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# HEALTH QUARTERLY STATEMENT

As of September 30, 2014  
of the Condition and Affairs of the

## Ohio State Medical Association Health Benefits Plan

NAIC Group Code.....0000 0000 (Current Period) (Prior Period) NAIC Company Code..... 00116 Employer's ID Number..... 37-6532551

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile USA

Licensed as Business Type Multiple Employer Welfare Arrangement Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized August 14, 2014 Commenced Business January 1, 2015

Statutory Home Office 3401 Mill Run Drive Hilliard...Ohio...US...43026  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3401 Mill Run Drive.....Hilliard...Ohio.....US.....43026 800-766-6762  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone N

Mail Address 3401 Mill Run Drive.....Hilliard.....Ohio.....US.....43026  
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3401 Mill Run Drive.....Hilliard.....Ohio.....US.....43026 800-766-6762  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone N

Internet Web Site Address www.osma.org

Statutory Statement Contact George John Stadtlander 216-389-2914  
(Name) (Area Code) (Telephone Number) (Ext  
george.stadtlander@gmail.com N/A  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. D.Brent Mulgrew	Chairperson	2. Todd Baker	Secretary-Treasurer

### OTHER

RECEIVED  
NOV 18 2014  
OFFICE OF RISK  
ASSESSMENT

### DIRECTORS OR TRUSTEES

D. Brent Mulgrew	Todd Baker	Dr. Charles Hickey
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State of Ohio Ohio  
County of Franklin 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.

(Signature) D. Brent Mulgrew	(Signature) Todd Baker	(Signature)
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairperson	Secretary-Treasurer	
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 14<sup>th</sup> day of November 2014

*[Signature]*

a. Is this an original filing? Yes [X] No [ ]

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

MANOHARAN MAHADEVA  
Notary Public, State of New York  
No. 01MA6096859  
Qualified in Westchester County  
Commission Expires August 11, 2015



NANCY PEKKANEN GILLETTE, Attorney At Law  
NOTARY PUBLIC, STATE OF OHIO  
My commission has no expiration date.  
Section 147.03 R.C.

Nov 17<sup>th</sup> 2014  
*[Signature]*

## ASSETS

	Current Statement Date			4 Prior Year Admitted As
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			.0	
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....0), cash equivalents (\$.....247,937) and short-term investments (\$.....0).....	247,937		247,937	
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	
12. Subtotals, cash and invested assets (Lines 1 to 11).....	247,937	.0	247,937	
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....			.0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other than invested assets.....	.0	.0	.0	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	247,937	.0	247,937	
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	247,937	.0	247,937	

### DETAILS OF WRITE-INS

1101. ....			.0	
1102. ....			.0	
1103. ....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	
2501. ....			.0	
2502. ....			.0	
2503. ....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.0	.0	

**LIABILITIES, CAPITAL AND SURPLUS**

	1 Covered	2 Uncovered	3 Total	4 Prior Year Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Rent/leases and items not allocated.....				
14. Borrowed money (including \$.....0 current and interest thereon \$.....0 (including \$.....0 current)).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....0) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$.....0 current).....				
24. Total liabilities (Lines 1 to 23).....	0	0	0	0
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	XXX	0
26. Common capital stock.....	XXX	XXX	XXX	0
27. Preferred capital stock.....	XXX	XXX	XXX	0
28. Gross paid in and contributed surplus.....	XXX	XXX	XXX	248,349
29. Surplus notes.....	XXX	XXX	XXX	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	XXX	0
31. Unassigned funds (surplus).....	XXX	XXX	XXX	(412)
32. Less treasury stock, at cost.....				
32.1 .....0,000 shares common (value included in Line 26 \$.....0).....	XXX	XXX	XXX	
32.2 .....0,000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX	XXX	
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	XXX	247,937
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	XXX	247,937

**DETAILS OF WRITE-INS**

2301.....				0
2302.....				0
2303.....				0
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501.....				0
2502.....				0
2503.....				0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	XXX	0
Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	XXX	0
3001.....				0
3002.....				0
3003.....				0
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	XXX	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Ye Ended Decen
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	.XXX			
2. Net premium income (including \$.0 non-health premium income).....	.XXX			
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX			
4. Fee-for-service (net of \$.0 medical expenses).....	.XXX			
5. Risk revenue.....	.XXX			
6. Aggregate write-ins for other health care related revenues.....	.XXX	.0	.0	
7. Aggregate write-ins for other non-health revenues.....	.XXX	.0	.0	
8. Total revenues (Lines 2 to 7).....	.XXX	.0	.0	
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....				
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....				
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	.0	.0	.0	
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	.0	.0	.0	
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.0 cost containment expenses.....				
21. General administrative expenses.....				
22. Increase in reserves for life and accident and health contracts (including \$.0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	.0	.0	.0	
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX	.0	.0	
25. Net investment income earned.....		(412)		
26. Net realized capital gains (losses) less capital gains tax of \$.0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	(412)	.0	
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.0) (amount charged off \$.0)].....				
29. Aggregate write-ins for other income or expenses.....	.0	.0	.0	
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	.XXX	(412)	.0	
31. Federal and foreign income taxes incurred.....	.XXX			
32. Net income (loss) (Lines 30 minus 31).....	.XXX	(412)	.0	

### DETAILS OF WRITE-INS

0601. ....	.XXX			
0602. ....	.XXX			
0603. ....	.XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.XXX	.0	.0	
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	.XXX	.0	.0	
0701. ....	.XXX			
0702. ....	.XXX			
0703. ....	.XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	.XXX	.0	.0	
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	.XXX	.0	.0	
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0	
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	.0	.0	.0	
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0	.0	
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.0	.0	.0	

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Ye Ended Decen
33. Capital and surplus prior reporting year.....	.0		
34. Net income or (loss) from Line 32.....	(412)		
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	248,349		
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	.0	.0	
48. Net change in capital and surplus (Lines 34 to 47).....	247,937	.0	
49. Capital and surplus end of reporting period (Line 33 plus 48).....	247,937	.0	

**DETAILS OF WRITE-INS**

4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	.0	.0	
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	.0	.0	

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Decem
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....			
2. Net investment income.....	(412)		
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	(412)	.0	
5. Benefit and loss related payments.....			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....			
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	.0	.0	
11. Net cash from operations (Line 4 minus Line 10).....	(412)	.0	
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	.0	.0	
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	.0	.0	
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	.0	.0	
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	248,349		
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	248,349	.0	
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	247,937	.0	
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	.0		
19.2 End of period (Line 18 plus Line 19.1).....	247,937	.0	

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

20.0001			
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1			3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
	2 Individual	Comprehensive (Hospital & Medical)	Total								
<b>Total Members at End of:</b>											
1. Prior Year.....	.....0	.....0	.....0								
2. First Quarter.....	.....0	.....0	.....0								
3. Second Quarter.....	.....0	.....0	.....0								
4. Third Quarter.....	.....0	.....0	.....0								
5. Current Year.....	.....0	.....0	.....0								
6. Current Year Member Months.....	.....0	.....0	.....0								
<b>Total Member Ambulatory Encounters for Period:</b>											
7. Physician.....	.....0	.....0	.....0								
8. Non-Physician.....	.....0	.....0	.....0								
9. Total.....	.....0	.....0	.....0						.....0	.....0	.....0
10. Hospital Patient Days Incurred.....	.....0	.....0	.....0								
11. Number of Inpatient Admissions.....	.....0	.....0	.....0								
12. Health Premiums Written (a).....	.....0	.....0	.....0								
13. Life Premiums Direct.....	.....0	.....0	.....0								
14. Property/Casualty Premiums Written.....	.....0	.....0	.....0								
15. Health Premiums Earned.....	.....0	.....0	.....0								
16. Property/Casualty Premiums Earned.....	.....0	.....0	.....0								
17. Amount Paid for Provision of Health Care Services.....	.....0	.....0	.....0								
18. Amount Incurred for Provision of Health Care Services.....	.....0	.....0	.....0								

**NONE**

(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)**

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total

**NONE**

## 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 Rese and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					.0	
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....					.0	
7. Title XIX - Medicaid.....					.0	
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	.0	.0	.0	.0	.0	
10. Healthcare receivables (a).....					.0	
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....					.0	
13. Totals (Lines 9-10+11+12).....	.0	.0	.0	.0	.0	

NONE

600

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

**NOTES TO FINANCIAL STATEMENTS****Note 1 - Summary of Significant Accounting Policies**

## A. Accounting Practices

The accompanying financial statements of Ohio State Medical Association Health Benefits Plan ("Plan") have been prepared on the basis of the accounting practices prescribed by the Ohio Department of Insurance. The Plan is a multiple employer welfare arrangement. The Plan received a certificate of authority to operate on August 14, 2014, the starting date for statutory reporting.

The state of Ohio Department of Insurance requires multiple employer welfare arrangements domiciled in the State of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual subject to the deviations prescribed or permitted by the Ohio Department of Insurance. The Plan does not have any permitted practices.

Reconciliations of net income and surplus between the amounts reported in the accompanying financial statements and NAIC SAP follow:

	State of Domicile	2014	2013
<b>NET INCOME</b>			
(1) Ohio State Medical Association Health Benefits Plan state basis (Page 4, Line 32, Columns 2 & 3)	Ohio	(412)	
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 - 2 - 3 = 4)		(412)	
<b>SURPLUS</b>			
(5) Ohio State Medical Association Health Benefits Plan state basis (Page 3, line 33, Columns 3 & 4)		247,937	
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 - 6 - 7 = 8)		247,937	

**Note 2 - Accounting Changes and Corrections of Errors**

None.

**Note 3 - Business Combinations and Goodwill**

None.

**Note 4 - Discontinued Operations**

None.

**Note 5 - Investments**

## B. Loan-Backed Securities

(1) None

(2)		1	2	3
		Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 - 2
OTTI recognized 1 <sup>st</sup> Quarter				
a.	Intent to sell			
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c.	Total 1 <sup>st</sup> Quarter			
OTTI recognized 2 <sup>nd</sup> Quarter				
d.	Intent to sell			
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f.	Total 2 <sup>nd</sup> Quarter			
OTTI recognized 3 <sup>rd</sup> Quarter				
g.	Intent to sell			
h.	Inability or lack of intent to retain the investment in			

	the security for a period of time sufficient to recover the amortized cost basis			
i.	Total 4 <sup>th</sup> Quarter			
OTTI recognized 4 <sup>th</sup> Quarter				
j.	Intent to sell			
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l.	Total 4 <sup>th</sup> Quarter			
m.	Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Reported
Total						

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	
		2.	12 Months or Longer	
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	
		2.	12 Months or Longer	

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	Book/Adjusted Carrying Value
(a) Up to 180 Days	
(b) 181 to 365 Days	
(c) Total	

(3)

**note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

None.

**note 7 - Investment Income**

No significant change.

**note 8 - Derivative Instruments**

None.

**note 9 - Income Taxes**

None.

**note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

None.

**note 11 - Debt**

3. FHLB (Federal Home Loan Bank) Agreements

(1) None

(2) a. FHLB Capital Stock – Aggregate Totals

1. Current Period

	Total
(a) Membership Stock – Class A	
(b) Membership Stock – Class B	
(c) Activity Stock	
(d) Excess Stock	

**NOTES TO FINANCIAL STATEMENTS**

		Total
(e)	Aggregate Total	
(f)	Actual or estimated borrowing capacity as determined by the insurer	

2. Prior Year

		Total
(a)	Membership Stock – Class A	
(b)	Membership Stock – Class B	
(c)	Activity Stock	
(d)	Excess Stock	
(e)	Aggregate Total	
(f)	Actual or estimated borrowing capacity as determined by the insurer	

b. Membership Stock (Class A and B) Eligible for Redemption

		Current Period Total	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less than 1 Year	1 to Less than 3 Years	3 to 5 Years
1.	Class A						
2.	Class B						

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

1. Current Period Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowed
Total Collateral Pledged			

2. Current Period General Account

	Fair Value	Carrying Value	Aggregate Total Borrowed
Total Collateral Pledged			

3. Current Period Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowed
Total Collateral Pledged			

4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Aggregate Total Borrowed
Total Collateral Pledged			

b. Maximum Amount Pledged During Reporting Period

1. Current Period Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at of Maximum Collateral
Total Collateral Pledged			

2. Current Period General Account

	Fair Value	Carrying Value	Amount of Borrowed at of Maximum Collateral
Total Collateral Pledged			

3. Current Period Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at of Maximum Collateral
Total Collateral Pledged			

4. Prior Year Total General and Protected Cell Accounts

	Fair Value	Carrying Value	Amount of Borrowed at of Maximum Collateral
Total Collateral Pledged			

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Period

		1	2
		Total	Funding Agreements Established
(a)	Debt		
(b)	Funding Agreements		
(c)	Other		
(d)	Aggregate Total		

2. Prior Year-end

		1	2
		Total	Funding Agreements Established
(a)	Debt		
(b)	Funding Agreements		
(c)	Other		
(d)	Aggregate Total		

b. Maximum Amount During Reporting Period (Current Year)

		1
--	--	---

**NOTES TO FINANCIAL STATEMENTS**

		Total
1.	Debt	
2.	Funding Agreements	
3.	Other	
4.	Aggregate Total	

c. FHLB Prepayment Obligations

		Does the company have prepayment obligations under the following arrangements?
1.	Debt	
2.	Funding Agreements	
3.	Other	

**note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Ben Plans**

A. Defined Benefit Plan

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Postemployment	
		2014	2013	2014	2013	2014	2013
a.	Service cost						
b.	Interest cost						
c.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses						
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost						

**note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**note 14 - Contingencies**

No significant contingencies noted.

**note 15 - Leases**

None.

**note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Ri**

None.

**note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. None.

3. Transfer and Servicing of Financial Assets

(2)

b.

(4)

a.

b.

2. Wash Sales

(1) None

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the period ended, 2014 and reacquired within 30 days sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Lo

**note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No significant change.

**note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change .

**NOTES TO FINANCIAL STATEMENTS**

**note 20 - Fair Value**

1. Not applicable

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Total				

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	End Balance
Total										

b. Liabilities	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	End Balance
Total										

(3)

(4)

(5)

3.

2.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying)
Total						

1. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		
Total				

**note 21 - Other Items**

None

1. Offsetting and Netting of Assets and Liabilities

**note 22 - Events Subsequent**

Not applicable

**note 23 - Reinsurance**

Not applicable.

**note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not applicable

3. Risk Sharing Provisions of the Affordable Care Act

(1) Permanent Risk Adjustment Program

Assets	Amount
a. Premium adjustments receivable	\$
Liabilities	
b. Risk adjustment user fees payable	\$
c. Premium adjustments payable	\$
Operations (Revenue & Expense)	
d. Premium for accident and health contracts (written/collected)	\$

(2) Transitional Reinsurance Program

Assets

**NOTES TO FINANCIAL STATEMENTS**

a. Amounts recoverable for claims paid	\$	
b. Amounts recoverable for claims unpaid	\$	
c. Amounts receivable relating to uninsured plans	\$	
Liabilities		
d. Claims unpaid-ceded	\$	
e. Contributions payable-not reported as ceded premium	\$	
f. Ceded reinsurance premiums payable	\$	
g. Liability for amounts held under uninsured plans	\$	
Operations (Revenue & Expense)		
h. Ceded reinsurance premiums	\$	
i. Reinsurance recoveries	\$	
j. Contributions-not reported as ceded premium	\$	
(3) Temporary Risk Corridors Program		
Assets		
a. Accrued retrospective premium	\$	
Liabilities		
b. Reserve for rate credits or policy experience rating refunds	\$	
Operations (Revenue & Expense)		
c. Net premium income (paid/received)	\$	
d. Change in reserves for rate credits	\$	
(4) Have there been any material re-estimations and/or impairments for the reporting period		No

**note 25 - Change in Incurred Claims and Claim Adjustment Expenses**

Not applicable.

**note 26 - Intercompany Pooling Arrangements**

Not applicable.

**note 27 - Structured Settlements**

Not applicable.

**note 28 - Health Care Receivables**

No significant change.

**note 29 - Participating Policies**

Not applicable.

**note 30 - Premium Deficiency Reserves**

Not applicable.

**note 31 - Anticipated Salvage and Subrogation**

Not applicable.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ]
- 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 [ ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ X ] No [ ]  
If yes, attach an explanation.

The plan manager for the Plan has changed ownership. No changes in the agreements between the plan manager and the Plan occurred as result of the change in ownership.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. December 31 201
- 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. N/A authorized &/
- 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). N/A authorized &/
- 6.4 By what department or departments?

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

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ]

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 [ ]

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 [ ]

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 [ ]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended? Yes [ ]

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 [ ]

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

**PART 1 - FINANCIAL**

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

**PART 1 - 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 [ ]

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

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ]

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

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

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ .....
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ .....
- 16.3 Total payable for securities lending reported on the liability page: \$ .....

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ]

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	

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 [ ]

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

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [ X ]

18.2 If no, list exceptions: .....

## GENERAL INTERROGATORIES (continued)

### PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent

1.2 A&H cost containment percent

1.3 A&H expense percent excluding cost containment expenses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ ]

2.4 If yes, please provide the amount of funds administered as of the reporting date.

\_\_\_\_\_

### SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effectiv of Ce Reinsue
------------------------------	-------------------	------------------------	------------------------	----------------------------------	--------------------------------------	---------------------------	---	-----------------------------------

**NONE**

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

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

  

DETAILS OF WRITE-INS										
58001.....									0	
58002.....									0	
58003.....									0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0	
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0	

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
 (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.  
 (a) Insert the number of L responses except for Canada and Other Alien.

N/A Ohio State Medical Association Health Benefits Plan is not part of an insurance holding company.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)

**NONE**

**NONE**

Asterisk Explanation

## 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.

Respc

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NC

**Explanation:**

- 1.

**Bar Code:**



**Overflow Page for Write-Ins**

**NONE**

### SCHEDULE A - VERIFICATION

#### Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8).....	0	
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	

### SCHEDULE B - VERIFICATION

#### Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
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).....	0	
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	

### SCHEDULE BA - VERIFICATION

#### Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
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 depreciation.....		
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).....	0	
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	

### SCHEDULE D - VERIFICATION

#### Bonds and Stocks

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

### 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 Ca Value Decembe Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....								
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds.....	0	0	<b>NONE</b>	0	0	0	0	0
<b>PREFERRED STOCK</b>								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	0	0	0	0	0	0	0	0

QS102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

## SCHEDULE DA - PART 1

### Short-Term Investments

	1 Book/Adjusted Carrying Value	2 <b>NONE</b> Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Year To D
9199999.....		XXX			

## SCHEDULE DA - VERIFICATION

### Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of short-term investments acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	<b>NONE</b>	
6. Deduct consideration received on disposals.....		
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.0	
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.0	

## SCHEDULE DB - PART A - VERIFICATION

### Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/adjusted carrying value, December 31, prior year (Line 9, prior year).....	_____
2. Cost paid/(consideration received) on additions.....	_____
3. Unrealized valuation increase (decrease).....	_____
4. Total gain (loss) on termination recognized.....	_____
5. Considerations received (paid) on terminations.....	<b>NONE</b>
6. Amortization.....	_____
7. Adjustment to the book/adjusted carrying value of hedge item.....	_____
8. Total foreign exchange change in book/adjusted carrying value.....	_____
9. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8).....	_____
10. Deduct nonadmitted assets.....	_____
11. Statement value at end of current period (Line 9 minus Line 10).....	_____

## SCHEDULE DB - PART B - VERIFICATION

### Futures Contracts

1. Book/adjusted carrying value, December 31, prior year (Line 6, prior year).....	_____
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column).....	_____
3.1 Add:	
Change in variation margin on open contracts - Highly Effective Hedges:	
3.11 Section 1, Column 15, current year to date minus.....	_____
3.12 Section 1, Column 15, prior year.....	_____ 0
Change in variation margin on open contracts - All Other:	
3.13 Section 1, Column 18, current year to date minus.....	_____
3.14 Section 1, Column 18, prior year.....	_____ 0 0
3.2 Add:	
Change in adjustment to basis of hedged item:	
3.21 Section 1, Column 17, current year to date minus.....	_____
3.22 Section 1, Column 17, prior year.....	<b>NONE</b> 0
Change in amount recognized:	
3.23 Section 1, Column 19, current year to date minus.....	_____
3.24 Section 1, Column 19, prior year.....	_____ 0 0
3.3 Subtotal (Line 3.1 minus Line 3.2).....	_____
4.1 Cumulative variation margin on terminated contracts during the year.....	_____
4.2 Less:	
4.21 Amount used to adjust basis of hedged item.....	_____
4.22 Amount recognized.....	_____ 0
4.3 Subtotal (Line 4.1 minus Line 4.2).....	_____
5. Dispositions gains (losses) on contracts terminated in prior year:	
5.1 Total gain (loss) recognized for terminations in prior year.....	_____
5.2 Total gain (loss) adjusted into the hedged item(s) for the terminations in prior year.....	_____
6. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2).....	_____
7. Deduct nonadmitted assets.....	_____
8. Statement value at end of current period (Line 6 minus Line 7).....	_____

### SCHEDULE DB - PART C - SECTION 1

#### Replication (Synthetic Asset) Transactions Open as of Current Statement Date

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1 Number	2 Description	3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	Derivative Instruments Open			Cash Instrument(s) Held				
								9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description	14 NAIC Desig. or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value

NONE

**SCHEDULE DB - PART C - SECTION 2**

**Reconciliation (Synthetic Asset) Transactions Open**

First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
1	2	3	4	5	6	7	8	9	10
Number of Positions	Total Replication (Synthetic Asset) Transactions	Number of Positions	Total Replication (Synthetic Asset) Transactions	Number of Positions	Total Replication (Synthetic Asset) Transactions	Number of Positions	Total Replication (Synthetic Asset) Transactions	Number of Positions	Total Replication (Synthetic Asset) Transactions
1	Beginning Inventory								
2	Add: Opened or acquired transactions								
3	Add: Increases in replication (synthetic asset) transactions statement value	XXX		XXX		XXX		XXX	
4	Less: Closed or disposed of transactions								
5	Less: Positions disposed of for failing effectiveness criteria								
6	Less: Decreases in replication (synthetic asset) transactions statement value	XXX		XXX		XXX		XXX	
7	Ending Inventory								

**NONE**

## SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Ch

1. Part A, Section 1, Column 14.....
2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance.....
3. Total (Line 1 plus Line 2).....
4. Part D, Section 1, Column 5.....
5. Part D, Section 1, Column 6.....
6. Total (Line 3 minus Line 4 minus Line 5).....

Fair Value Check

7. Part A, Section 1, Column 16..... **NONE**.....
8. Part B, Section 1, Column 13.....
9. Total (Line 7 plus Line 8).....
10. Part D, Section 1, Column 8.....
11. Part D, Section 1, Column 9.....
12. Total (Line 9 minus Line 10 minus Line 11).....

Potential Exposure Check

13. Part A, Section 1, Column 21.....
14. Part B, Section 1, Column 20.....
15. Part D, Section 1, Column 11.....
16. Total (Line 13 plus Line 14 minus Line 15).....

## SCHEDULE E- VERIFICATION

### Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of cash equivalents acquired.....	248,349	
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	412	
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	247,937	
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	247,937	

**SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	3	4	5	6	7	8	9
Description of Property	Location		Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
	City	State						

NONE

QE01

**SCHEDULE A - PART 3**

Showing all Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract "

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

NONE

**SCHEDULE B - PART 2**

Showing all Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2 Location		3	4	5	6	7	8	9
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings	

**NONE**

QE02

**SCHEDULE B - PART 3**

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1	2 Location		4	5	6	7	8 Change in Book Value/Recorded Investment					14	15	16	17	18	
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other Than Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8+9-10+11)	13 Total Foreign Exchange Change in Book Value	14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain on Disposal

**NONE**

**SCHEDULE BA - PART 2**

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	CUSIP Identification	2	Name or Description	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
																					Location

**NONE**

QE03

**SCHEDULE BA - PART 3**

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	CUSIP Identification	2	Name or Description	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
																					Location

**NONE**

Statement as of September 30, 2014 of the Ohio State Medical Association Health Benefits Plan

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig or Mark Indicator
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(9) For all common stock bearing the NAIC market indicator "U" provide: The number of such issues: 0

**NONE**

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 State Contract Matur Date
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization) Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.						

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:..... 0.

QE05

**NONE**

**SCHEDULE DB - PART A - SECTION 1**

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	H
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule /Exhibit Identifier	Type(s) of Risk (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate of Indexed Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase (Decrease)	Total Foreign Exchange in B./A.C.V.	Current Year's (Amortization) Accretion	Adjustment to Carrying Value of Hedged Items	Potential Exposure	Credit Quality of Reference Entry	H Effect at In a Quark

**NONE**

(a) 

Code	Description of Hedged Risk(s)

QE06

**NONE**

(b) 

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

**NONE**

**SCHEDULE DB - PART B - SECTION 1**  
Futures Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16	17	18	19	20	21
Trade Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income General or Restricted	Schedule Exhibit Number	Type(s) of Risk (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin to Adjust Balance of Hedged Item	Change in Variation Margin Recognized in Current Year	Change in Variation Margin Recognized in All Other Reporting Periods	Change in Variation Margin Current Year	Potential Exposure	Hedge Effectiveness at inception and all other Reporting Periods	

**NONE**

(a) Code Description of Hedged Risk(s)

**NONE**

(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period

**NONE**

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Brokers			
Total Net Cash Deposits	0		0

**NONE**

Statement as of September 30 2014 of the **Ohio State Medical Association Health Benefits Plan**

**SCHEDULE DB - PART D - SECTION 1**

**Counterparty Exposure for Derivative Instruments Open as of Current Statement Date**

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-B- Sh Exp
				5 Contracts With Book Adjusted Carrying Value > 0	6 Contracts With Book Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0	10 Exposure Net of Collateral		
<b>NONE</b>											

QE08

Statement as of September 30 2014 of the Ohio State Medical Association Health Benefits Plan

**SCHEDULE DB - PART D - SECTION 2**  
Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Protected	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book Adjusted Carrying Value	8 Maturity Date	9 Type of ILV
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QE09

**NONE**

**SCHEDULE DL - PART 1**  
**SECURITIES LENDING COLLATERAL ASSETS**  
 Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation /Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value
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General Interrogatories:

1. The activity for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year to date: Fair Value \$ ..... 0 Book/Adjusted Carrying Value \$.....0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:  
 NAIC 1: \$.....0 NAIC 2: \$.....0 NAIC 3: \$.....0 NAIC 4: \$.....0 NAIC 5: \$.....0 NAIC 6: \$.....0

**NONE**

**SCHEDULE DL - PART 2**  
**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation /Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value
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General Interrogatory:

- 1. Total activity for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
- 2. Average balance for the year to date: Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

**NONE**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter		
					6 First Month	7 Second Month	8 Third Month

**NONE**

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>Other Cash Equivalents</b>							
Fifth Third Bank Investment Account 28-28-00-9455306		10/14/2014	0.000		247,937		
8599999 Total - Other Cash Equivalents					247,937		
8699999 Total - Cash Equivalents					247,937		