covered by TPA	X X X			49,678
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X			49,678
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year	1,702,165	4,085,970	4,085,970
34. Net income or (loss) from Line 32	645,278	(2,513,668)	(3,233,582)
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	113,349		(150,223)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			1,000,000
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Line 34 to Line 47)	758,627	(2,513,668)	(2,383,805)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	2,460,792	1,572,302	1,702,165
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	13,114,346	14,672,821	33,278,076
2. Net investment income	94,326	130,385	250,039
3. Miscellaneous income			49,678
4. Total (Line 1 through Line 3)	13,208,672	14,803,206	33,577,793
5. Benefit and loss related payments	10,813,272	16,831,657	32,150,578
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,871,489	2,210,094	4,272,006
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)			
10. Total (Line 5 through Line 9)	12,684,761	19,041,751	36,422,584
11. Net cash from operations (Line 4 minus Line 10)	523,911	(4,238,545)	(2,844,791)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Line 12.1 through Line 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Line 13.1 through Line 13.6)			
14. Net increase/ (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			1,000,000
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(150,223)		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(150,223)		1,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	373,688	(4,238,545)	(1,844,791)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,277,953	6,122,744	6,122,744
19.2 End of period (Line 18 plus Line 19.1)	4,651,641	1,884,199	4,277,953

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

20.0001			
20.0002			
20.0003			
20.0004			
20.0005			
20.0006			
20.0007			
20.0008			
20.0009			
20.0010			

STATEMENT AS OF June 30, 2025 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	4,849		4,849											
2. First Quarter	4,778		4,778											
3. Second Quarter	4,489		4,489											
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	28,661		28,661											
Total Member Ambulatory Encounters for Period:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred	600		600											
11. Number of Inpatient Admissions	110		110											
12. Health Premiums Written (a)	15,254,259		15,254,259											
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	15,254,259		15,254,259											
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services														
18. Amount Incurred for Provision of Health Care Services	12,587,322		12,587,322											

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

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

Aging Analysis of Unpaid Claims

	1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid							
Medical Claims Payable		1,009,325					1,009,325
Rx Claims Payable		769,724					769,724
0199999 - Individually listed claims unpaid		1,779,049					1,779,049
0499999 - Subtotals		1,779,049					1,779,049
0599999 - Unreported claims and other claim reserves							2,972,658
0799999 - Total claims unpaid							4,751,707

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision only						
5. Dental only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare						
8. Title XIX - Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health						
13. Health subtotal (Line 1 to Line 8)	(647,411)	876,473	53,003	2,078,122	(594,408)	2,129,653
14. Health care receivables (a)		420,000				
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13-14+15+16)	(647,411)	456,473	53,003	2,078,122	(594,408)	2,129,653

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

NOTES TO FINANCIAL STATEMENTS**Northwest Ohio Business Alliance (NWOBA)
Health and Wellness Trust****NOTES TO FINANCIAL STATEMENTS
June 30, 2025****Note 1: Summary of Significant Accounting Policies and Going Concern****Basis of Accounting**

The accompanying statutory financial statements of the Plan have been prepared in accordance with accounting practices outlined by the *National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures* manual subject to deviations permitted by the Ohio Department of Insurance ("ODI"). There are no material differences in the accounting practices followed by the Plan from those designed by the NAIC. However, the practices by designated by the NAIC vary in certain respects from accounting principles generally accepted in the United States of America ("GAAP").

The significant differences from GAAP include the following: a) certain assets are designated as "non-admitted" assets; b) errors from prior years, if applicable, are corrected in the years financial statements as an adjustment to surplus in the aggregate write-ins for gains and losses in surplus; c) loss reserves are reported net of reinsurance ceded; d) policy acquisition costs are expensed in the year incurred and not amortized over the life of the policy; e) surplus notes payable are included as surplus in the statements of admitted assets, liabilities, and surplus as opposed to a liability; f) interest payable on surplus notes are not accrued until approved for payment by the ODI.

The Plan was established in 2022 under the MEWA laws of the Official Code of Ohio Annotated §1739 to provide health benefits to covered employees and their dependents. The Plan began operations on May 1, 2022 and is licensed as a self-funded Multiple Employer Welfare Arrangement (MEWA). The Plan operates on an April 30 fiscal year but reports statutory basis results to the Ohio Department of Insurance on a calendar year basis.

The following table is a reconciliation of the Plan's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

State Prescribed Practices	SSAP #	F/S Page	F/S Line #	2025	2024
01A01 - Net Income, State Basis (Page 4, Line 32, Columns 2 & 4)				645,278	(3,233,582)
01A04 - Net Income, NAIC SAP (1-2-3=4)				645,278	(3,233,582)
01A05 - Surplus, State Basis (Page 3, Line 33, Columns 3 & 4)				2,460,792	1,702,165
01A08 - Surplus, NAIC (5-6-7=8)				2,460,792	1,702,165

The preparation of financial statements in conformity with the statutory basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory financial statements and the reported amounts of revenue and expenses during the reporting period. The primary estimate made by management includes the establishment of claims reserve. Actual results could differ from those estimates.

Health Care Fees and Deferred Health Care Fees

Health care fees are recorded as revenue when earned. Deferred health care fees are recognized for amounts paid in advance by individual employers for covered benefits, prior to the effective date of the policy or for which services have not yet been provided.

Cash and Cash Equivalents

For purposes of the statements of cash flows – statutory basis, the plan considers short-term investments with an initial maturity of one year or less to be cash equivalents.

Concentration of Credit Risk

The Plan maintains cash balances at one financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation. Management monitors the soundness of this institution in an effort to minimize collection risk.

Loss Reserve

Claims are recorded on the accrual basis of accounting, including a reserve for incurred but not reported claims ("IBNR"). IBNR is estimated by the Plan's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of admitted assets, liabilities and surplus – statutory basis at present value.

Non-admitted assets

NOTES TO FINANCIAL STATEMENTS

In accordance with statutory accounting principles, certain assets are designated as “non-admitted” and are excluded from the statement of admitted assets, liabilities and surplus. Such assets are charged against unassigned surplus. As of June 30, 2025, non-admitted assets totaled \$36,874 and related to prepaid assets.

Going Concern

For the period ended June 30, 2025, management has determined there are no events or conditions that raise substantial doubt about the Plan’s ability to continue as a going concern.

Note 2: Accounting Changes and Correction of Errors

Not applicable.

Note 3: Business Combinations and Goodwill

Not applicable.

Note 4: Discontinued Operations – Not Applicable

Not applicable.

Note 5: Investments

The Plan has a money market account with Fifth Third Bank. As of June 30, 2025, the balance was \$4,277,953.

A. Mortgage Loans

The Plan has no investments in Mortgage Loans.

B. Debt Restructuring

The Plan has no Debt Restructuring investments.

C. Reverse Mortgages

The Plan has no investments in Reverse Mortgage.

D. Loan Backed Securities

The Plan has no investments in Loan Backed Securities.

E-I. Repurchase Agreements

The Plan has no investments in Repurchase Agreements.

J. Real Estate

The Plan has no Real Estate investments.

K. Investments in low-income housing tax credits

The Plan has no investments in low-income housing tax credits.

L. Restricted Assets

The Plan has no investments in Restricted Assets.

M. Working Capital Finance Investments

The Plan has no Working Capital Finance Investments.

N. Offsetting and Netting of Assets and Liabilities

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

O. 5* Securities

The Plan does not have any investments with an NAIC designation of 5* as of June 30, 2025.

P. Short Sales

The Plan has no Short Sale investments

Q. Prepayment Penalty and Acceleration Fees

The Plan did not sell, redeem or dispose of any assets.

R. Cash Pools

The Plan had no reporting of the cash pool by asset type during the periods reported.

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7: Investment Income

Investment income is comprised of interest income from the Plan’s cash and money market accounts, respectively. As of June 30, 2025, interest income totaled \$238,750 and is included in the statement of revenue and expenses.

Note 8: Derivative Investments

Not applicable.

Note 9: Income Taxes

NOTES TO FINANCIAL STATEMENTS

Pursuant to Title 17, Chapter 1746 of the Ohio Revised Code, the Plan is established as an Ohio Business Trust under which investment earnings net of associated expenses are subject to income tax. As of June 30, 2025, there was no tax liability for income taxes. The Plan applies the provisions of accounting standards for uncertain income tax positions. These standards require that a tax position be recognized or derecognized based on a more likely than not threshold. This applies to positions taken or expected to be taken in a tax return. The Plan does not believe its statutory financial statements include any uncertain tax positions for the year ended June 30, 2025. Further, there were no income tax related penalties or interest incurred by the Plan for the year ended June 30, 2025.

Note 10: Information Concerning Parent, Subsidiaries & Affiliated

(1) Detail of Material Related Party Transactions

Ref #	Date of Transaction	Name of Related Party	Nature of Relationship	Type of Transaction	Written Agreement Yes/No	Due Date	Reporting Period Date Amount Due From (To)
	08/16/2023	Northwest Ohio Business Alliance	Sponsor	Other	YES		

A. The nature of the relationship involved.

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

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

- Date of transaction; 08/17/2023
- Explanation of transaction; Assignment of \$5,000,000 Surplus Notes with Paramount Insurance Company issued in 2022 to the MEWA.
- Name of reporting entity; Northwest Ohio Business Alliance Health and Wellness Trust
- Name of affiliate; Northwest Ohio Business Alliance
- Description of assets received by reporting entity; N/A
- Statement value of assets received by reporting entity; N/A
- Description of assets transferred by reporting entity; N/A
- Statement value of assets transferred by reporting entity; N/A

Surplus notes totalling \$5,000,000 were issued by Paramount Insurance Company to NWOBA to fund reserve requirements for the MEWA. In August 2023 the surplus notes were assigned by NWOBA to the MEWA. On September 30, 2024 the notes were substituted by a \$5,000,000 surplus note payable to Paramount Insurance Company, an unrelated party. The note is due September 30, 2029 and is subordinate to all claimant and beneficiary claims and all other classes of creditors other than surplus note holders; paid only when the surplus is equal to the principal amount; and paid only upon prior approval by the Ohio Department of Insurance. Also see Note 13.

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

Items D through O: Not applicable

Note 11: Debt

On September 30, 2024 the Paramount Insurance Company agreed to advance up to \$500,000 to the MEWA. Repayment is due and payable two years after the date the loan is made. There were no borrowings under this term loan at June 30, 2025.

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

Not applicable

Note 13: Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A through J—not applicable

K Surplus Notes

The Trust issued the following surplus debentures or similar obligations:

STATEMENT AS OF June 30, 2025 OF THE Northwest Ohio Business Alliance Health & Wellness Trust

NOTES TO FINANCIAL STATEMENTS

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

Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Issued to a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year *	Unapproved Interest And/Or Principal	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity	Are Surplus Note payments contractually limited? (Y/N)	Surplus Note payments subject to administrative offsetting provisions? (Y/N)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (Y/N)	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance	Principal Amount of Book/Adjusted Assets Received Upon Issuance	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
Surplus debentures or similar obligations issued																				
1	03/23/2022	0.020	2,500,000	YES									09/30/2024	NO	NO	NO	NO	Cash		NO
2	08/01/2022	0.020	2,500,000	YES									09/30/2024	NO	NO	NO	NO	Cash		NO
3	09/30/2024		5,000,000	YES									09/30/2029	NO	NO	NO	NO	Substitution of above notes		NO
4	09/30/2024		1,000,000	YES									09/30/2026	NO	NO	NO	NO	Cash		NO
13/9999 - Surplus debentures or similar obligations issued																				
			11,000,000																	

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

- Date issued: 03/23/2022—combined with note below and substituted on 9/30/24. See below
- Description and fair value of the assets received: Cash proceeds from Surplus Note; \$2,500,000.
- Holder of the note or, if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Paramount Insurance Company (unrelated)
- Original issue amount of note: \$2,500,000.
- Carrying value of note (current year and prior year): \$0 at 9/30/24 \$2,500,000 in prior year.
- The rate at which interest accrues: 2.0%.Amended at 9/30/24. See below
- Maturity dates or repayment schedules, if stated: January 1, 2032. Amended at 9/30/24. See below
- Unapproved interest and/or principal: None.
- Approved interest recognized and principal paid current year and life-to-date: \$0.00
- Date issued: 08/01/2022—combined with note above and substituted on 9/30/24. See below
- Description and fair value of the assets received: Cash proceeds from Surplus Note; \$2,500,000.
- Holder of the note or, if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Paramount Insurance Company (unrelated)
- Original issue amount of note: \$2,500,000.
- Carrying value of note (current year and prior year): \$0 at 9/30/24 \$2,500,000 in prior year.
- The rate at which interest accrues: 2.0%. Amended at 9/30/24. See below

NOTES TO FINANCIAL STATEMENTS

- Maturity dates or repayment schedules, if stated: January 1, 2032. Amended at 9/30/24. See below
- Unapproved interest and/or principal: None.
- Approved interest recognized and principal paid current year and life-to-date: \$0.00
- Date issued: 09/30/24
- Description and fair value of the assets received: Substitution of the original \$2,500,000 note issued 3/23/22 plus original \$2,500,000 note issued 08/01/22
- Holder of the note or, if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Paramount Insurance Company (unrelated)
- Original issue amount of note: \$5,000,000.
- Carrying value of note (current year and prior year): \$5,000,000 at 9/30/24 \$0 in prior year.
- The rate at which interest accrues: 0.0%
- Maturity dates or repayment schedules, if stated: 09/30/2029
- Unapproved interest and/or principal: None.
- Approved interest recognized and principal paid current year and life-to-date: \$0.00
- Date issued: 09/30/24
- Description and fair value of the assets received: Cash proceeds of \$1,000,000 received on October 3, 2024
- Holder of the note or, if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Paramount Insurance Company (unrelated)
- Original issue amount of note: \$1,000,000.
- Carrying value of note (current year and prior year): \$1,000,000 at 9/30/24 \$0 in prior year.
- The rate at which interest accrues: 0.0%
- Maturity dates or repayment schedules, if stated: 09/30/2026
- Unapproved interest and/or principal: None.
- Approved interest recognized and principal paid current year and life-to-date: \$0.00Date issued: 09/30/24
- Description and fair value of the assets received: Substitution of the original \$2,500,000 note issued 3/23/22 plus original \$2,500,000 note issued 08/01/22
- Holder of the note or, if public, the names of the underwriter and trustee with identification on whether the holder of the surplus note is a related party per SSAP No. 25: Paramount Insurance Company (unrelated)
- Original issue amount of note: \$5,000,000.
- Carrying value of note (current year and prior year): \$5,000,000 at 9/30/24 \$0 in prior year.
- The rate at which interest accrues: 0.0%
- Maturity dates or repayment schedules, if stated: 09/30/2029

NOTES TO FINANCIAL STATEMENTS

- Unapproved interest and/or principal: None.
 - Approved interest recognized and principal paid current year and life-to-date: \$0.00
 - Percentage of interest payments offset through administrative offsetting (not inclusive of amounts paid to a 3rd party liquidity provider), I.E. if \$100 in interest was recognized through the year, \$10 of which was remitted to a 3rd party liquidity provider and the remainder \$90 was offset, the reporting entity shall report 100% as offset. None.
 - Disclosure of whether the surplus note was issued as part of a transaction with any of the following attributes:
 - ❖ Do surplus note/associated asset terms negate or reduce cash flow exchanges, and/or are amounts payable under surplus note and amounts receivable under other agreements contractually linked (For example, the asset provides interest payments only when the surplus note provides interest payments). No.
 - ❖ Are any amounts due under surplus notes and associated assets netted or offset (partially or in full) thus eliminating or reducing the exchange of cash or assets that would normally occur throughout the duration, or at maturity, of the agreement (This may be referred to as administrative offsetting.) No.
 - ❖ Were the proceeds from the issuance of a surplus note used to purchase an asset directly or indirectly from the holder of the surplus note. No.
 - Principal amount value of assets received upon Surplus Note issuance, if applicable. \$2,500,000 on 3/23/2022 and \$2,500,000 on 08/01/2022 for a total of \$5,000,000 at September 30, 2024, December 31, 2023 and September 30, 2023.
 - Subordination terms: The surplus note, accrued interest, and all payments of principal and interest due under the terms of the Surplus Note are subordinate to all claimant and beneficiary claims under any multiple employer welfare or similar arrangement, and all other classes of creditors other than surplus note holders; and paid only when the surplus of the NWOBATrust remaining after repayment is equal in amount to the principal amount advanced to the NWOBATrust; and paid only upon prior approval by the Ohio Department of Insurance
 - Liquidation preference to the reporting entity's common and preferred shareholders. NA.
 - The repayment conditions and restrictions: The terms of repayment are described above. This Note is unsecured and shall be non-recourse against the NWOBATrust or any of its assets except as provided in this Note. All payments of principal and interest shall be payable only from surplus of the NWOBATrust. "Surplus" shall have the meaning and intent set forth in *Ohio Revised Code* 1739.01(H) and 1739.13.
 - Information about any guarantees, support agreements, or related party transactions associated with the surplus note issuance, and whether payments have been made under such agreements. None.
- If a reporting entity has ceded business to a surplus note issuer that is a related party as part of a reinsurance transaction in which the surplus note meets any of the criteria above, the ceding entity shall provide a description of the transaction, including whether the criteria above were met with respect to the surplus note issuance, as long as the reinsurance agreement remains in force.
- The ceding entity should provide a description of the risks reinsured, the related party reinsurer, any guarantees or support agreements and the amount of notes outstanding.
- If the proceeds from the issuance of a surplus note used to purchase an asset directly or indirectly from the holder of the surplus note, the following information shall be disclosed regarding the assets received: NA.
 - ❖ Identification of asset, including the investment schedule where the asset is reported and reported NAIC designation;
 - ❖ Book/adjusted carrying value of asset as of the current reporting date.
 - ❖ A description of terms under which liquidity would be provided should a triggering event occur.
 - In addition to the above, a reporting entity shall identify all affiliates that hold any portion of a surplus debenture or similar obligation (including an offering registered under the Securities Act of 1933 or distributed pursuant to Rule 144A under the Securities Act of 1933), and any holder of 10% or more of the outstanding amount of any surplus note registered under the Securities Act of 1933 or distributed pursuant to Rule 144A under the Securities Act of 1933. None.

NOTES TO FINANCIAL STATEMENTS

L Not applicable
M Not applicable

Note 14: Liabilities, Contingencies and Assessments

During 2024, the Plan recorded a \$99,356 premium refund liability related to an ODI audit adjustment to the rating of certain groups that exceeded statutory rate caps. The Plan agreed to pay 50% of the premium refund liability, and Paramount (the TPA) agreed to pay the other 50%. During October 2024, the Plan refunded the groups the full amount of \$99,356. The Plan received \$49,678 from Paramount related to its agreed upon amount to cover and is included in the accompanying statement of revenue and expenses for the year ended December 31, 2024.

A. Not applicable

B. Not applicable

Note 15: Leases

Not applicable

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

Not applicable

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

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

Not applicable

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

Not applicable

Note 20: Fair Value Measurements

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

Level 1—quoted prices in active markets for identical securities.
Level 2—other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.). Also includes securities valued at amortized cost.
Level 3—significant unobservable inputs (including the Fund's own assumptions in determining the fair value of investments).

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

NOTES TO FINANCIAL STATEMENTS

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
Money Market Fund	4,651,641				4,651,641
20A1A99 - Total Assets at Fair Value	4,651,641				4,651,641

A(2) Not applicable

A(3) Not applicable

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

Note 21: Other Items

Not applicable

Note 22: Events Subsequent

The Plan has evaluated for subsequent events as of June 30, 2025.

Note 23: Reinsurance**Stop Loss Reinsurance**

The Plan entered into an insurance agreement for aggregate excess loss and individual excess loss with Paramount Insurance Company, which covers medical and prescription benefits. Under the terms of the policy, the Plan has an aggregate maximum limit of reimbursement liability of \$2,000,000, a per member deductible of \$300,000 and an unlimited annual maximum per member. Eligible expenses incurred from May 1, 2025 through April 30, 2026 and paid from May 1, 2025 through April 2027 are covered under the policy however, if the policy is terminated before the end of the originally scheduled policy period set forth above, no reimbursement will be made under aggregate excess loss insurance.

Quota Share Reinsurance**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% of controller, 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 county other than the United States (excluding U.S. Branches of such companies) that is owed 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]
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- 1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [X] No []
 - a) If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
 - b) What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement?

The liability for incurred by unreported claims has been reduced by \$2,620,582.

Reinsurance accounting credit is used for the quota share contract with Paramount Insurance Company, the reinsurer. The Plan transfers 90% of claims incurred after 10/1/2024 as it relates to each respective policy period, net of stop loss reimbursements. Ceded premium equals 90% of expected incurred claims net of stop loss. Ceded Claims are 90% of actual incurred claims net of stop loss.

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

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 non payment of premium or other

NOTES TO FINANCIAL STATEMENTS

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? \$0

- 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]

If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such new agreements or amendments? N/A

A. Uncollectible Reinsurance

None.

B. Commutation of Ceded Reinsurance

None.

C. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

- 1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation
- a) Certified Reinsurer Downgraded or Status Subject to Revocation
None.
 - b) Impact to the Reporting Entity as a Result of the Assuming Entity's Downgraded or Revocation of Certified Reinsurer Status
Not applicable.
- 2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation
- a) Certified Reinsurer Rating is Downgraded or Status Subject to Revocation
None.
 - b) Impact to the Reporting Entity as a Result of the Certified Reinsurer Rating Downgraded or Revocation of Certified Reinsurer Status
Not applicable.

D. Reinsurance Credits

- 1) Disclose any reinsurance contracts subject to A-791 that includes a provision, which limits the reinsurer's assumption of significant risks identified as in A-791.
None.
- 2) Disclose any reinsurance contracts no subject to A-791, for which reinsurance accounting was applied and includes a provision that limits the reinsurer's assumption of risk.
None.
- 3) Disclose if any reinsurance contracts contain features which result in delays in payment in form or in fact. Under the quota share reinsurance contract with Paramount Insurance Company, the Plan is currently paying claims incurred from 10/1/2024 through 12/31/2024 and paid within twelve (12) months after the end of each Contract Period under the Plan. This Agreement shall be in effect for its initial term, subject to annual renewal at mutually agreeable Funding Rates, General Expense Allowance rates, Claims Adjustment Expense rates, stop loss rates and, unless earlier terminated as provided by this Agreement. The initial term of this agreement will begin on the Effective Date and end on December 31, 2025. If the parties are unable to agree to renewal terms, this Agreement will not renew and will terminate on the last day of the Contract Period.

For the purposes of this Agreement, the initial term and each 12-month renewal term of this Agreement shall each be referred to as a "Contract Period." This Agreement shall renew, subject to the terms above, on January 1st of each successive year after the initial term unless otherwise terminated as provided herein. Either Party must notify the other in writing of its intent not to renew this Agreement not less than one hundred twenty days prior to the end of the then current Contract Period.

- 4) Disclose if the reporting entity has reflected reinsurance accounting credit for any contracts not subject to A-791 and note yearly renewal term, which meet the risk transfer requirements of SSAP NO. 61R and identify the type of contracts and the reinsurance contracts.
None.
- 5) Disclose if the reporting entity ceded any risk which is not subject to Q-791 and note yearly renewable term reinsurance, under any reinsurance contract during the period covered by the financial statement.
None.
- 6) If affirmative disclosure is required for Paragraph 23H (5) above, explain why the contract(s) is treated differently under GAAP and SAP.
Not applicable.

Note 24: Retrospectively Rated Contracts & Contracts Subject to Redetermination

NOTES TO FINANCIAL STATEMENTS

Not applicable

Note 25: Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of June 30, 2025 were approximately \$2,129,653. As of June 30, 2025, approximately \$4,520,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$45,052 as a result of re-estimation of unpaid claims and claim adjustment expenses.

Note 26: Intercompany Pooling Arrangements

Not applicable

Note 27: Structured Settlements

Not applicable

Note 28: Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
06/30/2025	420,000	420,000			
03/31/2025	540,000	540,000	492,798		
12/31/2024	595,000	595,000		565,138	
09/30/2024	611,083	611,083		615,430	
06/30/2024	553,859	553,859		589,587	
03/31/2024	671,830	671,830		617,546	
12/31/2023	558,810	558,810		558,810	
09/30/2023	555,208	555,208	555,208		
06/30/2023	609,345	609,345	577,647		
03/31/2023	592,886	592,886	63,058		
12/31/2022	535,216	535,216		535,216	
09/30/2022	481,067	481,067		548,833	
06/30/2022	325,244	325,244		325,122	

Note 29: Participating Policies

Not applicable

Note 30: Premium Deficiency Reserves

Not applicable

Note 30: Anticipated Salvage and Subrogation

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes () No (X)
- 1.2 If yes, has the report been filed with the domiciliary state? Yes () No ()
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes () No (X)
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes () No (X)
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
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5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes () No (X) N/A ()
If yes, attach an explanation
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes () No () N/A (X)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes () No () N/A (X)
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes () No (X)
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
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- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code. Yes (X) No ()
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)
- 10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

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

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

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

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

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

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

Fifth Third Institutional Services 38 Fountain Square Plaza, MD, 109C7, Cincinnati, OH 45202

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
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17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes () No (X)

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

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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
---------------------------------	------------------

Fifth Third Institutional Services U

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

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

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

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

Not applicable Fifth Third Bank National Association QFROUN1UWUYU0DVIWD Not applicable Y

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ()
- 18.2 If no, list exceptions:
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Yes () No (X)
- Has the reporting entity self-designated 5GI securities?
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Yes () No (X)
- Has the reporting entity self-designated PLGI securities?
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Yes () No (X)
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?
- Yes () No (X)

GENERAL INTERROGATORIES

PART 2 - HEALTH

-
- | | | | |
|-----|---|----------------|---|
| 1. | Operating Percentages: | | |
| | 1.1 A&H loss percent | 86.0 | % |
| | 1.2 A&H cost containment percent | 38.0 | % |
| | 1.3 A&H expense percent excluding cost containment expenses | 6.0 | % |
| 2.1 | Do you act as a custodian for health savings accounts? | Yes () No (X) | |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ | |
| 2.3 | Do you act as an administrator for health savings accounts? | Yes () No (X) | |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date. | \$ | |
| 3. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes () No (X) | |
| 3.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes () No (X) | |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
29076	34-0648820	05/01/2025	Medical Mutual of Ohio	OH	ASL/G	CMM	Authorized		
29076	34-0648820	05/01/2025	Medical Mutual of Ohio	OH	SSL/G	CMM	Authorized		
29076	34-0648820	10/01/2024	Medical Mutual of Ohio	OH	QA/G	CMM	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	L	15,254,259						15,254,259	
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U. S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	X X X								
59. Subtotal		X X X	15,254,259						15,254,259	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Total (Direct Business)		X X X	15,254,259						15,254,259	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page		X X X								
58999. Total (Line 58001 through Line 58003 plus 58998) (Line 58 above)		X X X								

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1
 2. R - Registered - Non-domiciled RRGs
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

4. Q - Qualified - Qualified or accredited reinsurer
 5. N - None of the above - Not allowed to write business in the state 56

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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



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

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	4,277,953	6,122,744
2. Cost of cash equivalents acquired	373,688	(1,844,791)
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	4,651,641	4,277,953
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	4,651,641	4,277,953

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate Of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
99FEDG	Federated Government Obligations Premier			4.300		4,651,641	8,926	94,325
8309999999	All Other Money Market Mutual Funds					4,651,641	8,926	94,325
8569999999	Total Cash Equivalents (Unaffiliated) (Sum of: 0489999999, 8209999999, 8309999999, 8409999999, 8499999999)					4,651,641	8,926	94,325
8609999999	Total Cash Equivalents					4,651,641	8,926	94,325