

116

QUARTERLY STATEMENT

OF THE

Ohio State Medical Association Health Benefits Plan

Of

Dublin

in the state of OH

to the Insurance Department

of the State of

Ohio

RECEIVED

MAY 16 2016

BY

For the Period Ended

March 31, 2016

2016



HEALTH QUARTERLY STATEMENT

As of March 31, 2016
of the Condition and Affairs of the

Ohio State Medical Association Health Benefits Plan

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

NAIC Company Code..... 116

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

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as Business Type

Is HMO Federally Qualified? Yes [] No []

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

Commenced Business..... April 1, 2015

Statutory Home Office

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

Main Administrative Office

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017

800-766-6762

Mail Address

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017

(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

5115 Parkcenter Ave Ste 200..... Dublin OH US 43017

800-766-6762

Internet Web Site Address

(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Statutory Statement Contact

N/A

216-389-2914

George John Stadtlander Mr.

(Area Code) (Telephone Number) (Extension)

(Name)

216-202-3499

george.stadtlander@gmail.com

(E-Mail Address)

(Fax Number)

OFFICERS

Name
1. Todd Mallory Baker M.P.A.F.F.
3.

Title
Trustee-Chairman

Name
2. Charles Joseph Hickey M.D.
4.

Title
Trustee

OTHER

DIRECTORS OR TRUSTEES

Todd Mallory Baker M.P.A.F.F.
Brain J. Santin MD

Charles Joseph Hickey MD

Kevin J. Hackett MD

James E. Silone Jr., DO

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

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



(Signature)

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

1. (Printed Name)

Trustee-Chairman

(Title)

(Signature)

Charles Joseph Hickey M.D.

2. (Printed Name)

Trustee

(Title)



(Signature)

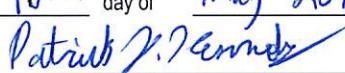
Kevin J. Hackett MD

3. (Printed Name)

Trustee

(Title)

Subscribed and sworn to before me
This 16th day of May 2015



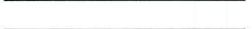
a. Is this an original filing?

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [X] No []







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

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
ASSETS

| | Current Statement Date | | | 4 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|-------------------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | | | 0 | |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | 0 | |
| 2.2 Common stocks..... | | | 0 | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | 0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$....1,613,576), cash equivalents (\$.....0) and short-term investments (\$....244,224)..... | 1,857,800 | | 1,857,800 | 2,008,305 |
| 6. Contract loans (including \$.....0 premium notes)..... | | | 0 | |
| 7. Derivatives..... | | | 0 | |
| 8. Other invested assets..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 1,857,800 | 0 | 1,857,800 | 2,008,305 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | | | 0 | 2 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 18,265 | | 18,265 | 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..... | 5,967,526 | | 5,967,526 | 4,039,103 |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | 2,009,023 | | 2,009,023 | 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 through 25)..... | 9,852,614 | 0 | 9,852,614 | 7,583,563 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 9,852,614 | 0 | 9,852,614 | 7,583,563 |

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 | |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 | |



Statement as of March 31, 2016 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 \$....1,025,789 reinsurance ceded)..... | 113,977 | | 113,977 | 152,079 |
| Accrued medical incentive pool and bonus amounts..... | | | 0 | |
| Unpaid claims adjustment expenses..... | 12,160 | | 12,160 | 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..... | 488,819 | | 488,819 | 454,636 |
| 9. General expenses due or accrued..... | 45,915 | | 45,915 | 39,046 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))..... | | | 0 | |
| 10.2 Net deferred tax liability..... | | | 0 | |
| 11. Ceded reinsurance premiums payable..... | 8,715,486 | | 8,715,486 | 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 | |
| Derivatives..... | | | 0 | |
| Payable for securities..... | | | 0 | |
| 18. Payable for securities lending..... | | | 0 | |
| 19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers)..... | | | 0 | |
| 20. Reinsurance in unauthorized and certified (\$.....0) companies..... | | | 0 | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 22. Liability for amounts held under uninsured plans..... | | | 0 | |
| 23. Aggregate write-ins for other liabilities (including \$.....0 current)..... | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23)..... | 9,376,357 | 0 | 9,376,357 | 7,325,446 |
| 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 | 226,260 | 8,117 |
| 2. Less treasury stock, at cost: | | | | |
| 32.10.000 shares common (value included in Line 26 \$.....0)..... | XXX | XXX | | |
| 32.20.000 shares preferred (value included in Line 27 \$.....0)..... | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 476,260 | 258,117 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)..... | XXX | XXX | 9,852,617 | 7,583,563 |

DETAILS OF WRITE-INS

| | | | | |
|--|-----|-----|---|---|
| 2301..... | | | 0 | |
| 2302..... | | | 0 | |
| 2303..... | | | 0 | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page..... | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)..... | 0 | 0 | 0 | 0 |
| 2501..... | | | | |
| 2502..... | | | | |
| 2503..... | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | XXX | XXX | 0 | 0 |
| 3001..... | | | | |
| 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 OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member months..... | XXX..... | 5,173 | | 15,500 |
| 2. Net premium income (including \$.....0 non-health premium income)..... | XXX..... | 398,920 | | 630,000 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX..... | | | |
| 4. Fee-for-service (net of \$.....0 medical expenses)..... | XXX..... | | | |
| 5. Risk revenue..... | XXX..... | | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX..... | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues..... | XXX..... | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7)..... | XXX..... | 398,920 | 0 | 630,371 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 923,736 | | 3,643,129 |
| 10. Other professional services..... | | 71,846 | | 294,605 |
| 11. Outside referrals..... | | | | |
| 12. Emergency room and out-of-area..... | | 273,700 | | 892,204 |
| 13. Prescription drugs..... | | 441,340 | | 1,175,164 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | | |
| 16. Subtotal (Lines 9 to 15)..... | 0 | 1,710,622 | 0 | 6,005,102 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | 1,539,559 | | 5,434,300 |
| 18. Total hospital and medical (Lines 16 minus 17)..... | 0 | 171,063 | 0 | 570,800 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$.....0 cost containment expenses..... | | | | |
| 21. General administrative expenses..... | | 9,092 | | 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 | 180,155 | 0 | 617,100 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX..... | 218,765 | 0 | 13,271 |
| 25. Net investment income earned..... | | (619) | (613) | (2,473) |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0..... | | | | |
| 27. Net investment gains or (losses) (Lines 25 plus 26)..... | 0 | (619) | (613) | (2,473) |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]. | | | | |
| 29. Aggregate write-ins for other income or expenses..... | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)..... | XXX..... | 218,146 | (613) | 10,798 |
| 31. Federal and foreign income taxes incurred..... | XXX..... | | | |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX..... | 218,146 | (613) | 10,798 |

DETAILS OF WRITE-INS

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

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

| CAPITAL AND SURPLUS ACCOUNT | 1 Current Year to Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| 33. Capital and surplus prior reporting year..... | 258,117 | 247,319 | 247,319 |
| Net income or (loss) from Line 32..... | 218,146 | (613) | 10,798 |
| 35. Change in valuation basis of aggregate policy and claim reserves..... | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss)..... | | | |
| 38. Change in net deferred income tax..... | | | |
| 39. Change in nonadmitted assets..... | | | |
| 40. Change in unauthorized and certified reinsurance..... | | | |
| 41. Change in treasury stock..... | | | |
| 42. Change in surplus notes..... | | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital changes: | | | |
| 44.1 Paid in..... | | | |
| 44.2 Transferred from surplus (Stock Dividend)..... | | | |
| 44.3 Transferred to surplus..... | | | |
| Surplus adjustments: | | | |
| 45.1 Paid in..... | | | |
| 45.2 Transferred to capital (Stock Dividend)..... | | | |
| 45.3 Transferred from capital..... | | | |
| 46. Dividends to stockholders..... | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus..... | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47)..... | 218,146 | (613) | 10,798 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)..... | 476,263 | 246,706 | 258,117 |

DETAILS OF WRITE-INS

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

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
CASH FLOW

| | 1 Current Year to Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS | | | |
| 1. Premiums collected net of reinsurance..... | 2,485,926 | 419,364 | 8,023,51 |
| 2. Net investment income..... | (617) | (613) | (2, |
| 3. Miscellaneous income..... | | | |
| 4. Total (Lines 1 through 3)..... | 2,485,309 | 418,751 | 8,021,065 |
| 5. Benefit and loss related payments..... | 2,628,990 | | 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..... | 6,818 | | (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)..... | 2,635,808 | 0 | 6,260,077 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (150,499) | 418,751 | 1,760,988 |
| 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 | 0 |
| 14. Net increase or (decrease) in contract loans and premium notes..... | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | 0 | 0 | 0 |
| 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 through 16.4 minus Line 16.5 plus Line 16.6)..... | 0 | 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)..... | (150,499) | 418,751 | 1,760,988 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 2,008,305 | 247,317 | 247,317 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 1,857,806 | 666,068 | 2,008,305 |

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

| | | | |
|---------------|-------|-------|-------|
| 20,0001 | | | |
|---------------|-------|-------|-------|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at End of: | | | | | | | | | | |
| 1. Prior Year..... | 1,771 | | | 1,771 | | | | | | |
| 2. First Quarter..... | 1,748 | | | 1,748 | | | | | | |
| 3. Second Quarter..... | 0 | | | | | | | | | |
| 4. Third Quarter..... | 0 | | | | | | | | | |
| 5. Current Year..... | 0 | | | | | | | | | |
| 6. Current Year Member Months..... | 3,519 | | | 3,519 | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician..... | 0 | | | | | | | | | |
| 8. Non-Physician..... | 0 | | | | | | | | | |
| 9. Total..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred..... | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions..... | 0 | | | | | | | | | |
| 12. Health Premiums Written (a)..... | 2,437,540 | | | 2,437,540 | | | | | | |
| 13. Life Premiums Direct..... | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | 0 | | | | | | | | | |
| 15. Health Premiums Earned..... | 2,437,540 | | | 2,437,540 | | | | | | |
| 16. Property/Casualty Premiums Earned..... | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 800,239 | | | 800,239 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services..... | 1,710,622 | | | 1,710,622 | | | | | | |

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

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

| 1 Account | 2 1 - 30 Days | Aging Analysis of Unpaid Claims | | | | | 7 Total |
|--|------------------|---------------------------------|-------------------|--------------------|--------------------|--|------------|
| | | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | | |
| Claims Unpaid (Reported) | | | | | | | |
| 0599999. Unreported Claims and Other Claim Reserves. | | | | | | | 1,139,766 |
| 0799999. Total Claims Unpaid | | | | | | | 1,139,766 |

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|--|---|---|---|---|---|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical)..... | 103,680 | 105,486 | 22,938 | 91,038 | 126,618 | 152,079 |
| 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)..... | 103,680 | 105,486 | 22,938 | 91,038 | 126,618 | 152,079 |
| 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)..... | 103,680 | 105,486 | 22,938 | 91,038 | 126,618 | 152,079 |

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

NOTES TO FINANCIAL STATEMENTS**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****A. Accounting Practices**

| | State of Domicile | Current Period | Prior Year | |
|--|-------------------|----------------|------------|---------|
| NET INCOME | | | | |
| (1) Ohio State Medical Association Health Benefits Plan state basis (Page 4, Line 32, Columns 2 & 4) | OH | \$ 218,146 | \$ | 10,796 |
| (2) State Prescribed Practices that increase/decrease NAIC SAP | | | | |
| (3) State Permitted Practices that increase/decrease NAIC SAP | | | | |
| (4) NAIC SAP (1 – 2 – 3 = 4) | OH | \$ 218,146 | \$ | 10,796 |
| SURPLUS | | | | |
| (5) Ohio State Medical Association Health Benefits Plan state basis (Page 3, line 33, Columns 3 & 4) | OH | \$ 476,260 | \$ | 258,116 |
| (6) State Prescribed Practices that increase/decrease NAIC SAP | | | | |
| (7) State Permitted Practices that increase/decrease NAIC SAP | | | | |
| (8) NAIC SAP (5 – 6 – 7 = 8) | OH | \$ 476,260 | \$ | 258,116 |

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

No significant changes

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

No significant change.

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – DISCONTINUED OPERATIONS

No significant changes

NOTE 5 – INVESTMENTS

No significant changes

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No significant changes

NOTE 7 – INVESTMENT INCOME

No significant changes

NOTE 8 – DERIVATIVE INSTRUMENTS

No significant changes

NOTE 9 – INCOME TAXES

No significant changes

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

No significant changes

NOTE 11 – DEBT

No significant changes

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

None

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

No significant changes

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

- A. Contingent Commitments - None
- Assessments - None

- C. Gain Contingencies - None

- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None

- E. Joint and Several Liabilities - None

- F. All Other Contingencies - None

NOTE 15 – LEASES

No significant changes

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

No significant changes

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

No significant changes

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

Not applicable

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

Not applicable

NOTE 20 – FAIR VALUE MEASUREMENTS

None Applicable

NOTE 21 – OTHER ITEMS

No significant changes

NOTE 22 – EVENTS SUBSEQUENT

No significant changes

NOTE 23 – REINSURANCE

No significant changes

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION**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 period:

| | | AMOUNT |
|----|---|--------|
| a. | Permanent ACA Risk Adjustment Program | |
| | Assets | |
| 1. | Premium adjustments receivable due to ACA Risk Adjustment | \$ |
| | Liabilities | |
| 2. | Risk adjustment user fees payable for ACA Risk Adjustment | |
| 3. | Premium adjustments payable due to ACA Risk Adjustment | |
| | Operations (Revenue & Expenses) | |
| 4. | Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | |
| 5. | Reported in expenses as ACA Risk Adjustment user fees (incurred/paid) | \$ |
| b. | Transitional ACA Reinsurance Program | |
| | Assets | |
| 1. | Amounts recoverable for claims paid due to ACA Reinsurance | \$ |
| 2. | Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability) | |
| 3. | Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance | |
| | Liabilities | |
| 4. | Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium | |
| 5. | Ceded reinsurance premiums payable due to ACA Reinsurance | |
| 6. | Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | \$ |
| | Operations (Revenue & Expenses) | |
| 7. | Ceded reinsurance premiums due to ACA Reinsurance | \$ |
| 8. | Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | |
| 9. | ACA Reinsurance contributions – not reported as ceded premium | \$ |
| c. | Temporary ACA Risk Corridors Program | |
| | Assets | |
| 1. | Accrued retrospective premium due to ACA Risk Corridors | \$ |
| | Liabilities | |
| 2. | Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | |
| | Operations (Revenue & Expenses) | |
| 3. | Effect of ACA Risk Corridors on net premium income (paid/received) | |
| 4. | Effect of ACA Risk Corridors on change in reserves for rate credits | \$ |

(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: None

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

No significant changes

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

NOTES TO FINANCIAL STATEMENTS

No significant changes

27 – STRUCTURED SETTLEMENTS

Applicable for Health Entities

NOTE 28 – HEALTH CARE RECEIVABLES

No significant changes

NOTE 29 – PARTICIPATING POLICIES

No significant changes

NOTE 30 – PREMIUM DEFICIENCY RESERVES

No significant changes

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

None

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No []

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

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

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

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

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

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

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

6.4 By what department or departments? _____

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

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information: _____

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No []

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

FINANCIAL

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]

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

\$ 0**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

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

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

\$ 0

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

\$ 0

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

Yes [] No [X]

14.2 If yes, please complete the following:

14.21 Bonds
 14.22 Preferred Stock
 14.23 Common Stock
 14.24 Short-Term Investments
 14.25 Mortgage Loans on Real Estate
 14.26 All Other
 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

| 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|
| \$ 0 | \$ 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| \$ 0 | \$ 0 |
| \$ 0 | \$ 0 |

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

Yes [] No [X]

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 016.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 016.3 Total payable for securities lending reported on the liability page: \$ 017. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?
 Yes [X] No []17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

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

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

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

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |

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

Yes [X] No []

18.2 If no, list exceptions:

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

- 1.1 A&H loss percent
- 1.2 A&H cost containment percent
- 1.3 A&H expense percent excluding cost containment expenses

0
0
0.0 %

- 2.1 Do you act as a custodian for health savings accounts?
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.
- 2.3 Do you act as an administrator for health savings accounts?
- 2.4 If yes, please provide the amount of funds administered as of the reporting date.

Yes [] No [X] 0
Yes [] No [X] 0
Yes [] No [X] 0

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Reinsurer | 8 Certified Reinsurer Rating (1 through 6) | 9 Effective Date of Certified Reinsurer Rating |
|------------------------------|-------------------|------------------------|-----------------------------|----------------------------------|--------------------------------------|---------------------------|---|---|
| In-Affiliates | | | | | | | | |
| 29076..... | 340648820..... | 04/01/2015 | Medical Mutual of Ohio..... | OH..... | QA/G..... | Authorized..... | | |
| 29076..... | 340648820..... | 04/01/2015 | Medical Mutual of Ohio..... | OH..... | SSL/G..... | Authorized..... | | |
| 29076..... | 340648820..... | 04/01/2015 | Medical Mutual of Ohio..... | OH..... | ASL/G..... | Authorized..... | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| State, Etc. | 1 Active Status | Direct Business Only | | | | | | | |
|--|--------------------|-----------------------------------|---------------------------|-------------------------|---|---|---------------------------------|--------------------------------|---------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/Casualty Premiums | 8 Total Columns 2 through 7 | 9 Deposit-Ty Contracts |
| 1. Alabama..... | AL | N | | | | | | 0 | |
| 2. Alaska..... | AK | N | | | | | | 0 | |
| 3. Arizona..... | AZ | N | | | | | | 0 | |
| 4. Arkansas..... | AR | N | | | | | | 0 | |
| 5. California..... | CA | N | | | | | | 0 | |
| 6. Colorado..... | CO | N | | | | | | 0 | |
| 7. Connecticut..... | CT | N | | | | | | 0 | |
| 8. Delaware..... | DE | N | | | | | | 0 | |
| 9. District of Columbia..... | DC | N | | | | | | 0 | |
| 10. Florida..... | FL | N | | | | | | 0 | |
| 11. Georgia..... | GA | N | | | | | | 0 | |
| 12. Hawaii..... | HI | N | | | | | | 0 | |
| 13. Idaho..... | ID | N | | | | | | 0 | |
| 14. Illinois..... | IL | N | | | | | | 0 | |
| 15. Indiana..... | IN | N | | | | | | 0 | |
| 16. Iowa..... | IA | N | | | | | | 0 | |
| 17. Kansas..... | KS | N | | | | | | 0 | |
| 18. Kentucky..... | KY | N | | | | | | 0 | |
| 19. Louisiana..... | LA | N | | | | | | 0 | |
| 20. Maine..... | ME | N | | | | | | 0 | |
| 21. Maryland..... | MD | N | | | | | | 0 | |
| 22. Massachusetts..... | MA | N | | | | | | 0 | |
| 23. Michigan..... | MI | N | | | | | | 0 | |
| 24. Minnesota..... | MN | N | | | | | | 0 | |
| 25. Mississippi..... | MS | N | | | | | | 0 | |
| 26. Missouri..... | MO | N | | | | | | 0 | |
| 27. Montana..... | MT | N | | | | | | 0 | |
| 28. Nebraska..... | NE | N | | | | | | 0 | |
| 29. Nevada..... | NV | N | | | | | | 0 | |
| 30. New Hampshire..... | NH | N | | | | | | 0 | |
| 31. New Jersey..... | NJ | N | | | | | | 0 | |
| 32. New Mexico..... | NM | N | | | | | | 0 | |
| 33. New York..... | NY | N | | | | | | 0 | |
| 34. North Carolina..... | NC | N | | | | | | 0 | |
| 35. North Dakota..... | ND | N | | | | | | 0 | |
| 36. Ohio..... | OH | L | 2,407,867 | | | | | 2,407,867 | |
| 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 | XX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal..... | | XX | 2,407,867 | 0 | 0 | 0 | 0 | 2,407,867 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans..... | | XX | | | | | | 0 | |
| 61. Total (Direct Business)..... | (a).....1 | | 2,407,867 | 0 | 0 | 0 | 0 | 2,407,867 | 0 |

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

Sch. Y - Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

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

NO

Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:



Overflow Page
NONE

Sch. A - Verification
NONE

Sch. B - Verification
NONE

Sch. BA - Verification
NONE

Sch. D - Verification
NONE

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|--|--|--|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 244,845 | | | | 244,845 | | | 244,845 |
| 2. NAIC 2 (a)..... | | | | | 0 | | | |
| 3. NAIC 3 (a)..... | | | | | 0 | | | |
| 4. NAIC 4 (a)..... | | | | | 0 | | | |
| 5. NAIC 5 (a)..... | | | | | 0 | | | |
| 6. NAIC 6 (a)..... | | | | | 0 | | | |
| 7. Total Bonds..... | 244,845 | 0 | 0 | 0 | 244,845 | 0 | 0 | 244,845 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1..... | | | | | 0 | | | |
| 9. NAIC 2..... | | | | | 0 | | | |
| 10. NAIC 3..... | | | | | 0 | | | |
| 11. NAIC 4..... | | | | | 0 | | | |
| 12. NAIC 5..... | | | | | 0 | | | |
| 13. NAIC 6..... | | | | | 0 | | | |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock..... | 244,845 | 0 | 0 | 0 | 244,845 | 0 | 0 | 244,845 |

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

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QSI02

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|--------|--------------------------------------|----------------|---------------------|---|--|
| 9..... | 244,224 | XXX..... | 250,000 | 6..... | 8..... |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 244,843 | 247,317 |
| 2. Cost of short-term investments acquired..... | | |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | 619 | 2,474 |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 244,224 | 244,843 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 244,224 | 244,843 |

Sch. DB - Pt. A - Verification

NONE

Sch. DB - Pt. B - Verification

NONE

Sch. DB - Pt. C - Sn. 1

NONE

Sch. DB - Pt. C - Sn. 2

NONE

Sch. DB - Verification

NONE

Sch. E - Verification

NONE

Sch. A - Pt. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. DB - Pt. A - Sn. 1

NONE

Sch. DB - Pt. B - Sn. 1

NONE

Sch. DB - Pt. D - Sn. 1

NONE

Sch. DB - Pt. D - Sn. 2

NONE

Sch. DL - Pt. 1

NONE

Sch. DL - Pt. 2

NONE

Statement as of March 31, 2016 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 • |
|---------------------------------------|--|-----------------------|---|---|---|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | |
| PNC Bank..... 15222 | 249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222 | O..... | | |1,397,930 |1,517,310 |1,613,576 | XXX |
| 0199999. Total Open Depositories..... | | XXX | XXX |0 |1,397,930 |1,517,310 |1,613,576 | XXX |
| 0399999. Total Cash on Deposit..... | | XXX | XXX |0 |1,397,930 |1,517,310 |1,613,576 | XXX |
| 0599999. Total Cash..... | | XXX | XXX |0 |1,397,930 |1,517,310 |1,613,576 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------|------|---------------|------------------|---------------|------------------------------|----------------------------------|-----------------------------|
| Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| | | | | | | | |

NONE