

00114

ANNUAL STATEMENT

OF THE

Ohio State Medical Association Health Benefits Plan

Of

Dublin

RECEIVED

MAR 31 2016

**OFFICE OF RISK
ASSESSMENT**

in the state of OH

to the Insurance Department

of the state of

Ohio

**For the Year Ended
December 31, 2015**

2015

HEALTH



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

Ohio State Medical Association Health Benefits Plan

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

Organized under the Laws of Ohio

Licensed as Business Type.....

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

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 116

State of Domicile or Port of Entry Ohio

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

Country of Domicile US

Is HMO Federally Qualified? Yes [] No []

Commenced Business..... April 1, 2015

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017
(Street and Number) (City or Town, State, Country and Zip Code)

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017
(Street and Number) (City or Town, State, Country and Zip Code)

800-766-6762

(Area Code) (Telephone Number)

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

800-766-6762

(Area Code) (Telephone Number)

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017
(Street and Number) (City or Town, State, Country and Zip Code)

216-389-2914

(Area Code) (Telephone Number) (Extension)

N/A
George John Stadtlander Mr.
(Name)
george.stadtlander@gmail.com
(E-Mail Address)

216-202-3499

(Fax Number)

OFFICERS

Name
1. Donald Brent Mulgrew J.D.
3.

Title
Trustee-Chairman

Name
2. Todd Mallory Baker M.P.A.F.F.
4.

Title
Trustee-Secretary

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.

(Signature)
Todd Mallory Baker M.P.A.F.F.

(Signature)

1. (Printed Name)
Trustee-Chairman

2. (Printed Name)
Trustee-Secretary

3. (Printed Name)

(Title)

(Title)

(Title)

Subscribed and sworn to before me
This 32 day of March 2016

Patrick J. Kennedy

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



Patrick Kennedy
Notary Public, State of Ohio
My Commission Expires
January 24, 2021

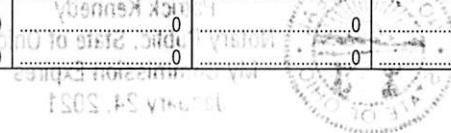
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....			0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$....1,763,462, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....244,843, Schedule DA).....	2,008,305		2,008,305	247,317
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,008,305	0	2,008,305	247,317
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	.2		.2	.2
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	18,532		18,532	
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) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	4,039,103		4,039,103	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	1,517,621		1,517,621	
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 to 25).....	7,583,563	0	7,583,563	247,319
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	7,583,563	0	7,583,563	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

1505 15 1505



Statement as of December 31, 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 \$.....1,368,707 reinsurance ceded).....	152,079		152,079	
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	16,755		16,755	
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.....	454,636		454,636	
9. General expenses due or accrued.....	39,046		39,046	
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	6,662,930		6,662,930	
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 and \$.....0 certified 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).....	7,325,446	0	7,325,446	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	8,117	(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	258,117	247,319
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	7,583,563	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.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	15,525	.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	630,371	.....
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.....	630,371	0
Hospital and Medical:			
9. Hospital/medical benefits.....		3,643,129	.....
10. Other professional services.....		294,605	.....
11. Outside referrals.....		.....	.....
12. Emergency room and out-of-area.....		.892,204	.....
13. Prescription drugs.....		1,175,164	.....
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	6,005,102	0
Less:			
17. Net reinsurance recoveries.....		5,434,326	.....
18. Total hospital and medical (Lines 16 minus 17).....	0	.570,776	0
19. Non-health claims (net).....		.....	.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		.....	.....
21. General administrative expenses.....		.46,324	.....
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	.617,100	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	13,271	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		(2,473)	(2,473)
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....		.....	.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	(2,473)	(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
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.....	10,798	(2,473)
31. Federal and foreign income taxes incurred.....	XXX.....	.....	.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	10,798	(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
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

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	.247,319	.249,792
34. Net income or (loss) from Line 32.....	10,798	(2,473)
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (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
48. Net change in capital and surplus (Lines 34 to 47).....	10,798	(2,473)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	258,117	.247,319

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	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	8,023,538	
2. Net investment income.....	(2,473)	(2,475)
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	8,021,065	(2,475)
5. Benefit and loss related payments.....	6,269,554	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	(9,477)	
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).....	6,260,077	0
11. Net cash from operations (Line 4 minus Line 10).....	1,760,988	(2,475)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (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 (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	.0	.0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
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 to 16.4 minus Line 16.5 plus Line 16.6).....	.0	.0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	1,760,988	(2,475)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	247,317	249,792
19.2 End of year (Line 18 plus Line 19.1).....	2,008,305	247,317

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

20,0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income.....	630,371	.630,371								
2. Change in unearned premium reserves and reserve for rate credit.....	0									
3. Fee-for-service (net of \$.....0 medical expenses).....	0									
4. Risk revenue.....	0									
5. Aggregate write-ins for other health care related revenues.....	0	0	.0	0	.0	0	.0	.0	0	
6. Aggregate write-ins for other non-health care related revenues.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	630,371	.630,371	.0	.0	.0	0	.0	0	.0	0
8. Hospital/medical benefits.....	3,643,129	3,643,129								
9. Other professional services.....	294,605	.294,605								
10. Outside referrals.....	0									
11. Emergency room and out-of-area.....	892,204	.892,204								
12. Prescription drugs.....	1,175,164	1,175,164								
13. Aggregate write-ins for other hospital and medical.....	0	0	.0	0	.0	0	.0	.0	0	
14. Incentive pool, withhold adjustments and bonus amounts.....	0									
15. Subtotal (Lines 8 to 14).....	6,005,102	.6,005,102	.0	.0	.0	0	.0	0	.0	
16. Net reinsurance recoveries.....	5,434,326	5,434,326								
17. Total hospital and medical (Lines 15 minus 16).....	570,776	.570,776	.0	.0	.0	0	.0	0	.0	
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....0 cost containment expenses.....	0									
20. General administrative expenses.....	46,327	46,327								
21. Increase in reserves for accident and health contracts.....	0									
22. Increase in reserve for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....	617,103	.617,103	0	0	.0	0	.0	0	.0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	13,268	13,268	0	0	.0	0	.0	0	.0	0

DETAILS OF WRITE-INS

0501.....	0									
0502.....	0									
0503.....	0									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	.0	0	0	.0	0	.0	0	.0	
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0	0	.0	0	.0	0	.0	
0601.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.....	0									
1302.....	0									
1303.....	0									
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	.0	0	.0	0	.0	0	.0	
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above).....	0	0	0	0	.0	0	.0	0	.0	

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical).....	7,295,037		6,664,666	630,371
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 through 8).....	7,295,037	0	6,664,666	630,371
10.	Life.....				0
11.	Property/casualty.....				0
12.	Totals (Lines 9 to 11).....	7,295,037	0	6,664,666	630,371

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	4,484,315	4,484,315								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	4,065,619	4,065,619								
1.4 Net	418,696	418,696	0	.0	.0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,520,786	1,520,786								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	1,368,706	1,368,706								
3.4 Net	152,080	152,080	0	.0	.0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	.0	.0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0									
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	0	0	0	.0	.0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	.0	.0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	6,005,101	6,005,101	0	.0	.0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	.0	.0	0	0	0	0	0
12.3 Reinsurance ceded	5,434,325	5,434,325	0	.0	.0	0	0	0	0	0
12.4 Net	570,776	570,776	0	.0	.0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	.0	.0	0	0	0	0	0

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

Ohio State Medical Association Health Benefits Plan**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	268,064	.268,064								
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	241,258	.241,258								
1.4 Net.....	26,806	.26,806	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	1,252,722	.1,252,722								
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	1,127,449	.1,127,449								
2.4 Net.....	125,273	.125,273	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	1,520,786	.1,520,786	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	1,368,707	.1,368,707	0	0	0	0	0	0	0	0
4.4 Net.....	152,079	.152,079	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		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).....		418,697		152,079	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	418,697	0	152,079	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	418,697	0	152,079	0	0

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

Ohio State Medical Association Health Benefits Plan**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX				
4. 2013.....	XXX	XXX			
5. 2014.....	XXX	XXX	XXX		
6. 2015.....	XXX	XXX	XXX	XXX	419

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX				
4. 2013.....	XXX	XXX			
5. 2014.....	XXX	XXX	XXX		
6. 2015.....	XXX	XXX	XXX	XXX	571

12.GT

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011.....				0.0	0.0	0.0			0	0.0
2. 2012.....				0.0	0.0	0.0			0	0.0
3. 2013.....				0.0	0.0	0.0			0	0.0
4. 2014.....				0.0	0.0	0.0			0	0.0
5. 2015.....	630	426		0.0	426	67.6	152	17	595	94.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX.....				
4. 2013.....	XXX.....	XXX.....			
5. 2014.....	XXX.....	XXX.....	XXX.....		
6. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	419

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX.....				
4. 2013.....	XXX.....	XXX.....			
5. 2014.....	XXX.....	XXX.....	XXX.....		
6. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	571

12.HM

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2011.....				0.0	0	0.0			0	0.0
2. 2012.....				0.0	0	0.0			0	0.0
3. 2013.....				0.0	0	0.0			0	0.0
4. 2014.....				0.0	0	0.0			0	0.0
5. 2015.....	630	426		0.0	426	67.6	152	17	595	94.4

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					0
2. Salaries, wages and other benefits.....					0
3. Commissions (less \$....1,500,866 ceded plus \$.....0 assumed).....	(224,951)	(436,668)			(661,619)
4. Legal fees and expenses.....					0
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....					0
7. Traveling expenses.....					0
8. Marketing and advertising.....					0
9. Postage, express and telephone.....					0
10. Printing and office supplies.....					0
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....					0
14. Outsourced services including EDP, claims, and other services.....	224,951	436,668			661,619
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....					0
17. Collection and bank service charges.....			7,278		7,278
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....					0
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....			39,046		39,046
24. Investment expenses not included elsewhere.....				2,500	2,500
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	0	0	46,324	2,500	(a).....48,82
27. Less expenses unpaid December 31, current year.....			39,046		39,046
28. Add expenses unpaid December 31, prior year.....					0
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	0	7,278	2,500	9,778

DETAILS OF WRITE-INS

2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0	0

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.25	.27
1.1 Bonds exempt from U.S. tax.....	(a).....		
1.2 Other bonds (unaffiliated).....	(a).....		
1.3 Bonds of affiliates.....	(a).....		
2.1 Preferred stocks (unaffiliated).....	(b).....		
2.11 Preferred stocks of affiliates.....	(b).....		
2.2 Common stocks (unaffiliated).....			
2.21 Common stocks of affiliates.....			
3. Mortgage loans.....	(c).....		
4. Real estate.....	(d).....		
5. Contract loans.....			
6. Cash, cash equivalents and short-term investments.....	(e).....		
7. Derivative instruments.....	(f).....		
8. Other invested assets.....			
9. Aggregate write-ins for investment income.....		.0	.0
10. Total gross investment income.....		.25	.27
11. Investment expenses.....	(g).....	2,500	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....		
13. Interest expense.....	(h).....		
14. Depreciation on real estate and other invested assets.....	(i).....	.0	
15. Aggregate write-ins for deductions from investment income.....			.0
16. Total deductions (Lines 11 through 15).....			2,500
17. Net investment income (Line 10 minus Line 16).....			(2,473)

DETAILS OF WRITE-INS

0901.			
0902.			
003.			
998. Summary of remaining write-ins for Line 9 from overflow page.....		.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....		.0	.0
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page.....			.0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....			.0

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			.0		
1.1 Bonds exempt from U.S. tax.....			.0		
1.2 Other bonds (unaffiliated).....			.0		
1.3 Bonds of affiliates.....			.0		
2.1 Preferred stocks (unaffiliated).....			.0		
2.11 Preferred stocks of affiliates.....			.0		
2.2 Common stocks (unaffiliated).....			.0		
2.21 Common stocks of affiliates.....			.0		
3. Mortgage loans.....			.0		
4. Real estate.....			.0		
5. Contract loans.....			.0		
6. Cash, cash equivalents and short-term investments.....			.0		
7. Derivative instruments.....			.0		
8. Other invested assets.....			.0		
9. Aggregate write-ins for capital gains (losses).....	.0	.0	.0	.0	.0
10. Total capital gains (losses).....	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS

0901. ....			.0		
0902. ....			.0		
0903. ....			.0		
998. Summary of remaining write-ins for Line 9 from overflow page.....	.0	.0	.0	.0	.0
999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.0	.0	.0	.0	.0

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
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.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			0
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
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care 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).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....			1,804		1,795	1,771 15,525
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	.0	0	0	.0	0	0
7. Total.....	.0	0	1,804	1,795	1,771	15,525

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	0	0	.0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	.0	0	0	.0	0	0

Ex. 2 - Accident and Health Premiums Due and Unpaid
NONE

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

EXHIBIT 4 - 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)						
Claims Reported by 12/31/2015 and Unpaid by 12/31/2015.....	268,064					268,064
0199999. Individually listed claims unpaid.....	268,064	0	0	0	0	268,064
0499999. Subtotals.....	268,064	0	0	0	0	268,064
0599999. Unreported claim and other claim reserves.....						1,252,722
0799999. Total claims unpaid.....						1,520,786

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates
NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	.....0	.....0.0				
2. Intermediaries.....	.....0	.....0.0				
3. All other providers.....	.....0	.....0.0				
4. Total capitation payments.....	.....0	.....0.0	0		0	0
Other Payments:						
5. Fee-for-service.....	.....0	.....0.0	XXX	XXX		
6. Contractual fee payments.....	4,484,315	100.0	XXX	XXX		4,484,315
7. Bonus/withhold arrangements - fee-for-service.....	.....0	.....0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	.....0	.....0.0	XXX	XXX		
9. Non-contingent salaries.....	.....0	.....0.0	XXX	XXX		
10. Aggregate cost arrangements.....	.....0	.....0.0	XXX	XXX		
11. All other payments.....	.....0	.....0.0	XXX	XXX		
12. Total other payments.....	4,484,315	100.0	XXX	XXX	0	4,484,315
13. Total (Line 4 plus Line 12).....	4,484,315	100.0	XXX	XXX	0	4,484,315

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....						0
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....						0
6. Total.....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****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
NET INCOME			
(1) Ohio State Medical Association Health Benefits Plan state basis (Page 4, Line 32, Columns 2 &3)		\$ 10,796	\$ (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)		\$ 10,796	\$ (2,473)
SURPLUS			
(5) Ohio State Medical Association Health Benefits Plan state basis (Page 3, line 33, Columns 3 & 4)		\$ 258,116	\$ 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)		\$ 258,116	\$ 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 reliability 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.

D. Going Concern

There is no substantial doubt about the Ohio State Medical Association Health Benefits Plan's ability to continue as a going concern.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

NOTES TO FINANCIAL STATEMENTS

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

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

The Ohio State Medical Association Health Benefits Plan has no interest or involvement in any Joint Ventures, Partnerships or Limited Liability Companies.

NOTE 7 – INVESTMENT INCOME

A. Accrued Investment Income

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

NOTE 8 – DERIVATIVE INSTRUMENTS

Not Applicable: The OSMA HBP does no contract for or invest in derivative instruments.

NOTE 9 – INCOME TAXES

A. Deferred Tax Assets/(Liabilities) - None

NOTES TO FINANCIAL STATEMENTS

- 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

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

None

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

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

Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

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

(1) The number of shares of each class of capital stock authorized, issued and outstanding as of the balance sheet date and the par value or stated value of each class.

None

(2) The dividend rate, liquidation value and redemption schedule (including prices and dates) of any preferred stock issues.

None

(3) Dividend restrictions, if any, and an indication if the dividends are cumulative.

None

(4) The dates and amounts of dividends paid. Note for each payment whether the dividend was ordinary or extraordinary.

None

(5) The portion of the reporting entity's profits that may be paid as ordinary dividends to stockholders.

None

NOTES TO FINANCIAL STATEMENTS

(6) A description of any restrictions placed on the unassigned funds (surplus), including for whom the surplus is being held.

None

(7) For mutual reciprocals, and similarly organized entities, the total amount of advances to surplus not repaid, if any.

None

(8) The total amount of stock held by the reporting entity, including stock of affiliated entities, for special purposes such as:

a. Conversion of preferred stock **None**

b. Employee stock options **None**

c. Stock purchase warrants **None**

(9) A description of the reasons for changes in the balances of any special surplus funds from the prior period.

None

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses.

None

(11) Surplus Notes

None

(12) The impact of the restatement in a quasi-reorganization as long as financial statements for the period of the reorganization are presented.

None

(13) The effective date of a quasi-reorganization for a period of ten years following the reorganization.

None

NOTE 14 – CONTINGENCIES

None

NOTE 15 – LEASES

None

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

None

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

None

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

None

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

None

NOTE 20 – FAIR VALUE MEASUREMENTS

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0
Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
NOTES TO FINANCIAL STATEMENTS

Total	\$ 0	\$ 0	\$ 0
-------	------	------	------

NOTE 21. – OTHER ITEMS

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring Debtors - None
- C. Other Disclosures - 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

- A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [] No [X]

B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid		
D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 30)		
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 30 minus 22B above)		
G.	Authorized control level (Five-Year Historical Line 31)	\$	

- H. Would reporting the ACA assessment as of December 31, 2015 have triggered an RBC action level (YES/NO)?

Yes [] No [X]

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

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ 5,850,857

- (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
- (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?

NOTES TO FINANCIAL STATEMENTS

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: \$ 0.00.

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	\$
(2)	Claims adjustment expenses incurred	
(3)	Premiums earned	
(4)	Other	

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

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

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.

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

A. Disclose the method used by the reporting entity to estimate accrued retrospective premium adjustments.

Not Applicable – No Retrospective Premium Adjustments

B. Disclose whether accrued retrospective premiums are recorded through written premium or as an adjustment to earned premium.

Not Applicable – No Retrospective Premium Adjustments

C. Disclose the amount of net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written.

This disclosure should include all business that is subject to the accounting guidance provided in SSAP No. 66 (including business that is subject to medical loss ratio rebate requirements pursuant to the Public Health Service Act).

\$0, No Retrospective Premium Adjustments

D. Disclose the following amounts for medical loss ratio rebates required pursuant to the Public Health Service Act for the current reporting period year-to-date and prior reporting period year: incurred rebates, amounts paid and unpaid liabilities segregated into the following categories: individual, small group employer, large group employer and other. In addition, the impact of reinsurance assumed, ceded and net on the total medical loss ratio rebate shall be disclosed.

For the purpose of this disclosure only, "current reporting period year to date" means amounts paid during the current reporting year-to-date regardless of when the rebates were originally earned, and liabilities as of the end of the current reporting period year-to-date for all unpaid rebates regardless of when those rebates were originally earned. "Prior year reporting period" means the amounts that were reported as of the end of the prior reporting year, without any adjustments to reflect additional experience. "Incurred" means amounts paid during the current period, plus the unpaid liability at the end of the period, minus the unpaid liability at the end of the prior reporting year; the incurred amount therefore will include any true-ups to the prior year reporting period liability.

\$0, Not Subject to Medical Loss Ratio rebate requirement**E. Risk Sharing Provisions of the Affordable Care Act**

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

No

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year: - None

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance: **Not Applicable**

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

None

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
NOTES TO FINANCIAL STATEMENTS

None

NOTE 27 – STRUCTURED SETTLEMENTS

Not Applicable

NOTE 28 – HEALTH CARE RECEIVABLES

A. Pharmaceutical Rebate Receivables - None

B. Risk Sharing Receivables - None

NOTE 29 – PARTICIPATING POLICIES

None

NOTE 30 – PREMIUM DEFICIENCY RESERVES

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	3/1/2016
3. Was anticipated investment income utilized in the calculation?	Yes [] No [X]

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

None

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]

1.3 State regulating? _____

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]
If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

3.2 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. _____

3.3 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). _____

3.4 By what department or departments? _____

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 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

6.1 Has the 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]
If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
If yes,
7.21 State the percentage of foreign control _____ 0.000%
7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
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]
If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Maloney + Novotny LLC, 1111 Superior Avenue #700, Cleveland, OH 44114

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
If the response to 10.5 is no or n/a, please explain:

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 John Lloyd Consulting Actuary Optimum Consulting

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company _____
 12.12 Number of parcels involved _____ 0
 12.13 Total book/adjusted carrying value _____ \$ 0

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinator committees thereof? Yes [X] No []
 18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$ _____ 0
20.12 To stockholders not officers	\$ _____ 0
20.13 Trustees, supreme or grand (Fraternal only)	\$ _____ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$ _____ 0
20.22 To stockholders not officers	\$ _____ 0
20.23 Trustees, supreme or grand (Fraternal only)	\$ _____ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$ _____ 0
21.22 Borrowed from others	\$ _____ 0
21.23 Leased from others	\$ _____ 0
21.24 Other	\$ _____ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$ _____ 0
22.22 Amount paid as expenses	\$ _____ 0
22.23 Other amounts paid	\$ _____ 0

22.3 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

22.4 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____ 0

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all of the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

24.103 Total payable for securities lending reported on the liability page: \$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [] No [X]

25.2 If yes, state the amount thereof at December of the current year:

25.21 Subject to repurchase agreements \$ 0

25.22 Subject to reverse repurchase agreements \$ 0

25.23 Subject to dollar repurchase agreements \$ 0

25.24 Subject to reverse dollar repurchase agreements \$ 0

25.25 Placed under option agreements \$ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0

25.27 FHLB Capital Stock \$ 0

25.28 On deposit with states \$ 0

25.29 On deposit with other regulatory bodies \$ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0

25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ <input type="checkbox"/> 0

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December of the current year: \$ 0

28. 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 []

28.01 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
PNC Bank	249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

28.05 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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holdings	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	0	0	0
30.2 Preferred Stocks	0	0	0
30.3 Totals	0	0	0

30.4 Describe the sources or methods utilized in determining fair values:

The OSMA HBP relies on the Valuation Committee of the Federated Government Obligations Shared Services Fund. This valuation committee authorizes the use of various pricing services. Pricing methodology is contained in the Fund's annual shareholder report.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

34.1 Amount of payments for legal expenses, if any? \$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2 above).	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives	\$	0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives	\$	0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives	\$	0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives	\$	0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 630,371	\$ 0
2.2	Premium Denominator	\$ 630,371	\$ 0
2.3	Premium Ratio (2.1/2.2)	\$ 100.000	\$ 0.000
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 152,079	\$ 0
2.6	Reserve Ratio (2.4/2.5)	\$ 0.000	\$ 0.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes []	No [X]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes []	No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes []	No [X]
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$	0
5.32	Medical Only	\$	0
5.33	Medicare Supplement	\$	0
5.34	Dental and Vision	\$	0
5.35	Other Limited Benefit Plan	\$	0
5.36	Other	\$	0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		
	<u>The OSMA Health Benefits Plan has in place a terminal liability provision with Medical Mutual of Ohio where the re-insurer agrees to pay the cost of claims in the process of adjustment and claims incurred but not reported prior to the date the Plan ceases operation in the event of insolvency.</u>		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [X]	No []

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	7,583,563	247,319	249,792		
2. Total liabilities (Page 3, Line 24).....	7,325,446				
3. Statutory minimum capital and surplus requirement.....	150,000	150,000	150,000		
4. Total capital and surplus (Page 3, Line 33).....	258,117	247,319	249,792		
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	630,371				
6. Total medical and hospital expenses (Line 18).....	570,776				
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....	46,324				
9. Net underwriting gain (loss) (Line 24).....	13,271				
10. Net investment gain (loss) (Line 27).....	(2,473)	(2,473)	(208)		
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	10,798	(2,473)	(208)		
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	1,760,988	(2,475)	(208)		
Risk-Based Capital Analysis					
14. Total adjusted capital.....	258,117	247,319			
15. Authorized control level risk-based capital.....	50,721	0			
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	1,771				
17. Total member months (Column 6, Line 7).....	15,525				
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)...	90.5				
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....	.97.9				
23. Total underwriting gain (loss) (Line 24).....	.2.1				
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5).....					
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]					
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	.0	.0	.0	.0	.0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes No

If no, please explain:

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION....Ohio State Medical Association Health Benefits Plan

2. Dublin, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code....0

NAIC Company Code....116

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	0									
2. First quarter.....	0									
3. Second quarter.....	1,804		1,804							
4. Third quarter.....	1,795		1,795							
5. Current year.....	1,771		1,771							
6. Current year member months.....	15,525		15,525							
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	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 (b).....	7,322,807		7,322,807							
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	7,322,807		7,322,807							
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	4,484,315		4,484,315							
18. Amount incurred for provision of health care services.....	6,005,102		6,005,102							

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
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NONE

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
------------------------------	-------------------	------------------------	----------------------	----------------------------------	------------------	--------------------

Accident and Health - Non-Affiliates - U.S. Non-Affiliates

076.....	340648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	4,333,236	1,368,707
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				4,333,236	1,368,707
2199999.	Total - Accident and Health Non-Affiliates.....				4,333,236	1,368,707
2299999.	Total - Accident and Health.....				4,333,236	1,368,707
2399999.	Total U.S.....				4,333,236	1,368,707
9999999.	Total.....				4,333,236	1,368,707

Ohio State Medical Association Health Benefits Plan**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
29076.....	340648820.....	.04/01/2015	Medical Mutual of Ohio.....	OH.....	QA/A/G.....	CMM.....	.....6,692,436	.....	.....	.....	.....	.....	.....
29076.....	340648820.....	.04/01/2015	Medical Mutual of Ohio.....	OH.....	SSL/A/G.....	CMM.....	.....	.....	.....	.....	.....	.....	.....
29076.....	340648820.....	.04/01/2015	Medical Mutual of Ohio.....	OH.....	ASL/A/G.....	CMM.....	.....	.....	.....	.....	.....	.....	.....
0899999.....	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....				.....6,692,436	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1099999.....	Total - General Account - Authorized - Non-Affiliates.....				.....6,692,436	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1199999.....	Total - General Account - Authorized.....				.....6,692,436	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3499999.....	Total - General Account - Authorized, Unauthorized and Certified.....				.....6,692,436	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6999999.....	Total - U.S.....				.....6,692,436	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9999999.....	Total.....				.....6,692,436	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	6,665				
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....	1,501				
5. Total hospital and medical expenses.....	5,434				
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	4,039				
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....	1,518				
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					XXX
18. Funds deposited by and withheld from (F).....					XXX
19. Letters of credit (L).....					XXX
20. Trust agreements (T).....					XXX
21. Other (O).....					XXX

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	2,008,305		2,008,305
2. Accident and health premiums due and unpaid (Line 15).....	18,532		18,532
3. Amounts recoverable from reinsurers (Line 16.1).....	4,039,103	(4,333,236)	(294,133)
4. Net credit for ceded reinsurance.....	XXX	528,864	528,864
5. All other admitted assets (balance).....	1,517,623	(1,517,621)	2
6. Totals assets (Line 28).....	7,583,563	(5,321,993)	2,261,570
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	152,079	1,368,707	1,520,786
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	454,636		454,636
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	6,718,731	(6,690,700)	28,031
15. Total liabilities (Line 24).....	7,325,446	(5,321,993)	2,003,453
16. Total capital and surplus (Line 33).....	258,117	XXX	258,117
17. Total liabilities, capital and surplus (Line 34).....	7,583,563	(5,321,993)	2,261,570
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	1,368,707		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	4,333,236		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	5,701,943		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	5,173,079		
30. Total ceded reinsurance payables/offsets.....	5,173,079		
31. Total net credit for ceded reinsurance.....	528,864		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & 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.	7,322,807							7,322,807
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.....		7,322,807	0	0	0	0	0	7,322,807	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								0
61. Total (Direct Business).....	(a) 1	7,322,807	0	0	0	0	0	7,322,807	0

DETAILS OF WRITE-INS

58001.....									0
58002.....									0
58003.....									0
58998. Summary of remaining write-ins for line 58.....	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998).....	0	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.

Explanation of basis of allocation by states, premiums by state, etc.

All business written is located in the State of Ohio

(a) Insert the number of L responses except for Canada and Other Alien.

Sch. T - Pt. 2 - Interstate Compact
NONE

Sch. Y-Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses
No
No
No
No

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

No
No
No

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes
No

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

Yes

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.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

No

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

No

Statement as of December 31, 2015 of the **Ohio State Medical Association Health Benefits Plan**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.
- 8.
9. The data for this supplement is not required to be filed.
- 10.
11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.

BAR CODE:



**Overflow Page
NONE**

**Overflow Page
NONE**