

QUARTERLY STATEMENT

OF THE

OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

TO THE

Insurance Department

OF THE

STATE OF

Ohio

FOR THE QUARTER ENDED
SEPTEMBER 30, 2025

HEALTH

2025



HEALTH QUARTERLY STATEMENT

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

Ohio Chamber Health Benefit Program Trust

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 16619 Employer's ID Number 83-6804326

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

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 06/21/2019 Commenced Business 08/07/2019

Statutory Home Office 34 S. Third Street, Suite 100 Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 34 S. Third Street, Suite 100
(Street and Number)
Columbus, OH, US 43215 614-629-0936
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 34 S. Third Street, Suite 100 Columbus, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 34 S. Third Street, Suite 100
(Street and Number)
Columbus, OH, US 43215 614-629-0936
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.ohiochamber.com

Statutory Statement Contact Cynthia Ann Powell 614-629-0913
(Name) (Area Code) (Telephone Number)
CPowell@ohiochamber.com 614-340-7953
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

Steven Ernst Stivers, Chairman of the Board

DIRECTORS OR TRUSTEES

Dwight William Seeley Steven Ernst Stivers Jonathan Alexander Allison
Jennifer Heston Sitterley Eric Henderson Kearney Thomas Mark Zaino
Lisa Marie Wesolek

State of Ohio State of Ohio State of Ohio
County of Franklin County of Franklin County of Franklin

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

Scott Michael Colby Cynthia Ann Powell
Executive Director Chief Financial Officer

Dwight William Seeley
Treasurer

Subscribed and sworn to before me this
7th day of November
[Signature]

Subscribed and sworn to before me this
7th day of November
[Signature]

Subscribed and sworn to before me this
____ day of _____

- a. Is this an original filing?.....
b. If no,

Yes [X] No []

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



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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

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 | 4,469,120 | 0 | 4,469,120 | 0 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | 0 | 0 | 0 | 0 |
| 3.2 Other than first liens..... | 0 | 0 | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.2 Properties held for the production of income (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.3 Properties held for sale (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 5. Cash (\$3,711,408), cash equivalents (\$51,536) and short-term investments (\$441,182) | 4,204,126 | 0 | 4,204,126 | 8,788,733 |
| 6. Contract loans (including \$0 premium notes) | 0 | 0 | 0 | 0 |
| 7. Derivatives | 0 | 0 | 0 | 0 |
| 8. Other invested assets | 0 | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets | 0 | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 8,673,246 | 0 | 8,673,246 | 8,788,733 |
| 13. Title plants less \$0 charged off (for Title insurers only) | 0 | 0 | 0 | 0 |
| 14. Investment income due and accrued | 68,611 | 0 | 68,611 | 26,552 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 578,270 | 21,214 | 557,056 | 520,519 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums) | 0 | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0) | 0 | 0 | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 17,858,994 | 0 | 17,858,994 | 15,699,528 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 1,275,062 | 0 | 1,275,062 | 1,336,717 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 175,000 | 0 | 175,000 | 175,000 |
| 18.2 Net deferred tax asset | 110,739 | 0 | 110,739 | 140,409 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software | 0 | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$0) | 0 | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 24. Health care (\$0) and other amounts receivable | 0 | 0 | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 701,433 | 7,794 | 693,639 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 29,441,355 | 29,008 | 29,412,347 | 26,687,458 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 29,441,355 | 29,008 | 29,412,347 | 26,687,458 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Premiums Collected in Excess of Administrator Expenditures | 643,939 | 0 | 643,939 | 0 |
| 2502. Miscellaneous Health & Wellness | 49,700 | 0 | 49,700 | 0 |
| 2503. Prepaid Commissions | 7,794 | 7,794 | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 701,433 | 7,794 | 693,639 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ 29,580,894 reinsurance ceded) | 3,038,010 | 0 | 3,038,010 | 2,861,894 |
| 2. Accrued medical incentive pool and bonus amounts | 0 | 0 | 0 | 12 |
| 3. Unpaid claims adjustment expenses | 130,544 | 0 | 130,544 | 120,177 |
| 4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act | 0 | 0 | 0 | 0 |
| 5. Aggregate life policy reserves | 0 | 0 | 0 | 0 |
| 6. Property/casualty unearned premium reserve | 0 | 0 | 0 | 0 |
| 7. Aggregate health claim reserves | 120,639 | 0 | 120,639 | 120,071 |
| 8. Premiums received in advance | 2,614,790 | 0 | 2,614,790 | 2,094,173 |
| 9. General expenses due or accrued | 499,140 | 0 | 499,140 | 309,161 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses)) | 0 | 0 | 0 | 0 |
| 10.2 Net deferred tax liability | 0 | 0 | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 19,425,908 | 0 | 19,425,908 | 17,323,894 |
| 12. Amounts withheld or retained for the account of others..... | 0 | 0 | 0 | 0 |
| 13. Remittances and items not allocated | 0 | 0 | 0 | 0 |
| 14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current) | 0 | 0 | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 0 | 0 | 0 | 0 |
| 16. Derivatives | 0 | 0 | 0 | 0 |
| 17. Payable for securities | 0 | 0 | 0 | 0 |
| 18. Payable for securities lending | 0 | 0 | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)..... | 0 | 0 | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$ 0) companies | 0 | 0 | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 0 | 0 | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ 0 current) | 0 | 0 | 0 | 386,381 |
| 24. Total liabilities (Lines 1 to 23) | 25,829,031 | 0 | 25,829,031 | 23,215,763 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 0 | 0 |
| 27. Preferred capital stock | XXX | XXX | 0 | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 0 | 0 |
| 29. Surplus notes | XXX | XXX | 4,000,000 | 4,000,000 |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (416,684) | (528,305) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 0 shares common (value included in Line 26 \$ 0) | XXX | XXX | 0 | 0 |
| 32.2 0 shares preferred (value included in Line 27 \$ 0) | XXX | XXX | 0 | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 3,583,316 | 3,471,695 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 29,412,347 | 26,687,458 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Administrator Expenditures in Excess of Premiums Collected | 0 | 0 | 0 | 386,381 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 386,381 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|-------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | 294,705 | 269,696 | 368,582 |
| 2. Net premium income (including \$0 non-health premium income)..... | XXX | 8,006,390 | 14,006,168 | 19,145,131 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | 0 | 0 | 0 |
| 4. Fee-for-service (net of \$0 medical expenses) | XXX | 0 | 0 | 0 |
| 5. Risk revenue | XXX | 0 | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 8,006,390 | 14,006,168 | 19,145,131 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | 0 | 119,853,921 | 105,843,940 | 149,653,985 |
| 10. Other professional services | 0 | 0 | 0 | 0 |
| 11. Outside referrals | 0 | 0 | 0 | 0 |
| 12. Emergency room and out-of-area | 0 | 0 | 0 | 0 |
| 13. Prescription drugs | 0 | 44,612,419 | 32,219,707 | 46,196,113 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | 0 | 14,785 | 7,052 | 10,024 |
| 16. Subtotal (Lines 9 to 15) | 0 | 164,481,125 | 138,070,699 | 195,860,122 |
| Less: | | | | |
| 17. Net reinsurance recoveries | 0 | 156,926,780 | 125,101,495 | 177,764,859 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 7,554,345 | 12,969,204 | 18,095,263 |
| 19. Non-health claims (net) | 0 | 0 | 0 | 0 |
| 20. Claims adjustment expenses, including \$120,010 cost containment expenses | 0 | 226,477 | 531,819 | 642,105 |
| 21. General administrative expenses | 0 | 362,025 | 717,202 | 1,046,932 |
| 22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only) . | 0 | 0 | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 8,142,847 | 14,218,225 | 19,784,300 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (136,457) | (212,057) | (639,169) |
| 25. Net investment income earned | 0 | 229,714 | 221,000 | 303,588 |
| 26. Net realized capital gains (losses) less capital gains tax of \$0 | 0 | 0 | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 229,714 | 221,000 | 303,588 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$ (24,510))]. | 0 | (24,510) | (4,161) | (22,162) |
| 29. Aggregate write-ins for other income or expenses | 0 | 49,700 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 118,447 | 4,782 | (357,743) |
| 31. Federal and foreign income taxes incurred | XXX | 0 | 0 | 0 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 118,447 | 4,782 | (357,743) |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. Miscellaneous Health & Wellness | 0 | 49,700 | 0 | 0 |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 49,700 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 3,471,695 | 3,791,431 | 3,791,431 |
| 34. Net income or (loss) from Line 32 | 118,447 | 4,782 | (357,743) |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$0 | 0 | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | (29,670) | 8,726 | 84,993 |
| 39. Change in nonadmitted assets | 22,844 | (46,336) | (46,986) |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | 0 | 0 | 0 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | 0 | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 | 0 |
| 44.3 Transferred to surplus..... | 0 | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | 111,621 | (32,828) | (319,736) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 3,583,316 | 3,758,603 | 3,471,695 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 10,615,276 | 19,714,126 | 25,209,379 |
| 2. Net investment income | 187,568 | 213,472 | 298,562 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 10,802,844 | 19,927,598 | 25,507,941 |
| 5. Benefit and loss related payments | 9,537,139 | 16,603,738 | 22,307,669 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 301,259 | 1,883,123 | 2,481,443 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses) | 0 | 175,000 | 175,000 |
| 10. Total (Lines 5 through 9) | 9,838,398 | 18,661,861 | 24,964,112 |
| 11. Net cash from operations (Line 4 minus Line 10) | 964,446 | 1,265,737 | 543,829 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 4,469,033 | 0 | 0 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 4,469,033 | 0 | 0 |
| 14. Net increase/(decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (4,469,033) | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | (1,080,020) | (93,817) | 386,921 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (1,080,020) | (93,817) | 386,921 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) . | (4,584,607) | 1,171,920 | 930,750 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 8,788,733 | 7,857,983 | 7,857,983 |
| 19.2 End of period (Line 18 plus Line 19.1) | 4,204,126 | 9,029,903 | 8,788,733 |

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

| | | | |
|--|-------------|---|---|
| 20.0001. Maturity of Surplus Note 00003 (see Note 13) | (1,850,000) | 0 | 0 |
| 20.0002. Execution of Surplus Note 00005 (see Note 13) | 1,850,000 | 0 | 0 |
| 20.0003. | 0 | 0 | 0 |
| 20.0004. | 0 | 0 | 0 |
| 20.0005. | 0 | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

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 |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 33,338 | 0 | 33,338 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 31,957 | 0 | 31,957 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 33,283 | 0 | 33,283 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 33,566 | 0 | 33,566 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 294,705 | 0 | 294,705 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | 307,279 | 0 | 307,279 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 42,497 | 0 | 42,497 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 349,776 | 0 | 349,776 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 4,028 | 0 | 4,028 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 961 | 0 | 961 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (a) | 178,045,919 | 0 | 178,045,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned..... | 178,045,919 | 0 | 178,045,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services..... | 160,469,923 | 0 | 160,469,923 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 164,481,126 | 0 | 164,481,126 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

∞

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 + 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 Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | 528,267 | 6,834,611 | 1,516,200 | 1,642,448 | 2,044,467 | 2,981,965 |
| 3. Medicare Supplement | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Vision only | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Dental only | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Title XVIII - Medicare | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Title XIX - Medicaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Credit A&H | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Disability Income | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Long-term care | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Other health | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 528,267 | 6,834,611 | 1,516,200 | 1,642,448 | 2,044,467 | 2,981,965 |
| 14. Health care receivables (a) | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Other non-health | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | 14,797 | 0 | 0 | 0 | 14,797 | 12 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 543,064 | 6,834,611 | 1,516,200 | 1,642,448 | 2,059,264 | 2,981,977 |

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

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

Organization and Operation

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

A. Accounting Practices

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

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

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

| | SSAP # | F/S Page # | F/S Line # | September 30, 2025 | December 31, 2024 |
|---|--------|------------|------------|-----------------------|----------------------|
| Net Income (Loss) | | | | | |
| (1) Company state basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ 118,447 | \$ (357,743) |
| (2) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (3) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (4) NAIC SAP (1 - 2 - 3 = 4) | XXX | XXX | XXX | <u>\$ 118,447</u> | <u>\$ (357,743)</u> |
| Capital and Surplus | | | | | |
| (5) Company state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 3,583,316 | \$ 3,471,695 |
| (6) State prescribed practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (7) State permitted practices that are an increase/(decrease) from NAIC SAP: Not Applicable | | | | — | — |
| (8) NAIC SAP (5 - 6 - 7 = 8) | XXX | XXX | XXX | <u>\$ 3,583,316</u> | <u>\$ 3,471,695</u> |

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

No significant change.

C. Accounting Policy

- (1) No significant change.
- (2) The Company does not have any mandatory convertible securities or Securities Valuation Office of the National Association of Insurance Commissioners’ identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio.
- (3-5) No significant change.
- (6) The Company has no asset-backed securities.
- (7-13) No significant change.

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No significant change.

3. BUSINESS COMBINATIONS AND GOODWILL

A-E. No significant change.

4. DISCONTINUED OPERATIONS

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

(1-4) No significant change.

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

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

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

5. INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans — Not applicable.

B. Debt Restructuring — Not applicable.

C. Reverse Mortgages — Not applicable.

D. Asset-Backed Securities

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions — Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing — Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale — Not applicable.

J. Real Estate — Not applicable.

K. Investments in Tax Credit Structures — Not applicable.

L. Restricted Assets — No significant change.

M. Working Capital Finance Investments — Not applicable.

N. Offsetting and Netting of Assets and Liabilities

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

O. 5GI Securities

The Company does not have any investments with a National Association of Insurance Commissioners' designation of 5GI as of September 30, 2025 and December 31, 2024.

P. Short Sales — Not applicable.

Q. Prepayment Penalty and Acceleration Fees — Not applicable.

No significant change.

R. Reporting Entity’s Share of Cash Pool by Asset Type — Not applicable.

S. Aggregate Collateral Loans by Qualifying Investment Collateral — Not applicable.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A-B. No significant change.

7. INVESTMENT INCOME

A-E. No significant change.

8. DERIVATIVE INSTRUMENTS

A-B. Not applicable.

9. INCOME TAXES

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

A-I. No significant change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

A-O. Material Related Party Transactions

No significant change.

11. DEBT

A-B. The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements as of September 30, 2025 and December 31, 2024.

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

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

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

A-J. No significant change.

K. The Company’s third surplus note, Note 00003 for \$1,850,000 with an effective date of June 30, 2022, matured on June 30, 2025. A replacement surplus note, Note 00005 for the same amount with a maturity date of March 31, 2028, was issued simultaneously with the payment satisfaction of Note 00003, which is reflected as a non-cash transaction in the statement of cash flows.

L-M. No significant change.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A-F. No significant change.

15. LEASES

A-B. No significant change.

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

(1-4) No significant change.

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

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

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

A-C. No significant change.

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

No significant change.

20. FAIR VALUE MEASUREMENTS

The National Association of Insurance Commissioners' Accounting Practices and Procedures manual defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 — Quoted (unadjusted) prices for identical assets in active markets.

Level 2 — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3 — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, cash equivalents, and short-term investments are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to a secondary pricing source; prices reported by its custodian, its investment consultant and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent pricing services have not historically resulted in an adjustment in the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

A. Fair Value

(1) Fair Value Measurements at Reporting Date

The following table presents information about the Company’s financial assets that are measured and reported at fair value at September 30, 2025, in the financial statements according to the valuation techniques the Company used to determine their fair values. The Company does not have any financial assets measured and reported at fair value at December 31, 2024.

| Description for Each Class of Asset or Liability | September 30, 2025 | | | | Net Asset Value (NAV) | Total |
|---|--------------------|-----------|-----------|-----------|-----------------------------|-----------|
| | (Level 1) | (Level 2) | (Level 3) | | | |
| a. Assets at fair value: | | | | | | |
| Perpetual preferred stock: | | | | | | |
| Industrial and misc | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — |
| Parent, subsidiaries, and affiliates | — | — | — | — | — | — |
| Total perpetual preferred stocks | — | — | — | — | — | — |
| Bonds: | | | | | | |
| Issuer credit obligations | — | — | — | — | — | — |
| Asset-backed securities | — | — | — | — | — | — |
| Total bonds | — | — | — | — | — | — |
| Common stock: | | | | | | |
| Industrial and misc | — | — | — | — | — | — |
| Parent, subsidiaries, and affiliates | — | — | — | — | — | — |
| Total common stock | — | — | — | — | — | — |
| Derivative assets: | | | | | | |
| Interest rate contracts | — | — | — | — | — | — |
| Foreign exchange contracts | — | — | — | — | — | — |
| Credit contracts | — | — | — | — | — | — |
| Commodity futures contracts | — | — | — | — | — | — |
| Commodity forward contracts | — | — | — | — | — | — |
| Total derivatives | — | — | — | — | — | — |
| Money-market funds | — | — | — | — | — | — |
| Qualified cash pool | — | — | — | — | — | — |
| Other MM Mutual Fund | — | — | — | 51,536 | 51,536 | 51,536 |
| Separate account assets | — | — | — | — | — | — |
| Total assets at fair value/NAV | \$ — | \$ — | \$ — | \$ 51,536 | \$ 51,536 | \$ 51,536 |
| b. Liabilities at fair value: | | | | | | |
| Derivative liabilities | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — |
| Total liabilities at fair value | \$ — | \$ — | \$ — | \$ — | \$ — | \$ — |

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value for the nine months ended September 30, 2025 and the year ended December 31, 2024.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the nine months ended September 30, 2025 and the year ended December 31, 2024.
- (4) The Company has no investments reported with a fair value hierarchy of Level 2 or Level 3 as of September 30, 2025 and therefore has no valuation technique to disclose and the year ended December 31, 2024.
- (5) The Company has no derivative assets and liabilities to disclose.

B. Fair Value Combination — Not applicable.

C. Aggregate Fair Value Hierarchy — Not applicable.

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

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

21. OTHER ITEMS

A-I. No significant change.

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through November 11, 2025, which is the date these financial statements were available for issuance.

TYPE I — Recognized Subsequent Events

Any material Type I events subsequent to September 30, 2025, have been recognized in the financial statements and corresponding disclosures.

TYPE II — Non-Recognized Subsequent Events

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

23. REINSURANCE

A-E. Effective January 1, 2025, the Company amended its reinsurance agreement with United Healthcare Insurance Company to increase the quota share percentage of the Company's revenues, net medical expenses, claims adjustment expenses and general administrative expenses to be ceded to United Healthcare Insurance Company.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

A-C. The Company does not have any retrospectively rated contracts or contracts subject to redetermination as of September 30, 2025 or December 31, 2024.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the financial statements. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, and reinsurance recoverables as of September 30, 2025 and December 31, 2024:

| | September 30, 2025 | | |
|--|------------------------------------|-----------------------------------|----------------|
| | Current Year Incurred Claims | Prior Years Incurred Claims | Total |
| Beginning of year claim reserve | \$ — | \$ (2,981,977) | \$ (2,981,977) |
| Paid claims — net of reinsurance recoveries collected | 39,089,843 | (29,552,704) | 9,537,139 |
| End of year claim reserve | 1,642,449 | 1,516,200 | 3,158,649 |
| Incurring claims excluding the change in reinsurance recoverables as presented below | 40,732,292 | (31,018,481) | 9,713,811 |
| Beginning of year reinsurance recoverables | — | 15,699,528 | 15,699,528 |
| End of year reinsurance recoverables | (32,255,233) | 14,396,239 | (17,858,994) |
| Total incurred claims | \$ 8,477,059 | \$ (922,714) | \$ 7,554,345 |

| | December 31, 2024 | | |
|---|------------------------------------|-----------------------------------|----------------------|
| | Current Year Incurred Claims | Prior Years Incurred Claims | Total |
| Beginning of year claim reserve | \$ — | \$ (1,773,436) | \$ (1,773,436) |
| Paid claims — net of reinsurance recoveries collected | 30,818,440 | (8,510,771) | 22,307,669 |
| End of year claim reserve | <u>2,968,769</u> | <u>13,208</u> | <u>2,981,977</u> |
| | | | |
| Incurred claims excluding the change in reinsurance recoverables as presented below | 33,787,209 | (10,270,999) | 23,516,210 |
| | | | |
| Beginning of year reinsurance recoverables | — | 10,278,581 | 10,278,581 |
| End of year reinsurance recoverables | <u>(15,594,881)</u> | <u>(104,647)</u> | <u>(15,699,528)</u> |
| | | | |
| Total incurred claims | <u>\$ 18,192,328</u> | <u>\$ (97,065)</u> | <u>\$ 18,095,263</u> |

As a result of changes to estimates for total incurred claims attributable to insured events of prior years, net of reinsurance, the Company experienced a favorable retroactivity of \$922,714 and \$97,065 as of September 30, 2025 and December 31, 2024, respectively, due to ongoing analysis of loss development trends as additional information becomes known.

The Company incurred claims adjustment expenses of \$226,477 and \$642,105 for the nine months ended September 30, 2025 and the year ended December 31, 2024, respectively. These costs are included in the administrative service fees paid by the Company to United HealthCare Services, Inc. as a part of the administrative agreement. The following table discloses paid claims adjustment expenses, incurred claims adjustment expenses, and the balance in unpaid claims adjustment expenses reserve for the nine months ended September 30, 2025 and the year ended December 31, 2024:

| | September 30, 2025 | December 31, 2024 |
|--|--------------------|-------------------|
| Total claims adjustment expenses | \$ 226,477 | \$ 642,105 |
| Less: current year unpaid claims adjustment expenses | (130,544) | (120,177) |
| Add: prior year unpaid claims adjustment expenses | <u>120,177</u> | <u>70,821</u> |
| | | |
| Total claims adjustment expenses paid | <u>\$ 216,110</u> | <u>\$ 592,749</u> |

B. The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid claim adjustment expenses as of September 30, 2025.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. No significant change.

27. STRUCTURED SETTLEMENTS

A-B. No significant change.

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A-B. No significant change.

29. PARTICIPATING POLICIES — Not applicable.

30. PREMIUM DEFICIENCY RESERVES

The Company has not recorded any premium deficiency reserves as of September 30, 2025 and December 31, 2024. The analysis of premium deficiency reserves was completed as of September 30, 2025 and December 31, 2024. The Company did consider anticipated investment income when calculating the premium deficiency reserves.

The following table summarizes the Company’s premium deficiency reserves as of September 30, 2025 and December 31, 2024:

| | September 30, 2025 |
|--|---|
| 1. Liability carried for premium deficiency reserves | \$ — |
| 2. Date of the most recent evaluation of this liability | 9/30/2025 |
| 3. Was anticipated investment income utilized in this calculation? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | December 31, 2024 |
| 1. Liability carried for premium deficiency reserves | \$ — |
| 2. Date of the most recent evaluation of this liability | 12/31/2024 |
| 3. Was anticipated investment income utilized in this calculation? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

31. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

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?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [] No [X]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] 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?

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 the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| | | |
|----------------|-------------------|-------------------|
| 1 | 2 | 3 |
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |
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?
If yes, attach an explanation.
.....

Yes [] No [X] N/A []
- 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).

01/02/2024
- 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?

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

GENERAL 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?
(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 any amounts receivable from parent included in the Page 2 amount:\$.....

0

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:

\$.....

0
13.

Amount of real estate and mortgages held in short-term investments:

\$.....

0
- 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 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$.....0 | \$.....0 |
| 14.22 Preferred Stock | \$.....0 | \$.....0 |
| 14.23 Common Stock | \$.....0 | \$.....0 |
| 14.24 Short-Term Investments | \$.....0 | \$.....0 |
| 14.25 Mortgage Loans on Real Estate | \$.....0 | \$.....0 |
| 14.26 All Other | \$.....0 | \$.....0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$.....0 | \$.....0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$.....0 | \$.....0 |

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 []
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.

\$.....

0

16.2

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

\$.....

0

16.3

Total payable for securities lending reported on the liability page.

\$.....

0
- 11.1

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

GENERAL INTERROGATORIES

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 |
|--------------------------------------|--|
| U.S. Bank National Association | 1735 Market Street, 43rd Floor, Philadelphia, PA 19103 |

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [X] No []
- 17.4 If yes, give full information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|----------------------|--------------------------------------|-----------------------|---------------------------------------|
| Not applicable | U.S. Bank National Association |03/26/2025 | First time engaging a custodian |

- 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 |
|---------------------------------|------------------|
| Sage Advisory 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 | 2 | 3 | 4 | 5 |
|---|------------------------------|-------------------------------|-----------------|--|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| 0106236 | Sage Advisory Services | 549300SKL8ZTWD7IT150 | SEC | DS..... |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

95.900 %

1.2 A&H cost containment percent

1.500 %

1.3 A&H expense percent excluding cost containment expenses

5.900 %
- 2.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$0
- 2.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$0
3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [☐] 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?

Yes [☐] No [☒]

SCHEDULE S - CEDED REINSURANCE

| 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 |
| | | | NONE | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | | 1 | Direct Business Only | | | | | | | | |
|----------------------|---|-------------------|------------------------------|----------------------|--------------------|----------------|--|--|----------------------------|---------------------------|------------------------|
| | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| States, etc. | | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. | Alabama | AL | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 2. | Alaska | AK | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 3. | Arizona | AZ | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 4. | Arkansas | AR | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 5. | California | CA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 6. | Colorado | CO | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 7. | Connecticut | CT | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 8. | Delaware | DE | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 9. | District of Columbia | DC | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 10. | Florida | FL | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 11. | Georgia | GA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 12. | Hawaii | HI | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 13. | Idaho | ID | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 14. | Illinois | IL | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 15. | Indiana | IN | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 16. | Iowa | IA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 17. | Kansas | KS | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 18. | Kentucky | KY | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. | Louisiana | LA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 20. | Maine | ME | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 21. | Maryland | MD | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 22. | Massachusetts | MA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 23. | Michigan | MI | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 24. | Minnesota | MN | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 25. | Mississippi | MS | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 26. | Missouri | MO | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 27. | Montana | MT | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 28. | Nebraska | NE | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 29. | Nevada | NV | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 30. | New Hampshire | NH | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 31. | New Jersey | NJ | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 32. | New Mexico | NM | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 33. | New York | NY | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 34. | North Carolina | NC | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 35. | North Dakota | ND | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 36. | Ohio | OH | ..L.....178,045,919 |0 |0 |0 |0 |0 |0 | 178,045,919 |0 |
| 37. | Oklahoma | OK | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 38. | Oregon | OR | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 39. | Pennsylvania | PA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 40. | Rhode Island | RI | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 41. | South Carolina | SC | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 42. | South Dakota | SD | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 43. | Tennessee | TN | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 44. | Texas | TX | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 45. | Utah | UT | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 46. | Vermont | VT | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 47. | Virginia | VA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 48. | Washington | WA | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 49. | West Virginia | WV | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 50. | Wisconsin | WI | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 51. | Wyoming | WY | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 52. | American Samoa | AS | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 53. | Guam | GU | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 54. | Puerto Rico | PR | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 55. | U.S. Virgin Islands | VI | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 56. | Northern Mariana Islands | MP | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 57. | Canada | CAN | ..N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 58. | Aggregate Other Aliens | OT | ..XXX.....0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 59. | Subtotal | XXX | 178,045,919 |0 |0 |0 |0 |0 |0 | 178,045,919 |0 |
| 60. | Reporting Entity Contributions for Employee Benefit Plans | XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 61. | Totals (Direct Business) | XXX | 178,045,919 | 0 | 0 | 0 | 0 | 0 | 0 | 178,045,919 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 58001. | ..... | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 58002. | ..... | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 58003. | ..... | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 58999. | Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 4. Q - Qualified - Qualified or accredited reinsurer..... 0
2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

Premiums are allocated by state based on geographic market.

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

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

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

| Asterisk | Explanation |
|----------|-------------|
| | NONE |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

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. Ohio Multiple Employer Welfare Arrangements does not require Medicare Part D Coverage Supplement to be filed.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



NONE

SCHEDULE A - VERIFICATION

Real Estate

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase/(decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase/(decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium, depreciation and proportional amortization | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 0 | 0 |
| 2. Cost of bonds and stocks acquired | 4,469,033 | 0 |
| 3. Accrual of discount | 1,257 | 0 |
| 4. Unrealized valuation increase/(decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 0 | 0 |
| 7. Deduct amortization of premium | 1,170 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 4,469,120 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 4,469,120 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--------------------------------------|---|--|--|--|---|--|---|---|
| ISSUER CREDIT OBLIGATIONS (ICO) | | | | | | | | |
| 1. NAIC 1 (a) | 0 | 2,080,995 | 0 | 97,123 | 0 | 0 | 2,178,118 | 0 |
| 2. NAIC 2 (a) | 0 | 2,828,872 | 0 | (96,688) | 0 | 0 | 2,732,184 | 0 |
| 3. NAIC 3 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. NAIC 4 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. NAIC 5 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. NAIC 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total ICO | 0 | 4,909,867 | 0 | 435 | 0 | 0 | 4,910,302 | 0 |
| ASSET-BACKED SECURITIES (ABS) | | | | | | | | |
| 8. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total ABS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PREFERRED STOCK | | | | | | | | |
| 15. NAIC 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. NAIC 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. NAIC 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NAIC 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. NAIC 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. NAIC 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Total ICO, ABS & Preferred Stock | 0 | 4,909,867 | 0 | 435 | 0 | 0 | 4,910,302 | 0 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$441,182 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|-------------------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year-to-Date | Paid for Accrued Interest Year-to-Date |
| 7709999999 Totals | 441,182 | xxx | 440,834 | 0 | 2,062 |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of short-term investments acquired | 440,834 | 0 |
| 3. Accrual of discount | 391 | 0 |
| 4. Unrealized valuation increase/(decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 0 | 0 |
| 7. Deduct amortization of premium | 43 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 441,182 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 441,182 | 0 |

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of cash equivalents acquired | 5,014,381 | 0 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase/(decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 4,962,845 | 0 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 51,536 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 51,536 | 0 |

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|----------------------|--|---------------|------------------------------------|---------------------------|-------------|-----------|---|---|
| CUSIP Identification | Description | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| 00206R-HJ-4 | AT&T INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,244 | 49,000 | 18 | 2.B FE |
| 00287Y-BV-0 | ABBVIE INC | 09/03/2025 | BOFA SECURITIES, INC | | 75,036 | 76,000 | 641 | 1.G FE |
| 008513-AB-9 | AGREE LP | 09/03/2025 | Not Provided | | 48,108 | 51,000 | 224 | 2.A FE |
| 013817-AJ-0 | HOWMET AEROSPACE INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,126 | 48,000 | 260 | 2.A FE |
| 025816-ED-7 | AMERICAN EXPRESS CO | 09/03/2025 | BOFA SECURITIES, INC | | 75,197 | 74,000 | 1,255 | 1.F FE |
| 03027X-AM-2 | AMERICAN TOWER CORP | 09/03/2025 | BANK OF AMERICA SECURITIES | | 29,583 | 30,000 | 128 | 2.A FE |
| 035240-AV-2 | ANHEUSER-BUSCH INBEV WORLDWIDE INC | 09/03/2025 | BOFA SECURITIES, INC | | 48,686 | 50,000 | 452 | 1.G FE |
| 03740M-AA-8 | AON NORTH AMERICA INC | 09/03/2025 | JANE STREET EXECUTION SERVICES LLC | | 22,311 | 22,000 | 9 | 2.A FE |
| 03740M-AB-6 | AON NORTH AMERICA INC | 09/03/2025 | BOFA SECURITIES, INC | | 24,720 | 24,000 | 10 | 2.A FE |
| 05724B-AA-7 | BAKER HUGHES HOLDINGS LLC | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 62,661 | 62,000 | 950 | 1.G FE |
| 06051G-LC-1 | BANK OF AMERICA CORP | 09/03/2025 | Not Provided | | 50,049 | 48,000 | 943 | 1.E FE |
| 06051G-LS-6 | BANK OF AMERICA CORP | 09/03/2025 | CITIGROUP GLOBAL MARKETS INC | | 47,066 | 45,000 | 1,229 | 1.E FE |
| 06406R-BL-0 | BANK OF NEW YORK MELLON CORP | 09/03/2025 | JANE STREET EXECUTION SERVICES LLC | | 97,429 | 94,000 | 1,954 | 1.D FE |
| 097023-OM-5 | BOEING CO | 09/03/2025 | BOFA SECURITIES, INC | | 48,919 | 50,000 | 124 | 2.C FE |
| 11135F-BD-2 | BROADCOM INC | 09/03/2025 | CITIGROUP GLOBAL MARKETS INC | | 48,392 | 47,000 | 907 | 1.G FE |
| 125523-CL-2 | CIGNA GROUP | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 48,861 | 53,000 | 597 | 2.A FE |
| 125581-GX-0 | FIRST-CITIZENS BANK & TRUST CO | 09/03/2025 | BOFA SECURITIES, INC | | 47,798 | 46,000 | 1,370 | 2.B FE |
| 133131-AW-2 | CAMDEN PROPERTY TRUST | 09/22/2025 | Various | | 87,204 | 87,000 | 1,403 | 1.G FE |
| 14040H-DG-7 | CAPITAL ONE FINANCIAL CORP | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 48,718 | 47,000 | 271 | 2.A FE |
| 16412X-AJ-4 | CHENIERE CORPUS CHRISTI HOLDINGS LLC | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 48,579 | 50,000 | 560 | 2.B FE |
| 172967-PF-2 | CITIGROUP INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,290 | 48,000 | 145 | 1.G FE |
| 20030N-CT-6 | COMCAST CORP | 09/03/2025 | BOFA SECURITIES, INC | | 62,213 | 62,000 | 993 | 1.G FE |
| 209111-FX-6 | CONSOLIDATED EDISON COMPANY OF NEW YORK | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 49,429 | 51,000 | 726 | 1.G FE |
| 233331-AY-3 | DTE ENERGY CO | 09/03/2025 | GOLDMAN SACHS & CO. | | 49,270 | 50,000 | 606 | 2.B FE |
| 24703T-AE-6 | DELL INTERNATIONAL LLC | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 48,245 | 48,000 | 1,000 | 2.B FE |
| 25389J-AT-3 | DIGITAL REALTY TRUST LP | 09/03/2025 | BOFA SECURITIES, INC | | 49,383 | 49,000 | 297 | 2.B FE |
| 26441C-CB-9 | DUKE ENERGY CORP | 09/03/2025 | Not Provided | | 49,478 | 49,000 | 389 | 2.B FE |
| 26884U-AC-3 | EPR PROPERTIES | 09/03/2025 | BANK OF AMERICA SECURITIES | | 49,102 | 49,000 | 511 | 2.C FE |
| 29250N-CH-6 | ENBRIDGE INC | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 49,551 | 49,000 | 463 | 2.A FE |
| 29278N-AG-8 | ENERGY TRANSFER LP | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 48,328 | 47,000 | 953 | 2.B FE |
| 29364G-AN-3 | ENTERGY CORP | 09/03/2025 | GOLDMAN SACHS & CO. | | 48,978 | 52,000 | 217 | 2.B FE |
| 29379V-BL-6 | ENTERPRISE PRODUCTS OPERATING LLC | 09/03/2025 | BOFA SECURITIES, INC | | 49,933 | 50,000 | 104 | 1.G FE |
| 29379V-BX-0 | ENTERPRISE PRODUCTS OPERATING LLC | 09/03/2025 | BOFA SECURITIES, INC | | 47,234 | 50,000 | 132 | 1.G FE |
| 294429-AX-3 | EQUIFAX INC | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 48,804 | 48,000 | 1,082 | 2.B FE |
| 316773-DJ-6 | FIFTH THIRD BANCORP | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 48,063 | 46,000 | 1,032 | 2.A FE |
| 37045X-BT-2 | GENERAL MOTORS FINANCIAL COMPANY INC | 09/03/2025 | GOLDMAN SACHS & CO. | | 48,989 | 49,000 | 278 | 2.B FE |
| 38141G-AA-6 | GOLDMAN SACHS GROUP INC | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 47,925 | 45,000 | 1,054 | 1.F FE |
| 404119-BX-6 | HCA INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,527 | 50,000 | 453 | 2.C FE |
| 40414L-AR-0 | HEALTHPEAK OP LLC | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 13,640 | 14,000 | 67 | 2.A FE |
| 42225U-AF-1 | HEALTHCARE REALTY HOLDINGS LP | 09/03/2025 | BANK OF AMERICA SECURITIES | | 44,676 | 45,000 | 295 | 2.B FE |
| 422806-AA-7 | HEICO CORP | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 34,980 | 34,000 | 164 | 2.B FE |
| 42824C-BR-9 | HEWLETT PACKARD ENTERPRISE CO | 09/03/2025 | JANE STREET EXECUTION SERVICES LLC | | 48,115 | 48,000 | 943 | 2.B FE |
| 46188B-AB-8 | INVITATION HOMES OPERATING PARTNERSHIP L | 09/03/2025 | GOLDMAN SACHS & CO. | | 34,968 | 37,000 | 258 | 2.B FE |
| 46647P-DG-8 | JPMORGAN CHASE & CO | 09/03/2025 | CITIGROUP GLOBAL MARKETS INC | | 49,626 | 49,000 | 258 | 1.E FE |
| 46647P-DX-1 | JPMORGAN CHASE & CO | 09/03/2025 | WELLS FARGO SECURITIES, LLC | | 48,547 | 46,000 | 1,019 | 1.E FE |
| 49446R-AS-8 | KIMCO REALTY OP LLC | 09/03/2025 | Not Provided | | 48,704 | 49,000 | 791 | 1.G FE |
| 494553-AD-2 | KINDER MORGAN INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,057 | 48,000 | 220 | 2.B FE |
| 501044-DE-8 | KROGER CO | 09/03/2025 | BOFA SECURITIES, INC | | 49,204 | 50,000 | 512 | 2.B FE |
| 50155Q-AJ-9 | KYNDRYL HOLDINGS INC | 09/03/2025 | BOFA SECURITIES, INC | | 48,711 | 50,000 | 396 | 2.B FE |
| 50212Y-AL-8 | LPL HOLDINGS INC | 09/03/2025 | BARCLAYS CAPITAL INC | | 48,101 | 47,000 | 1,276 | 2.C FE |
| 55336V-AR-1 | MPLX LP | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 48,734 | 49,000 | 920 | 2.B FE |
| 573874-AP-9 | MARVELL TECHNOLOGY INC | 09/03/2025 | VIRTU AMERICAS LLC | | 49,031 | 47,000 | 143 | 2.C FE |
| 585112-BQ-5 | MICRON TECHNOLOGY INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,321 | 49,000 | 121 | 2.C FE |
| 615369-AM-7 | MOODY'S CORP | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 48,253 | 49,000 | 217 | 2.A FE |
| 617446-8G-7 | MORGAN STANLEY | 09/03/2025 | BOFA SECURITIES, INC | | 22,128 | 22,000 | 111 | 1.E FE |
| 61747Y-FD-2 | MORGAN STANLEY | 09/03/2025 | BOFA SECURITIES, INC | | 74,692 | 73,000 | 1,403 | 1.E FE |
| 637432-NN-1 | NATIONAL RURAL UTILITIES COOPERATIVE FIN | 09/03/2025 | Not Provided | | 94,585 | 96,000 | 1,049 | 1.E FE |

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---------------------------------------|---------------|------------------------------------|---------------------------|-------------|-----------|---|---|
| CUSIP Identification | Description | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| 65339K-CT-5 | NEXTERA ENERGY CAPITAL HOLDINGS INC | 09/03/2025 | BOFA SECURITIES, INC | | 48,053 | 47,000 | 1,081 | 2.A FE |
| 68389X-CY-9 | ORACLE CORP | 09/03/2025 | BOFA SECURITIES, INC | | 47,890 | 47,000 | 194 | 2.B FE |
| 693475-BV-6 | PNC FINANCIAL SERVICES GROUP INC | 09/03/2025 | BOFA SECURITIES, INC | | 49,767 | 49,000 | 310 | 1.G FE |
| 693475-BX-2 | PNC FINANCIAL SERVICES GROUP INC | 09/03/2025 | BOFA SECURITIES, INC | | 25,007 | 24,000 | 403 | 1.G FE |
| 716973-AC-6 | PFIZER INVESTMENT ENTERPRISES PTE LTD | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 67,803 | 67,000 | 870 | 1.F FE |
| 71951Q-AA-0 | DOC DR LLC | 09/03/2025 | GOLDMAN SACHS & CO. | | 35,050 | 35,000 | 707 | 2.A FE |
| 72650R-BL-5 | PLAINS ALL AMERICAN PIPELINE LP | 09/03/2025 | GOLDMAN SACHS & CO. | | 49,064 | 49,000 | 484 | 2.B FE |
| 74456Q-BY-1 | PUBLIC SERVICE ELECTRIC AND GAS CO | 09/03/2025 | BANK OF AMERICA SECURITIES | | 49,604 | 51,000 | 494 | 1.F FE |
| 74762E-AM-4 | QUANTA SERVICES INC | 09/03/2025 | JANE STREET EXECUTION SERVICES LLC | | 48,119 | 48,000 | 155 | 2.B FE |
| 750236-AY-7 | RADIAN GROUP INC | 09/03/2025 | CITIGROUP GLOBAL MARKETS INC. | | 25,188 | 24,000 | 451 | 2.C FE |
| 754730-AG-4 | RAYMOND JAMES FINANCIAL INC | 09/22/2025 | MORGAN STANLEY & CO. LLC | | 64,340 | 63,000 | 1,279 | 1.G FE |
| 75513E-CT-6 | RTX CORP | 09/03/2025 | BOFA SECURITIES, INC | | 48,812 | 48,000 | 889 | 2.A FE |
| 756109-BZ-6 | REALTY INCOME CORP | 09/03/2025 | BOFA SECURITIES, INC | | 94,812 | 96,000 | 418 | 1.G FE |
| 7591EP-AU-4 | REGIONS FINANCIAL CORP | 09/03/2025 | BOFA SECURITIES, INC | | 48,984 | 47,000 | 657 | 2.A FE |
| 78559Z-AX-4 | SABINE PASS LIQUEFACTION LLC | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 49,213 | 49,000 | 668 | 2.A FE |
| 808513-CJ-2 | CHARLES SCHWAB CORP | 09/03/2025 | BOFA SECURITIES, INC | | 75,562 | 71,000 | 1,308 | 1.F FE |
| 816851-BG-3 | SEMPRA | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 49,035 | 50,000 | 156 | 2.B FE |
| 871829-BS-5 | SYSCO CORP | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 49,275 | 47,000 | 353 | 2.B FE |
| 87612B-BG-6 | TARGA RESOURCES PARTNERS LP | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 49,064 | 49,000 | 333 | 2.B FE |
| 89114T-ZG-0 | TORONTO-DOMINION BANK | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 74,829 | 77,000 | 465 | 1.F FE |
| 89236T-KD-6 | TOYOTA MOTOR CREDIT CORP | 09/03/2025 | BOFA SECURITIES, INC | | 25,337 | 25,000 | 201 | 1.E FE |
| 89236T-MS-1 | TOYOTA MOTOR CREDIT CORP | 09/03/2025 | BOFA SECURITIES, INC | | 62,492 | 62,000 | 1,094 | 1.E FE |
| 89788M-AR-3 | TRUIST FINANCIAL CORP | 09/03/2025 | Not Provided | | 48,714 | 47,000 | 284 | 1.G FE |
| 91159H-JM-3 | US BANCORP | 09/03/2025 | BOFA SECURITIES, INC | | 75,044 | 72,000 | 947 | 1.F FE |
| 91324P-CW-0 | UNITEDHEALTH GROUP INC | 09/03/2025 | GOLDMAN SACHS & CO. | | 34,739 | 35,000 | 164 | 1.F FE |
| 91324P-FG-2 | UNITEDHEALTH GROUP INC | 09/03/2025 | BOFA SECURITIES, INC | | 50,109 | 49,000 | 320 | 1.F FE |
| 91913Y-AV-2 | VALERO ENERGY CORP | 09/03/2025 | MORGAN STANLEY & CO. LLC | | 25,103 | 25,000 | 281 | 2.B FE |
| 92343V-ER-1 | VERIZON COMMUNICATIONS INC | 09/03/2025 | BOFA SECURITIES, INC | | 48,337 | 48,000 | 941 | 2.A FE |
| 95000U-3A-9 | WELLS FARGO & CO | 09/03/2025 | BOFA SECURITIES, INC | | 48,569 | 48,000 | 250 | 1.E FE |
| 95040Q-AK-0 | WELLTOWER OP LLC | 09/03/2025 | Millennium Advisors | | 95,337 | 97,000 | 138 | 1.G FE |
| 970648-AJ-0 | WILLIS NORTH AMERICA INC | 09/03/2025 | J.P. MORGAN SECURITIES LLC | | 49,280 | 52,000 | 720 | 2.A FE |
| 0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated) | | | | | 4,469,033 | 4,445,000 | 50,916 | XXX |
| 0489999999. Total - Issuer Credit Obligations (Unaffiliated) | | | | | 4,469,033 | 4,445,000 | 50,916 | XXX |
| 0499999999. Total - Issuer Credit Obligations (Affiliated) | | | | | 0 | 0 | 0 | XXX |
| 0509999997. Total - Issuer Credit Obligations - Part 3 | | | | | 4,469,033 | 4,445,000 | 50,916 | XXX |
| 0509999998. Total - Issuer Credit Obligations - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 0509999999. Total - Issuer Credit Obligations | | | | | 4,469,033 | 4,445,000 | 50,916 | XXX |
| 1889999999. Total - Asset-Backed Securities (Unaffiliated) | | | | | 0 | 0 | 0 | XXX |
| 1899999999. Total - Asset-Backed Securities (Affiliated) | | | | | 0 | 0 | 0 | XXX |
| 1909999997. Total - Asset-Backed Securities - Part 3 | | | | | 0 | 0 | 0 | XXX |
| 1909999998. Total - Asset-Backed Securities - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 1909999999. Total - Asset-Backed Securities | | | | | 0 | 0 | 0 | XXX |
| 2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities | | | | | 4,469,033 | 4,445,000 | 50,916 | XXX |
| 4509999997. Total - Preferred Stocks - Part 3 | | | | | 0 | XXX | 0 | XXX |
| 4509999998. Total - Preferred Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 4509999999. Total - Preferred Stocks | | | | | 0 | XXX | 0 | XXX |
| 5989999997. Total - Common Stocks - Part 3 | | | | | 0 | XXX | 0 | XXX |
| 5989999998. Total - Common Stocks - Part 5 | | | | | XXX | XXX | XXX | XXX |
| 5989999999. Total - Common Stocks | | | | | 0 | XXX | 0 | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | | 0 | XXX | 0 | XXX |
| 6009999999 - Totals | | | | | 4,469,033 | XXX | 50,916 | XXX |

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

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

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

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

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

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

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE OHIO CHAMBER HEALTH BENEFIT PROGRAM TRUST

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]