



**QUARTERLY STATEMENT**  
AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**OHIO FARM BUREAU HEALTH BENEFITS PLAN**

NAIC Group Code 0000 0000 NAIC Company Code 00123 Employer's ID Number 81-1268907  
(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH  
Country of Domicile US  
Licensed as business type: Life, Accident & Health - MEWA Is HMO Federally Qualified? N/A  
Incorporated/Organized 08/22/2016 Commenced Business 01/01/2017  
Statutory Home Office 280 North High Street Floor 6 Columbus, OH, US 43215  
Main Administrative Office 280 North High Street Floor 6  
Columbus, OH, US 43215  
(Telephone Number)  
Mail Address 280 North High Street Floor 6 Columbus, OH, US 43215  
Primary Location of Books and Records 280 North High Street Floor 6  
Columbus, OH, US 43215 614-249-2400  
(Telephone Number)  
Internet Website Address https://ofbf.org  
Statutory Statement Contact Anthony James Wisniewski 440-227-3302  
(Telephone Number)  
anthony.wisniewski@consoliplex.com 216-202-3499  
(E-Mail Address) (Fax Number)

**OFFICERS**

Michael Bailey, Chairperson Dan Rapp, Plan Administrator  
Bill Patterson, Treasurer Trevor Kirkpartick, Plan Administrator

**DIRECTORS OR TRUSTEES**

Michael Bailey Craig Pohlman  
Stacy Irwin Bill Patterson  
Mike Boyert Bill Grulich  
Greg Franklin Dietsch

State of Ohio  
County of Medina 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.

Signed by: Trevor Kirkpatrick Signed by: Bill Patterson  
D650968175AF46F... B8252BB9EDA44A6...  
Trevor Kirkpatrick Bill Patterson  
Plan Administrator Treasurer

Subscribed and sworn to before me

this 11/4/2025 day of , 2025

Signed by: Darrell T Green  
73161F850BB041C...

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: \_\_\_\_\_
2. Date filed: \_\_\_\_\_
3. Number of pages attached: \_\_\_\_\_



**DARRELL T GREEN**  
Notary Public, State of Ohio  
My Commission Expires:  
July 23, 2029

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....				
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 (\$.....477,819), cash equivalents (\$.....2,352,724) and short-term investments (\$.....0).....	2,830,543		2,830,543	2,150,827
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 (Lines 1 to 11).....	2,830,543		2,830,543	2,150,827
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	7,642		7,642	7,056
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....).....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	3,030,125		3,030,125	2,722,157
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....	388,086		388,086	380,934
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....	33,841		33,841	—
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.....	2,600		2,600	
25. Aggregate write-ins for other-than-invested assets.....				—
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,292,837		6,292,837	5,260,974
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	6,292,837		6,292,837	5,260,974
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501.....				
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				—

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$.....3,068,088 reinsurance ceded).....	340,899		340,899	221,401
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....	11,000		11,000	7,000
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....	67,380		67,380	42,059
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.....	5,266,862		5,266,862	4,345,824
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current ) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....	5,686,141		5,686,141	4,616,284
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	600,000	600,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	6,696	44,690
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	606,696	644,690
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	6,292,837	5,260,974
<b>Details of Write-Ins</b>				
2301.....				
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.....	XXX	XXX		
3002.....	XXX	XXX		
3003.....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months .....	XXX	39,824	33,635	45,719
2. Net premium income (including \$..... non-health premium income) .....	XXX	1,666,202	1,387,019	1,869,888
3. Change in unearned premium reserves and reserve for rate credits .....	XXX			
4. Fee-for-service (net of \$..... medical expenses) .....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX			
7. Aggregate write-ins for other non-health revenues .....	XXX			
8. Total revenues (Lines 2 to 7) .....	XXX	1,666,202	1,387,019	1,869,888
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		11,952,658	9,326,598	12,891,065
10. Other professional services .....		2,155,393	1,614,829	2,231,225
11. Outside referrals .....				
12. Emergency room and out-of-area .....		1,077,654	827,892	1,151,935
13. Prescription drugs .....		3,187,948	1,817,249	3,045,650
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		18,373,653	13,586,568	19,319,875
<b>Less:</b>				
17. Net reinsurance recoveries .....		16,708,511	12,311,003	17,520,446
18. Total hospital and medical (Lines 16 minus 17) .....		1,665,142	1,275,565	1,799,429
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....6,960 cost containment expenses .....		12,211	15,344	19,435
21. General administrative expenses .....		141,734	112,043	140,695
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only) .....				
23. Total underwriting deductions (Lines 18 through 22) .....		1,819,087	1,402,952	1,959,559
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(152,885)	(15,933)	(89,671)
25. Net investment income earned .....		76,439	87,914	108,860
26. Net realized capital gains (losses) less capital gains tax of \$..... .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....		76,439	87,914	108,860
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)] .....				
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(76,446)	71,981	19,189
31. Federal and foreign income taxes incurred .....	XXX	1,739	31,729	1,487
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(78,185)	40,252	17,702
<b>Details of Write-Ins</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX			
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	644,690	667,176	667,179
34. Net income or (loss) from Line 32.....	(78,185)	40,252	17,702
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	40,191	(7,855)	(40,191)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	-	-	-
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....			
48. Net change in capital and surplus (Lines 34 to 47).....	(37,994)	32,397	(22,489)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	606,696	699,573	644,690
<b>Details of Write-Ins</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....			

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	2,587,240	1,880,405	2,423,816
2. Net investment income.....	75,854	89,753	111,766
3. Miscellaneous income.....	—	—	—
4. Total (Lines 1 to 3).....	2,663,094	1,970,158	2,535,582
5. Benefit and loss related payments.....	1,860,767	2,064,235	3,125,211
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	127,222	145,566	182,976
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....	(2,011)	40,500	40,500
10. Total (Lines 5 through 9).....	1,985,978	2,250,301	3,348,687
11. Net cash from operations (Line 4 minus Line 10).....	677,116	(280,143)	(813,105)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	—	—	—
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	—	—	—
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	—	—	—
13.7 Total investments acquired (Lines 13.1 to 13.6).....	—	—	—
14. Net increase/(decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	—	—	—
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	—	—	—
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).....	2,600	(506)	(2,600)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	2,600	(506)	(2,600)
<b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	679,716	(280,649)	(815,705)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,150,827	2,966,532	2,966,532
19.2 End of period (Line 18 plus Line 19.1).....	2,830,543	2,685,883	2,150,827
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.....			

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
<b>Total Members at end of:</b>														
1. Prior Year	4,026		4,026											
2. First Quarter	4,188		4,188											
3. Second Quarter	4,517		4,517											
4. Third Quarter	4,762		4,762											
5. Current Year														
6. Current Year Member Months	39,824		39,824											
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (a)	19,914,264		19,914,264											
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	19,914,264		19,914,264											
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	17,178,680		17,178,680											
18. Amount Incurred for Provision of Health Care Services	18,373,653		18,373,653											

(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
<b>Claims Unpaid (Reported)</b>						
0199999 – Individually listed claims unpaid	3,408,986					3,408,986
0499999 – Subtotals	3,408,986					3,408,986
0799999 – Total claims unpaid	3,408,986					3,408,986
0899999 – Accrued medical incentive pool and bonus amounts						



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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement	163,331	1,382,314	4,104	336,795	167,435	221,401
4. Vision only						
5. Dental only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	163,331	1,382,314	4,104	336,795	167,435	221,401
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13-14+15+16)	163,331	1,382,314	4,104	336,795	167,435	221,401

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

## Notes to the Financial Statements

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

#### A. Accounting Practices

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

	SSAP #	F/S Page	F/S Line #	09/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (78,185)	\$ 17,702
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (78,185)</u>	<u>\$ 17,702</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 606,696	\$ 644,690
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 606,696</u>	<u>\$ 644,690</u>

#### C. Accounting Policy

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

The Arrangement does not hold any such securities.

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

The Arrangement does not hold any loan-backed securities.

#### D. Going Concern

The Arrangement has neither the intention nor the need to liquidate or curtail materially the scale of its operations.

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

### 3. Business Combinations and Goodwill - None

### 4. Discontinued Operations - None

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Asset-Backed Securities - Not Applicable
- 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. Investments in Tax Credit Structures (tax credit investments) - Not Applicable
- L. Restricted Assets - Not Applicable
- M. Working Capital Finance Investments - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. SGI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable
- 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 - None

### 7. Investment Income

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

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

## Notes to the Financial Statements

### 7. Investment Income (Continued)

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

B. Total Amount Excluded - None

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

Interest Income Due and Accrued	Amount
1. Gross .....	\$ 7,642
2. Nonadmitted .....	\$
3. Admitted .....	\$ 7,642

D. The aggregate deferred interest

	Amount
Aggregate Deferred Interest .....	\$

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

### 8. Derivative Instruments - None

### 9. Income Taxes

As of September 30, 2025 the Arrangement has \$33,841 of income tax recoverable associated with unrelated business income.

C. Major Components of Current Income Taxes Incurred

	(1) 09/30/2025	(2) 12/31/2024	(3) Change (1-2)
Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
(a) Federal .....	\$ 1,739	\$ 1,487	\$ 252
(b) Foreign .....			
(c) Subtotal (1a+1b) .....	\$ 1,739	\$ 1,487	\$ 252
(d) Federal income tax on net capital gains .....			
(e) Utilization of capital loss carry-forwards .....			
(f) Other .....			
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f) .....	\$ 1,739	\$ 1,487	\$ 252

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

### 11. Debt - None

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

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

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

### 15. Leases - None

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

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

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

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

### 20. Fair Value Measurements

A. Fair Value Measurement

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents .....	\$ 2,352,724	\$	\$	\$	\$ 2,352,724
Total assets at fair value/NAV .....	\$ 2,352,724	\$	\$	\$	\$ 2,352,724
b. Liabilities at fair value					
Total liabilities at fair value .....	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy

Description	Beginning balance as of 07/01/2025	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 09/30/2025
a. Assets										
Total assets .....	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities										
Total liabilities .....	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) None

(4) N/A

## Notes to the Financial Statements

### 20. Fair Value Measurements (Continued)

(5) N/A

#### B. Other Fair Value Disclosures

N/A

#### C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash Equivalents	\$ 2,352,724	\$ 2,352,724	\$ 2,352,724				

#### D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
---------------------------------------	----------------	-------------------------	---------------	-------------

#### E. Nature and Risk of Investments Reported at NAV

N/A

### 21. Other Items - None

### 22. Events Subsequent

Subsequent events have been considered through November 14, 2025 for these statutory financial statements which are to be issued by November 15, 2025.

### 23. Reinsurance

During 2025, the Plan is subject to a quota share reinsurance agreement with Community Insurance Company to cede 90% of the Plan's health business.

During 2025, the Plan is subject to a stop loss reinsurance agreement with Community Insurance Company for medical and prescription drug coverage. The specific stop loss threshold per covered person is from \$250,000 for 2025. Under the aggregate stop loss contract, the reinsurer pays all claims in excess of a fixed per employee per month amount that is the equivalent of 125% of actuarially expected claim costs for the entire Arrangement (net of any specific stop loss reimbursements).

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
- Yes ( ) No (X)
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
- Yes ( ) No (X)

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

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

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

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
- Yes ( ) No (X)

#### B. Uncollectible Reinsurance - None

#### C. Commutation of Ceded Reinsurance - None

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

#### E. Reinsurance Credit - None

## Notes to the Financial Statements

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

- A. Method Used to Estimate - None
- B. Method Used to Record - None
- C. Amount and Percent of Net Retrospective Premiums - None
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - None

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

**26. Intercompany Pooling Arrangements - None**

**27. Structured Settlements - None**

**28. Health Care Receivables - None**

**29. Participating Policies - None**

**30. Premium Deficiency Reserves - None**

**31. Anticipated Salvage and Subrogation - None**

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... **NO**.....
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... **NO**.....
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... **NO**.....  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... **NO**.....
- 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?..... **NO**.....
- 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?..... **NO**.....
- 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	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... **NO**.....  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2022.....
- 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..... 12/31/2022.....
- 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)..... 04/16/2024.....
- 6.4 By what department or departments?  
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... **N/A**.....
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... **N/A**.....
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... **NO**.....
- 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?..... **NO**.....
- 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?..... **NO**.....
- 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 affiliates primary federal regulator.

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

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

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

9.11 If the response to 9.1 is No, please explain:

.....

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

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

.....

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

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

.....

#### FINANCIAL

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

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

#### INVESTMENT

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

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

.....

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... NO .....

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 Lines 14.21 to 14.26) .....	.....	.....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO .....

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... N/A .....

If no, attach a description with this statement.

.....

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

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

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

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

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 .....

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

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank .....	3900 Park East Dr. Suite # 300, Beachwood, OH 44122 .....

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

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

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

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

.....

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

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

1	2
Name of Firm or Individual	Affiliation
Huntington National Bank	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.....
- 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.....

- 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
2305	Huntington National Bank	2WHM8VNHJH63UN140L754	OCC	NO

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

- 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:

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

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

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

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

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

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:

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

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



## GENERAL INTERROGATORIES

### PART 2 – HEALTH

1. Operating Percentages:
  - 1.1 A&H loss percent ..... 100.400 %
  - 1.2 A&H cost containment percent ..... 0.400 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 8.800 %
- 2.1 Do you act as a custodian for health savings accounts?..... NO.....
- 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?..... NO.....
- 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?..... NO.....
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... NO.....

Quarterly Statement as of September 30, 2025 of the Ohio Farm Bureau Health Benefits Plan

**SCHEDULE S - CEDED REINSURANCE**  
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
<b>Accident &amp; Health - Non-Affiliates</b>									
10345	31-1440175	01/01/2021	Community Insurance Company DBA Anthem	OH	QA/G	CMM	Authorized		
10345	31-1440175	01/01/2021	Community Insurance Company DBA Anthem	OH	SSL/G	CMM	Authorized		
10345	31-1440175	01/01/2021	Community Insurance Company DBA Anthem	OH	ASL/G	CMM	Authorized		

# **SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

			Direct Business Only									
			1	2	3	4	5	6	7	8	9	10
	States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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	19,914,264							19,914,264	
37.	Oklahoma .....	OK	N									
38.	Oregon .....	OR	N									
39.	Pennsylvania .....	PA	N									
40.	Rhode Island .....	RI	N									
41.	South Carolina .....	SC	N									
42.	South Dakota .....	SD	N									
43.	Tennessee .....	TN	N									
44.	Texas .....	TX	N									
45.	Utah .....	UT	N									
46.	Vermont .....	VT	N									
47.	Virginia .....	VA	N									
48.	Washington .....	WA	N									
49.	West Virginia .....	WV	N									
50.	Wisconsin .....	WI	N									
51.	Wyoming .....	WY	N									
52.	American Samoa .....	AS	N									
53.	Guam .....	GU	N									
54.	Puerto Rico .....	PR	N									
55.	U.S. Virgin Islands .....	VI	N									
56.	Northern Mariana Islands .....	MP	N									
57.	Canada .....	CAN	N									
58.	Aggregate Other Alien .....	OT	XXX									
59.	Subtotal .....	XXX		19,914,264							19,914,264	
60.	Reporting entity contributions for employee benefits plans .....	XXX										
61.	Total (Direct Business) .....	XXX		19,914,264							19,914,264	
Details of Write-Ins												
58001.	.....	XXX										
58002.	.....	XXX										
58003.	.....	XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	XXX										
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX										

(a) Active Status Counts

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

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

**Ohio Farm Bureau Health Benefit Plan**  
Employer's ID Number: 81-1268907  
NAIC Company Code: 127  
State of Domicile: OH



## 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.

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

### August Filing

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

### EXPLANATION:

1.	
2.	

### BARCODES:

1.	
2.	

**OVERFLOW PAGE FOR WRITE-INS**

(SI-01) Schedule A - Verification - Real Estate  
**NONE**

(SI-01) Schedule B - Verification - Mortgage Loans  
**NONE**

(SI-01) Schedule BA - Verification - Other Long-Term Invested Assets  
**NONE**

(SI-01) Schedule D - Verification - Bonds and Stocks  
**NONE**

(SI-02) Schedule D - Part 1B  
**NONE**

(SI-03) Schedule DA - Part 1  
**NONE**

(SI-03) Schedule DA - Verification - Short-Term Investments  
**NONE**

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts  
**NONE**

(SI-05) Schedule DB - Part C - Section 1  
**NONE**

(SI-06) Schedule DB - Part C - Section 2  
**NONE**

(SI-07) Schedule DB - Verification  
**NONE**



**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	1,930,231	2,403,671
2.	Cost of cash equivalents acquired.....	422,493	(473,440)
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).....	2,352,724	1,930,231
11.	Deduct total nonadmitted amounts.....		
12.	Statement value at end of current period (Line 10 minus Line 11).....	2,352,724	1,930,231

(E-01) Schedule A - Part 2  
**NONE**

(E-01) Schedule A - Part 3  
**NONE**

(E-02) Schedule B - Part 2  
**NONE**

(E-02) Schedule B - Part 3  
**NONE**

(E-03) Schedule BA - Part 2  
**NONE**

(E-03) Schedule BA - Part 3  
**NONE**

(E-04) Schedule D - Part 3  
**NONE**

(E-05) Schedule D - Part 4  
**NONE**

(E-06) Schedule DB - Part A - Section 1  
**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)  
**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period  
**NONE**

(E-07) Schedule DB - Part B - Section 1  
**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name  
**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)  
**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period  
**NONE**

(E-08) Schedule DB - Part D - Section 1  
**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity  
**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity  
**NONE**

(E-10) Schedule DB - Part E  
**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Huntington National Bank – 3900 Park East Dr. Suite #300, Beachwood, OH 44122		0.014	975		77,797	576,002	477,819	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories								XXX
0199999 – Total Open Depositories			975		77,797	576,002	477,819	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories								XXX
0299999 – Total Suspended Depositories								XXX
0399999 – Total Cash on Deposit			975		77,797	576,002	477,819	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total			975		77,797	576,002	477,819	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Sweep Accounts								
XXX	Fidelity Institutional Government Money Market Fund - Class 1			0.041		2,352,724	7,641	74,941
810999999	– Sweep Accounts					2,352,724	7,641	74,941
858999999	– Total Cash Equivalents (Unaffiliated)					2,352,724	7,641	74,941
860999999	– Total Cash Equivalents					2,352,724	7,641	74,941