

OHIO DEPT. OF INSURANCE  
2015 AUG 17 PM 12:10  
RESOURCE MANAGEMENT

OSMA Health Benefits Plan  
Quarter 2 Statement, August 17<sup>th</sup> 2015

RECEIVED  
AUG 18 2015  
OFFICE OF RISK  
ASSESSMENT

# QUARTERLY STATEMENT

OF THE

## Ohio State Medical Association Health Benefits Plan

Of

Hilliard

in the state of OH

RECEIVED  
AUG 18 2015  
OFFICE OF RISK  
ASSESSMENT

to the Insurance Department

of the State of

For the Period Ended

June 30, 2015

2015



# HEALTH QUARTERLY STATEMENT

As of June 30, 2015  
of the Condition and Affairs of the

## Ohio State Medical Association Health Benefits Plan

NAIC Group Code..... 0, 0  
(Current Period) (Prior Period)

NAIC Company Code..... 116

Employer's ID Number..... 37-6532551

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as Business Type Multiple Employer Welfare Arrangement

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized..... August 16, 2014

Commenced Business..... April 1, 2015

Statutory Home Office

3401 Mill Run Drive..... Hilliard .... OH .... USA .... 43026  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

3401 Mill Run Drive..... Hilliard .... OH .... USA .... 43026

800-766-6762

(Area Code) (Telephone Number)

Mail Address

3401 Mill Run Drive..... Hilliard .... OH .... USA .... 43026

Primary Location of Books and Records

3401 Mill Run Drive..... Hilliard .... OH .... USA .... 43026

800-766-6762

(Area Code) (Telephone Number)

Internet Web Site Address

3401 Mill Run Drive..... Hilliard .... OH .... USA .... 43026  
(Street and Number) (City or Town, State, Country and Zip Code)

Statutory Statement Contact

N/A

216-389-2914

(Area Code) (Telephone Number) (Extension)

216-202-3499

(Fax Number)

### OFFICERS

Name

1. Donald Brent Mulgrew J.D.

Title

Trustee-Chairman

Name

2. Todd Mallory Baker M.P.A.F.F.

Title

Trustee-Secretary

3.

4.

### OTHER

### DIRECTORS OR TRUSTEES

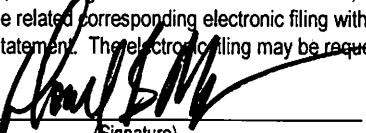
Donald Brent Mulgrew J.D.

Todd Mallory Baker M.P.A.F.F.

Charles Joseph Hickey MD

State of.....  
County of.....

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

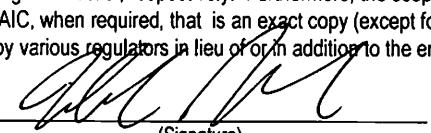
  
(Signature)

Donald Brent Mulgrew J.D.

1. (Printed Name)

Trustee-Chairman

(Title)

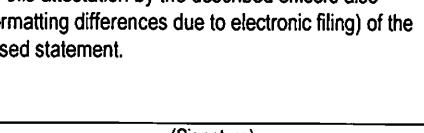
  
(Signature)

Todd Mallory Baker M.P.A.F.F.

2. (Printed Name)

Trustee-Secretary

(Title)

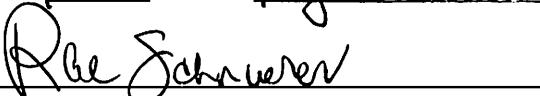
  
(Signature)

3. (Printed Name)

(Title)

Subscribed and sworn to before me

This 13th day of August

  
R. Lee Schaefer

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

**ASSETS**

	Current Statement Date			4 Prior Year Net Admitted Assets
	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 (\$....1,198,186), cash equivalents (\$.....0) and short-term investments (\$....246,080).....	1,444,266		1,444,266	247,317
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	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	1,444,266	0	1,444,266	247,317
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	2
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	577,128		577,128	
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.....	876,754		876,754	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	462,076		462,076	
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	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,360,224	0	3,360,224	247,319
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	3,360,224	0	3,360,224	247,319

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

Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**  
**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....967,555 reinsurance ceded).....	129,059		129,059	
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	7,980		7,980	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	397,804		397,804	
9. General expenses due or accrued.....	19,783		19,783	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	2,509,164		2,509,164	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	3,063,790	0	3,063,790	0
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	250,000	250,000
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	46,434	(2,681)
32. Less treasury stock, at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	296,434	247,319
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,360,224	247,319

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
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001. ....				
3002. ....				
3003. ....				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

# Ohio State Medical Association Health Benefits Plan

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3	4 Total
1. Member months.....	XXX.....	5,151	.....	.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	311,305	.....	.....
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	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	311,305	0	0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....	.....	1,345,184	.....	.....
10. Other professional services.....	.....	161,857	.....	.....
11. Outside referrals.....	.....	.....	.....	.....
12. Emergency room and out-of-area.....	.....	352,951	.....	.....
13. Prescription drugs.....	.....	188,907	.....	.....
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	.....	.....
16. Subtotal (Lines 9 to 15).....	0	2,048,899	0	0
<b>Less:</b>				
17. Net reinsurance recoveries.....	.....	1,844,309	.....	.....
18. Total hospital and medical (Lines 16 minus 17).....	0	204,590	0	0
19. Non-health claims (net).....	.....	.....	.....	.....
20. Claims adjustment expenses, including \$....4,770 cost containment expenses.....	.....	14,916	.....	.....
21. General administrative expenses.....	.....	41,443	.....	.....
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	260,949	0	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	50,356	0	0
25. Net investment income earned.....	.....	(1,241)	.....	(2,473)
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	.....	.....	.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	(1,241)	0	(2,473)
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	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.....	49,115	0	(2,473)
31. Federal and foreign income taxes incurred.....	XXX.....	.....	.....	.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	49,115	0	(2,473)

### 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 thru 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 thru 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 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. ....	.....	.....	.....	.....
2902. ....	.....	.....	.....	.....
2903. ....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0	0

**Ohio State Medical Association Health Benefits Plan**  
**STATEMENT OF REVENUE AND EXPENSES (Continued)**

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	247,319		249,792
34. Net income or (loss) from Line 32.....	49,115		(2,473)
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.....			
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	0
48. Net change in capital and surplus (Lines 34 to 47).....	49,115	0	(2,473)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	296,434	0	247,319

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 thru 4703 plus 4798) (Line 47 above).....	0	0	0

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	2,641,145		
2. Net investment income.....	(1,239)		(2,475)
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	2,639,906	.0	(2,475)
5. Benefit and loss related payments.....	1,414,361		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	28,596		
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).....	1,442,957	.0	.0
11. Net cash from operations (Line 4 minus Line 10).....	1,196,949	.0	(2,475)
<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	.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	.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	.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.....			
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).....	0	.0	.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).....	1,196,949	.0	(2,475)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	247,317		249,792
19.2 End of period (Line 18 plus Line 19.1).....	1,444,266	.0	247,317

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

20,0001 .....	.....	.....	.....
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Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		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	3 Group							
<b>al Members at End of:</b>										
1. Prior Year.....	0									
2. First Quarter.....	0									
3. Second Quarter.....	5,151		5,151							
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	0									
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	2,827.854		2,827.854							
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,827.854		2,827.854							
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	952,348		952,348							
18. Amount Incurred for Provision of Health Care Services.....	2,048,899		2,048,899							

1 For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
IBNR Reserve...	1,096.614					1,096.61
0199999. Individually Listed Claims Unpaid	1,096.614	0	0	0	0	1,096.61
0499999. Subtotal	1,096.614	0	0	0	0	1,096.614
0799999. Total Claims Unpaid						1,096.614

Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**

### 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....		96,157		108,433	0	0
2. Medicare Supplement.....					0	0
3. Dental only.....					0	0
4. Vision only.....					0	0
5. Federal Employees Health Benefits Plan.....					0	0
6. Title XVIII - Medicare.....					0	0
7. Title XIX - Medicaid.....					0	0
8. Other health.....					0	0
9. Health subtotal (Lines 1 to 8).....	0	96,157	0	108,433	0	0
10. Healthcare receivables (a).....					0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts.....					0	0
13. Totals (Lines 9+10+11+12).....	0	96,157	0	108,433	0	0

(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 statutory financial statements of the Ohio State Medical Association Health Benefits Plan ("OSMA HBP") have been prepared in accordance with the National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual except to the extent that Ohio state law differs. The State of Ohio has adopted certain prescribed accounting practices that differ from those used by the NAIC. 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 an insurance company. The Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio, and the State has adopted certain prescribed accounting practices that differ from those found in NAIC SAP.

	State of Domicile	2015	2014
<b>NET INCOME</b>			
(1) Ohio State Medical Association Health Benefits Plan state basis (Page 4, Line 32, Columns 2 & 3)	OH	49,115	(2,473)
(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)	OH	49,115	(2,473)
<b>SURPLUS</b>			
(5) Ohio State Medical Association Health Benefits Plan state basis (Page 3, line 33, Columns 3 & 4)	OH	296,435	247,319
(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)	OH	296,435	247,319

**B. Use of Estimates in the Preparation of the Financial Statement**

These financial statements have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual. These require management to make estimates and assumptions that affect the amounts reported in the financial statement and accompanying notes. Actual results could differ from those estimates. Significant estimates made in preparing the financial statements include the realizability of long-lived assets.

**C. Accounting Policy**

1. Cash and short-term investments include cash and US government and agency obligations with original dates of maturity of less than twelve months when purchased. Short-term investments are stated at amortized cost.
2. The company does not hold any Bonds.
3. The company does not hold any common stocks.
4. The company does not hold any preferred stocks.
5. The reporting entity holds no mortgage loans on real estate.
6. The company does not hold any Loan-backed securities.
7. The reporting entity has no investments in subsidiaries.
8. The reporting entity has no interests in joint ventures.
9. The reporting entity holds no derivatives.
10. The reporting entity does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. Unpaid losses and loss adjustment expenses are determined based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods used to make such estimates, which establishes the resulting liability, are continually reviewed by management and contracted consultants. Any adjustments are reflected in the period in which the adjustment is determined. The reporting entity has no unpaid loss and loss adjustments.
12. The Company has not modified its capitalization policy from the prior period.
13. The company has no pharmaceutical rebate receivables.

**NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

None

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

None

**NOTE 4 – DISCONTINUED OPERATIONS**

None

**NOTE 5 – INVESTMENTS**

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None

## **NOTES TO FINANCIAL STATEMENTS**

- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Repurchase Agreements and/or Securities Lending Transactions - None
- F. Real Estate - None
- G. Investments in Low-Income Housing Trade Credits (LIHTC) - None
- H. Restricted Assets - None
- I. Working Capital Finance Investments - None
- J. Offsetting and Netting of Assets and Liabilities - None
- K. Structured Notes - None

### **NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

None

### **NOTE 7 – INVESTMENT INCOME**

#### A. Accrued Investment Income

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

### **NOTE 8 – DERIVATIVE INSTRUMENTS**

None

### **NOTE 9 – INCOME TAXES**

- A. Deferred Tax Assets/(Liabilities) - None
- B. Deferred Tax Liabilities Not Recognized - None
- C. Current and Deferred Income Taxes - None
- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - None
- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits - None
- F. Consolidated Federal Income Tax Return - None
- G. Federal or Foreign Federal Income Tax Loss Contingencies - None

### **NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES**

#### A. Nature of Relationships

The OSMA HBP is a multiple employer welfare arrangement operating in the State of Ohio. The Ohio State Medical Association is the plan sponsor of the OSMA HBP. The Ohio State Medical Association Insurance Agency is the plan manager of the OSMA HBP. The OSMA HBP is not part of an insurance holding company system.

### **NOTE 11 – DEBT**

- A. None – The OSMA HBP has no Debt
- FHLB (Federal Home Loan Bank) Agreements - None

### **NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

- A. Defined Benefit Plan: None

## **NOTES TO FINANCIAL STATEMENTS**

- B. Investment Policies and Strategies: None / Not Applicable
- C. Fair Value of Plan Assets: None / Not Applicable
- D. Basis Used to Determine Expected Long-Term Rate-of-Return: None / Not Applicable
- E. Defined Contribution Plans: None / Not Applicable
- F. Multiemployer Plans: Not Applicable
- G. Consolidated/Holding Company Plans: None / Not Applicable

H. Postemployment Benefits and Compensated Absences: None / Not Applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None / Not Applicable

### **NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

The Ohio State Medical Association Health Benefits Plan did not have any capital, surplus dividend restriction or quasi-reorganization activity in 2014.

### **NOTE 14 – CONTINGENCIES**

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. All Other Contingencies - None

### **NOTE 15 – LEASES**

- A. Lessee Operating Lease - None, The Ohio State Medical Association provides use of their office location at no charge in accordance with their sponsorship agreement.
- B. Revenue, Net Income or Assets with Respect to Leases - None

### **NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

- (1) None – No Off Balance Sheet Risk

### **NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

- A. Transfers of Receivables Reported as Sales - None
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

### **NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS**

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract - None

### **NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS**

None – No Direct Premium written/produced during Q1 of 2015.

### **NOTE 20 – FAIR VALUE MEASUREMENTS**

A.

- (1) Fair Value Measurements at Reporting Date

**NOTES TO FINANCIAL STATEMENTS**

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Fifth Third Government Shared Services Fund	246,080			246,080
PNC Operating Cash Account	1,198,186			1,198,186
Total	1,444,266			1,444,266

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 2015	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 2015
Total										

b. Liabilities	Beginning Balance at 2015	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 2015
Total										

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

**21. OTHER ITEMS**

- A. Extraordinary Items - None
- B. Troubled Debt Restructuring Debtors - None
- C. Other Disclosures and Unusual Items - None
- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime Mortgage Related Risk Exposure - None
- G. Retained Assets - None

**NOTE 22 – EVENTS SUBSEQUENT**

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$0	\$0
B. ACA fee assessment paid	\$0	\$0
C. Premium written subject to ACA 9010 assessment	\$0	\$0
D. Total adjusted capital before surplus adjustment	\$296,434	
E. Authorized control level before surplus adjustment	\$48,797	
F. Total adjusted capital after surplus adjustment	\$296,434	
G. Authorized control level after surplus adjustment	\$48,797	
H. Would reporting the ACA assessment as of end of current quarter, 2015 have triggered an RBC action level (YES/NO)?		NO

**NOTE 23 – REINSURANCE**

- A. Ceded Reinsurance Report

## Section 1 – General Interrogatories

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

## Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes

**NOTES TO FINANCIAL STATEMENTS**

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0.00 Resinurance coverage is provided on an incurred basis.

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ -306,755

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

## Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0.00

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

No

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ \_\_\_\_\_

## B. Uncollectible Reinsurance

(1) Ohio State Medical Association Health Benefits Plan has written off in the current year reinsurance balances due from the entities listed below, the amount of:

	Claims incurred	
b.	Claims adjustment expenses incurred	\$0
c.	Premiums earned	\$0
d.	Other	\$0
	Entity	Amount

## C. Commutation of Ceded Reinsurance

Ohio State Medical Association Health Benefits Plan has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Claims incurred	\$0
(2)	Claims adjustment expenses incurred	\$0
(3)	Premiums earned	\$0
(4)	Other	\$0
	Entity	Amount

## D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a. **None**

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				0.000	0.000		

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a. **None**

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		0.000	0.000		

## NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION

Not Applicable

**NOTES TO FINANCIAL STATEMENTS****NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**

Not Applicable

**NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS**

Not Applicable

**NOTE 27 – STRUCTURED SETTLEMENTS**

Not Applicable

**NOTE 28 – HEALTH CARE RECEIVABLES**

## A. Pharmaceutical Rebate Receivables - None

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
\$0	\$0	\$0	\$0	\$0	\$0

## B. Risk Sharing Receivables - None

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
0	0								

**NOTE 29 – PARTICIPATING POLICIES**

None

**NOTE 30 – PREMIUM DEFICIENCY RESERVES**

1. Liability carried for premium deficiency reserve: None
2. Date of most recent evaluation of this liability: N/A
3. Was anticipated investment income utilized in the calculation? N/A

**NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION**

None. Medical Mutual as Third Party Administrator performs both systematic and random subrogation audits and applies the proceeds of any subrogation action against future claims bills. No subrogation recoveries have been reported to date. No specific subrogation proceeds are currently anticipated.

**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 [X]

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 [ ] No [X]

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	2 NAIC Company Code	3 State of Domicile
Name of Entity		

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.

\_\_\_\_\_

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

\_\_\_\_\_

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

\_\_\_\_\_

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with the Department?

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 with 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 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] No [ ]

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

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).

Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**

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 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
		\$ 0
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 [ ]

If no, attach a description with this statement.

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

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

\$ 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

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

Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	38 Fountain Square Plaza, Cincinnati OH 45263

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 [ ] No [ X ]

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

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

17.5 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 ] No [ ]

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES (continued)****PART 2 - HEALTH**

## 1. Operating Percentages:

1.1 A&H loss percent	15.8 %
1.2 A&H cost containment percent	1.5 %
1.3 A&H expense percent excluding cost containment expenses	14.2 %

2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

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

0

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

Yes [ ] No [ X ]

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

0

Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**  
**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 Effective Date of Certified Reinsurer Rating
<b>A&amp;H Non-Affiliates</b>								
3076.....	340648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	QA/G.....	Authorized.....	.....	.....
9076.....	340648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	SSL/G.....	Authorized.....	.....	.....
29076.....	340648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	ASL/G.....	Authorized.....	.....	.....

# Ohio State Medical Association Health Benefits Plan

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		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	8 Total Columns 2 through 7	
1. Alabama.....	AL ..N.								0
2. Alaska.....	AK ..N.								0
3. Arizona.....	AZ ..N.								0
4. Arkansas.....	AR ..N.								0
5. California.....	CA ..N.								0
6. Colorado.....	CO ..N.								0
7. Connecticut.....	CT ..N.								0
8. Delaware.....	DE ..N.								0
9. District of Columbia.....	DC ..N.								0
10. Florida.....	FL ..N.								0
11. Georgia.....	GA ..N.								0
12. Hawaii.....	HI ..N.								0
13. Idaho.....	ID ..N.								0
14. Illinois.....	IL ..N.								0
15. Indiana.....	IN ..N.								0
16. Iowa.....	IA ..N.								0
17. Kansas.....	KS ..N.								0
18. Kentucky.....	KY ..N.								0
19. Louisiana.....	LA ..N.								0
20. Maine.....	ME ..N.								0
21. Maryland.....	MD ..N.								0
22. Massachusetts.....	MA ..N.								0
23. Michigan.....	MI ..N.								0
24. Minnesota.....	MN ..N.								0
25. Mississippi.....	MS ..N.								0
26. Missouri.....	MO ..N.								0
27. Montana.....	MT ..N.								0
28. Nebraska.....	NE ..N.								0
29. Nevada.....	NV ..N.								0
30. New Hampshire.....	NH ..N.								0
31. New Jersey.....	NJ ..N.								0
32. New Mexico.....	NM ..N.								0
33. New York.....	NY ..N.								0
34. North Carolina.....	NC ..N.								0
35. North Dakota.....	ND ..N.								0
36. Ohio.....	OH ..L.	2,827,854							2,827,854
37. Oklahoma.....	OK ..N.								0
38. Oregon.....	OR ..N.								0
39. Pennsylvania.....	PA ..N.								0
40. Rhode Island.....	RI ..N.								0
41. South Carolina.....	SC ..N.								0
42. South Dakota.....	SD ..N.								0
43. Tennessee.....	TN ..N.								0
44. Texas.....	TX ..N.								0
45. Utah.....	UT ..N.								0
46. Vermont.....	VT ..N.								0
47. Virginia.....	VA ..N.								0
48. Washington.....	WA ..N.								0
49. West Virginia.....	WV ..N.								0
50. Wisconsin.....	WI ..N.								0
51. Wyoming.....	WY ..N.								0
52. American Samoa.....	AS ..N.								0
53. Guam.....	GU ..N.								0
54. Puerto Rico.....	PR ..N.								0
55. U.S. Virgin Islands.....	VI ..N.								0
56. Northern Mariana Islands.....	MP ..N.								0
57. Canada.....	CAN ..N.								0
58. Aggregate Other alien.....	OT ..XXX.	0	0	0	0	0	0	0	0
59. Subtotal.....		XXX.	2,827,854	0	0	0	0	2,827,854	0
60. Reporting entity contributions for Employee Benefit Plans.....		XXX.							0
61. Total (Direct Business).....	(a).....1	2,827,854	0	0	0	0	0	2,827,854	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 L responses except for Canada and Other Alien.

**Sch. Y-Part 1  
NONE**

**Schedule Y-Part 1A  
NONE**

## **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

Explanation:

1.

Bar Code:



Overflow Page  
**NONE**

Sch. A-Verification  
**NONE**

Sch. B-Verification  
**NONE**

Sch. BA-Verification  
**NONE**

Sch. D-Verification  
**NONE**

Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**

**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
<b>BONDS</b>								
1. NAIC 1 (a).....	246,698				246,698	246,080		247,317
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	246,698	0	0	0	246,698	246,080	0	247,317
<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.....	246,698	0	0	0	246,698	246,080	0	247,317

(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.

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Statement as of June 30, 2015 of the **Ohio State Medical Association Health Benefits Plan**  
**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
199999.....	246,080	XXX.....	250,000	10	12

**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.....	247,317	249,792
2. Cost of short-term investments acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	1,237	2,475
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).....	246,080	247,317
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	246,080	247,317

**Sch. DB-Pt A-Verification**  
**NONE**

**Sch. DB-Pt B-Verification**  
**NONE**

**Sch. DB-Pt C-Sn 1**  
**NONE**

**Sch. DB-Pt C-Sn 2**  
**NONE**

**Sch. DB-Verification**  
**NONE**

**Sch. E-Verification**  
**NONE**