

ANNUAL STATEMENT

OF THE

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**OFFICE OF RISK
ASSESSMENT**

Ohio State Medical Association Health Benefits Plan

Of

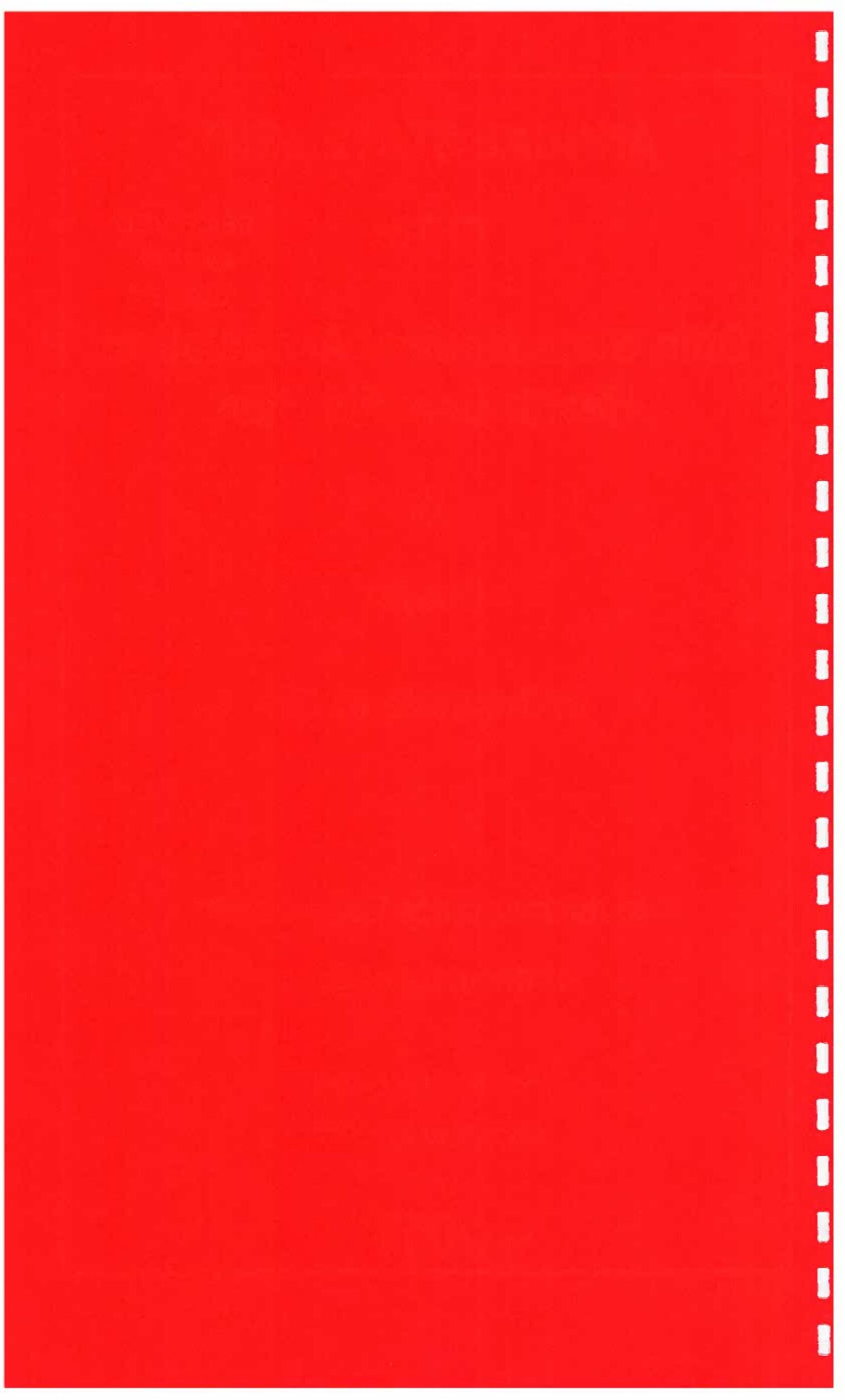
Dublin

in the state of OH

**to the Insurance Department
of the state of Ohio**

**For the Year Ended
December 31, 2017**

2017



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ANNUAL STATEMENT

For the Year Ended December 31, 2017
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..... 00116	Employer's ID Number..... 37-6532551
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type.....MEWA	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 (Street and Number) (City or Town, State, Country and Zip Code)	800-766-6762 (Area Code) (Telephone Number)
Mail Address	5115 Parkcenter Ave Ste 200..... Dublin OH US 43017 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	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)
Internet Web Site Address	N/A	
Statutory Statement Contact	George John Stadtlander Mr. (Name) george.stadtlander@gmail.com (E-Mail Address)	216-389-2914 (Area Code) (Telephone Number) (Extension) 216-202-3499 (Fax Number)

OFFICERS

Name 1. Todd Mallory Baker M.P.A.F.F.	Title Trustee-Chairman	Name 2. J. Jeffery Cameron M.D.	Title Trustee
3.		4.	

OTHER

DIRECTORS OR TRUSTEES

Todd Mallory Baker M.P.A.F.F.	J Jeffery Cameron MD	Stephen Howard Orr MD	James E. Silone Jr., DO
Brian J. Santin MD			

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)

Subscribed and sworn to before me

This 23 day of February 2018

(Signature)

J. Jeffery Cameron M.D.

2. (Printed Name)

Trustee

(Title)

(Signature)

3. (Printed Name)

(Title)

Yes [X] No []

a. Is this an original filing?
b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached



STEPHEN REDD

Notary Public

In and for the State of Ohio

My Commission Expires

May 22, 2022

Stephen Redd

Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
ASSETS

	Current 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 (\$....2,763,613, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....240,969, Schedule DA).....	3,004,582		3,004,582	2,292,523
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).....	3,004,582	0	3,004,582	2,292,523
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	168		168	18
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	29,852		29,852	5,777
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.....	6,007,493		6,007,493	5,497,117
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	1,970,955		1,970,955	2,063,502
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).....	11,013,050	0	11,013,050	9,858,937
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	11,013,050	0	11,013,050	9,858,937

DETAILS OF WRITE-INS

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

Statement as of December 31, 2017 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 \$.....653,439 reinsurance ceded).	72,605		72,605	100,987
2. Accrued medical incentive pool and bonus amounts.			0	
3. Unpaid claims adjustment expenses.	10,318		10,318	8,782
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 reserves.			0	
7. Aggregate health claim reserves.			0	
8. Premiums received in advance.	484,021		484,021	493,820
9. General expenses due or accrued.	3,339		3,339	127,861
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.	9,549,273		9,549,273	8,288,901
12. Amounts withheld or retained for the account of others.			0	
13. Remittances and items not allocated.			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).			0	
15. Amounts due to parent, subsidiaries and affiliates.			0	
16. Derivatives.			0	
17. Payable for securities.			0	
18. Payable for securities lending.			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....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).	10,119,556	0	10,119,556	9,020,351
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	643,493	588,587
32. 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	893,493	838,587
34. Total liabilities, capital and surplus (Lines 24 and 33).	XXX	XXX	11,013,049	9,858,938

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 through 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 through 2503 plus 2598) (Line 25 above).	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).	XXX	XXX	0	0

Statement as of December 31, 2017 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.....	22,660	21,227
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	824,660	1,464,236
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.....	824,660	1,464,236
Hospital and Medical:			
9. Hospital/medical benefits.....		6,956,423	5,225,571
10. Other professional services.....		476,105	214,090
11. Outside referrals.....			
12. Emergency room and out-of-area.....		978,660	929,835
13. Prescription drugs.....		405,571	1,551,337
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	8,816,759	7,920,833
Less:			
17. Net reinsurance recoveries.....		8,099,622	7,167,272
18. Total hospital and medical (Lines 16 minus 17).....	0	717,137	753,561
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....			
21. General administrative expenses.....		51,375	127,755
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	768,512	881,316
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	56,148	582,920
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		(1,244)	(2,446)
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	(1,244)	(2,446)
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.....	54,904	580,474
31. Federal and foreign income taxes incurred.....	XXX.....		
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	54,904	580,474

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 through 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 through 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 through 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 through 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.....	838,588	258,114
34. Net income or (loss) from Line 32.....	54,904	580,474
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).....	54,904	580,474
49. Capital and surplus end of reporting period (Line 33 plus 48).....	893,492	838,588

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

Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	2,051,159	3,142,147
2. Net investment income.....	(1,394)	(2,462)
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	2,049,765	3,139,685
5. Benefit and loss related payments.....	1,163,349	2,808,548
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	174,358	46,913
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	1,337,707	2,855,461
11. Net cash from operations (Line 4 minus Line 10).....	712,058	284,224
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 Lines 15 and 17).....	712,058	284,224
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,292,525	2,008,301
19.2 End of year (Line 18 plus Line 19.1).....	3,004,582	2,292,525

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

20.0001	
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Ohio State Medical Association Health Benefits Plan

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	4
				Net Premium Income (Cols. 1+2-3)
PART 1 - PREMIUMS				
1. Comprehensive (hospital and medical)	10,250,711			9,426,051
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)	10,250,711		0	9,426,051
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	10,250,711	0	0	9,426,051
				824,660

Ohio State Medical Association Health Benefits Plan
UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XIX Medicaid	Title XVIII Medicare	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	9,100,240	9,100,240								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	7,844,364	7,844,364								
1.4 Net	1,255,876	1,255,876	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses:										
3. Claim liability December 31, current year from Part 2A:	0									
3.1 Direct	726,045	726,045								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	653,439	653,439								
3.4 Net	72,606	72,606	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	1,009,527	1,009,527								
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	908,557	908,557								
8.4 Net	100,970	100,970	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	8,816,758	8,816,758	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	8,099,622	8,099,622	0	0	0	0	0	0	0	0
12.4 Net	717,136	717,136	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.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0			0				0		0
2. Incurred but unreported:										
2.1 Direct	726,045									
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	653,440									
2.4 Net	72,605									
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0							0		0
3.2 Reinsurance assumed	0							0		0
3.3 Reinsurance ceded	0							0		0
3.4 Net	0			0				0		0
4. Totals:										
4.1 Direct	726,045			726,045		0	0	0	0	0
4.2 Reinsurance assumed	0			0		0	0	0	0	0
4.3 Reinsurance ceded	653,440			653,440		0	0	0	0	0
4.4 Net	72,605			72,605		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		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)						
2. Medicare supplement						
3. Dental only						
4. Vision only						
5. Federal employees health benefits plan						
6. Title XVIII - Medicaid						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	97,944	647,575	593	72,012	98,537	100,987
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 + 10 + 11 + 12)	97,944	647,575	593	72,012	98,537	100,987

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

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 2013	2 2014	3 2015	4 2016	5 2017	
1. Prior.....						
2. 2013.....						
3. 2014.....						
4. 2015.....	XXX.....					
5. 2016.....	XXX.....	XXX.....				
6. 2017.....	XXX.....	XXX.....	XXX.....			
						648

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 2013	2 2014	3 2015	4 2016	5 2017	
1. Prior.....						
2. 2013.....						
3. 2014.....						
4. 2015.....	XXX.....					
5. 2016.....	XXX.....	XXX.....				
6. 2017.....	XXX.....	XXX.....	XXX.....			
						619

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

Years in Which Premiums were Earned and Claims were Incurred	Premiums Earned					Claim Adjustment Expenses Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expenses Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expense	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
	1	2	3	4	5								
1. 2013.....						0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2. 2014.....						0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3. 2015.....	630.....					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4. 2016.....	1,445.....	98.....				0.0	0.0	0.98	6.8	98	6.8	98	6.8
5. 2017.....	825.....	648.....				0.0	0.0	648	78.5	73	10	731	88.6

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 - HOSPITAL AND MEDICAL

	Year in Which Losses Were Incurred	Cumulative Net Amounts Paid			
		1 2013	2 2014	3 2015	4 2016
1. Prior					5 2017
2. 2013					
3. 2014					
4. 2015				418 XXX	143
5. 2016				XXX XXX	699 98
6. 2017				XXX XXX	648

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 2013	2 2014	3 2015	4 2016
1. Prior					5 2017
2. 2013					
3. 2014					
4. 2015				XXX XXX	571 149
5. 2016				XXX XXX	1,620
6. 2017				XXX XXX	619

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	INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL			
		1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments (Col. 3/2)	4 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)
1. 2013			0	0.0	0.0
2. 2014			0	0.0	0.0
3. 2015			630	0.0	0.0
4. 2016			1,445	98	6.8
5. 2017			825	648	78.5
					73
					10
					731
					88.6

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, 2017 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 \$....1,982,192 ceded plus \$.....0 assumed).....	(259,816)	(552,108)	(106,009)		(917,933)
4. Legal fees and expenses.....					0
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			33,000		33,000
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.....	259,816	552,108	106,009		917,933
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			2,742		2,742
17. Collection and bank service charges.....			10,296		10,296
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.....			5,337		5,337
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....					0
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	51,375	2,500	(a) 53,875
27. Less expenses unpaid December 31, current year.....			3,339		3,339
28. Add expenses unpaid December 31, prior year.....			127,861		127,861
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	175,897	2,500	178,397

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 through 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, 2017 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).....		
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).....	1,088	1,256
7. Derivative instruments.....	(f).....		
8. Other invested assets.....			
9. Aggregate write-ins for investment income.....		0	0
10. Total gross investment income.....		1,088	1,256
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).....			(1,244)

DETAILS OF WRITE-INS

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

Statement as of December 31, 2017 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):			
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.....			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:			
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:			
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

NONE

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 through 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 through 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			Current Year Member Months
		1 Prior Year	2 First Quarter	3 Second Quarter	
1. Health maintenance organizations.					
2. Provider service organizations.					
3. Preferred provider organizations.					
4. Point of service					
5. Indemnity only					
6. Aggregate write-ins for other lines of business					
7. Total		1,845	1,979	1,877	1,841
					22,660
DETAILS OF WRITE-INS					
0601.					
0602.					
0603.					
0698. Summary of remaining write-ins for Line 6 from overflow page.		0	0	0	0
0699. Totals [Lines 0601 through 0603 plus 0698] [Line 6 above]		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)

Claims Unpaid (Reported)	Account	Aging Analysis of Unpaid Claims						Total
		1 - 30 Days	2	3	4	5	6	
Claims Reported by 12/31/2017 and Unpaid by 12/31/2017								726,045
01999999. Individually listed claims unpaid								726,045
04999999. Subtotals								0
01999999. Total claims unpaid								726,045

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	0
Other Payments:						
5. Fee-for-service.....	3,316,070	40.0	XXX	XXX		3,316,070
6. Contractual fee payments.....	4,974,105	60.0	XXX	XXX		4,974,105
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.....	8,290,175	100.0	XXX	XXX	0	8,290,175
13. Total (Line 4 plus Line 12).....	8,290,175	100.0	XXX	XXX	0	8,290,175

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	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted		Net Admitted Assets
					4	5	
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

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

These financial statements of the Ohio State Medical Association Health Benefits Plan (the "Arrangement") have been prepared in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, as prescribed by the Ohio Department of Insurance.

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) Ohio State Medical Association Health Benefits Plan Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 54,904	\$ 580,475
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 54,904	\$ 580,475
SURPLUS					
(5) Ohio State Medical Association Health Benefits Plan Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 893,493	\$ 838,590
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 893,493	\$ 838,590

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

The preparation of the financial statements requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policy**(1) Basis for Short-Term Investments**

Short-term investments are a money market account stated as fair value.

(2) Basis for Bonds and Amortization Schedule

The Arrangement does not hold any bonds.

(3) Basis for Common Stocks

The Arrangement does not hold any common stocks.

(4) Basis for Preferred Stocks

The Arrangement does not hold any preferred stocks.

(5) Basis for Mortgage Loans

The Arrangement holds no mortgage loans on real estate.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

The Arrangement does not hold any loan-backed securities.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Arrangement has no investment in subsidiaries.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Arrangement has no interests in joint ventures, partnerships or limited liability entities.

(9) Accounting Policies for Derivatives

The Arrangement holds no derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Arrangement does not utilize anticipated investment income as a factor in the premium deficiency reserve calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts

Unpaid claims and claims adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported claims, less the estimated amount recoverable from claim overpayments and subrogation. The unpaid claims liability is actuarially estimated based on a review of historical claim payment patterns and claim trends. The estimates are subject to the effects of trends in claim severity and frequency, and a reasonable provision for adverse development has been incorporated in management's best estimate. Although considerable variability is inherent in such estimates, management believes that the amounts reported for unpaid claims and claims adjustment expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Arrangement has made no modifications to its capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Arrangement has no pharmaceutical rebate receivables.

D. Going Concern

NOTES TO FINANCIAL STATEMENTS

The Arrangement has neither the intention nor the need to liquidate or curtail materially the scale of its operations.

Note 2 – Accounting Changes and Correction of Errors - None**Note 3 – Business Combinations and Goodwill - None****Note 4 – Discontinued Operations - None****Note 5 – Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions - None
- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions - None
- J. Real Estate - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets - None
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. Structured Notes - None
- P. 5* Securities - None
- Q. Short Sales - None
- R. Prepayment Penalty and Acceleration Fees - None

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies - None**Note 7 – Investment Income**

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
The Arrangement does not admit investment income due and accrued if the amounts are over 90 days old.
- B. The total amount excluded:
None

Note 8 – Derivative Instruments - None**Note 9 – Income Taxes**

The Arrangement is exempt from federal income taxes under Section 501(c)(9) of the Internal Revenue Code. As of December 31, 2017, the Arrangement's income tax years from 2016 and thereafter remain subject to examination by the Internal Revenue Service.

- A. Deferred Tax Assets/(Liabilities) - None
- B. Deferred Tax Liabilities Not Recognized - None
- C. Current and Deferred Income Taxes - None
- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following: Not applicable
- E. Operating Loss Carryforwards and Income Taxes Available for Recoupment - None

NOTES TO FINANCIAL STATEMENTS

- F. Consolidated Federal Income Tax Return - Not applicable
- G. Federal or Foreign Federal Income Tax Loss Contingencies:
The Arrangement 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 - Not applicable

Note 11 – Debt - None

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Arrangement has no retirement plans, deferred compensation, postemployment benefits and compensated absences or other postretirement benefit plans.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - Not applicable

Note 14 – Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Total SSAP 97 and SSAP 48 Contingent Liabilities - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

Note 15 – Leases

- A. Lessee Operating Lease - None
- B. Lessor Leases - None

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable, the Arrangement has no such instruments.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

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

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

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

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

Note 20 – Fair Value Measurements

Not applicable as all Arrangement assets are reportable at valuations recognized by the Securities and Valuation Office.

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
- H. Insurance-Linked Securities (ILS) Contracts - None

NOTES TO FINANCIAL STATEMENTS**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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
B.	ACA fee assessment payable for the upcoming year	\$ <input type="text"/> \$ <input type="text"/>
C.	ACA fee assessment paid	\$ <input type="text"/> \$ <input type="text"/>
D.	Premium written subject to ACA 9010 assessment	\$ <input type="text"/> 10,250,711 \$ <input type="text"/>
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	\$ <input type="text"/> 893,493 <input type="text"/>
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ <input type="text"/> 893,493 <input type="text"/>
G.	Authorized control level (Five-Year Historical Line 15)	\$ <input type="text"/> 51,948 <input type="text"/>
H.	Would reporting the ACA assessment as of December 31, 2017 have triggered an RBC action level (YES/NO)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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? Yes No If yes, give full details.

(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? Yes No If yes, give full details.

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 No

- 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. \$
- 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? \$

(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? Yes No If yes, give full details.

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. \$

(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? Yes 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 - None

C. Commutation of Ceded Reinsurance - None

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

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination - Not applicable**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses - None****Note 26 – Intercompany Pooling Arrangements**

The Arrangement has no intercompany pooling arrangements.

Note 27 – Structured Settlements

Not Applicable

Note 28 – Health Care Receivables

A. Pharmaceutical Rebate Receivables - None

NOTES TO FINANCIAL STATEMENTS

B. Risk Sharing Receivables - None

Note 29 – Participating Policies - Not applicable

Note 30 – Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve:	<u>\$0</u>
2. Date of most recent evaluation of this liability:	N/A
3. Was anticipated investment income utilized in the calculation?	N/A

Note 31 – Anticipated Salvage and Subrogation - None

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]

1.2 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.3 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]

1.4 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]

2.2 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 [X] No []

4.12 renewals? Yes [X] No []

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 the 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]

6.2 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]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (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]

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

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

8.4 If the response to 8.3 is yes, please provide below the names and 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]

10.2 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]

10.4 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 [] No [X] N/A []

10.6 If the response to 10.5 is no or n/a, please explain:
Ohio State Medical Association Health Benefits Plan Board of Trustees performs all Audit Committee functions.

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, Optum Consulting, 2170 Satellite Blvd, Suite 150, Duluth, GA 30097

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 \$ 0
 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
			\$ 0

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 subordinate 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

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

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

\$ 0	Yes [] No [X]
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INVESTMENT

Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01	Were all 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
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 <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ <input type="text" value="0"/>				
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ <input type="text" value="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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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:	\$ <input type="text" value="0"/>				
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <input type="text" value="0"/>				
24.103	Total payable for securities lending reported on the liability page:	\$ <input type="text" value="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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
25.2	If yes, state the amount thereof at December 31 of the current year:					
25.21	Subject to repurchase agreements	\$ <input type="text" value="0"/>				
25.22	Subject to reverse repurchase agreements	\$ <input type="text" value="0"/>				
25.23	Subject to dollar repurchase agreements	\$ <input type="text" value="0"/>				
25.24	Subject to reverse dollar repurchase agreements	\$ <input type="text" value="0"/>				
25.25	Placed under option agreements	\$ <input type="text" value="0"/>				
25.26	Letter stock or securities restricted as sale - excluding FHLB Capital Stock	\$ <input type="text" value="0"/>				
25.27	FHLB Capital Stock	\$ <input type="text" value="0"/>				
25.28	On deposit with states	\$ <input type="text" value="0"/>				
25.29	On deposit with other regulatory bodies	\$ <input type="text" value="0"/>				
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$ <input type="text" value="0"/>				
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$ <input type="text" value="0"/>				
25.32	Other	\$ <input type="text" value="0"/>				
25.3	For category (25.26) provide the following:					
	<table border="1"> <thead> <tr> <th>1 Nature of Restriction</th> <th>2 Description</th> <th>3 Amount</th> </tr> </thead> </table>	1 Nature of Restriction	2 Description	3 Amount		
1 Nature of Restriction	2 Description	3 Amount				
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ <input type="text" value="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 <i>Financial Condition Examiners Handbook</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:					
	<table border="1"> <thead> <tr> <th>1 Name of Custodian(s)</th> <th>2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td>PNC Bank, National Association</td> <td>One PNC Plaza, 249 Fifth Avenue, Pittsburgh, PA 15222</td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address	PNC Bank, National Association	One PNC Plaza, 249 Fifth Avenue, Pittsburgh, PA 15222	
1 Name of Custodian(s)	2 Custodian's Address					
PNC Bank, National Association	One PNC Plaza, 249 Fifth Avenue, Pittsburgh, PA 15222					
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation:					
	<table border="1"> <thead> <tr> <th>1 Name(s)</th> <th>2 Location(s)</th> <th>3 Complete Explanation(s)</th> </tr> </thead> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
28.04	If yes, give full and complete information relating thereto:					
	<table border="1"> <thead> <tr> <th>1 Old Custodian</th> <th>2 New Custodian</th> <th>3 Date of Change</th> <th>4 Reason</th> </tr> </thead> </table>	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason	
1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason			
28.05	Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].					
	<table border="1"> <thead> <tr> <th>1 Name of Firm or Individual</th> <th>2 Affiliation</th> </tr> </thead> </table>	1 Name of Firm or Individual	2 Affiliation			
1 Name of Firm or Individual	2 Affiliation					
28.0597	For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

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]

29.2 If yes, complete the following schedule:

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

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

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	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	2	3
	Statement (Admitted) Value	Fair Value	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 the fair values:

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 reliable 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:

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 0

34.2 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	2
Name	Amount Paid
	\$

35.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$

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

\$ 0

36.2 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	2
Name	Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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	\$ 824,660	\$ 1,464,237
2.2	Premium Denominator	\$ 824,660	\$ 1,464,237
2.3	Premium Ratio (2.1/2.2)	100.0%	100.0%
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 72,605	\$ 100,986
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$ 25,000	
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:		

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 0

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees with rate guarantees between 15-36 months \$ 0

9.22 Business with rate guarantees over 36 months \$ 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses 0

10.22 Amount actually paid for year bonuses 0

10.23 Maximum amount payable withhold 0

10.24 Amount actually paid for year withhold 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio

11.4 If yes, show the amount required. \$ 500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1	Name of Service Area
Ohio	

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

Yes [] No [X]

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

\$ 0

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

Yes [] No [X]

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

\$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	<u>0</u>		<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written \$ 0

15.2 Total Incurred Claims \$ 0

15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	11,013,050	9,858,937	7,583,562	247,319	249,792
2. Total liabilities (Page 3, Line 24).....	10,119,556	9,020,351	7,325,446		
3. Statutory minimum capital and surplus requirement.....	500,000		150,000	150,000	150,000
4. Total capital and surplus (Page 3, Line 33).....	893,493	838,587	258,117	247,319	249,792
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	824,660	1,464,236	630,371		
6. Total medical and hospital expenses (Line 18).....	717,137	753,561	570,776		
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....	51,375	127,755	46,327		
9. Net underwriting gain (loss) (Line 24).....	56,148	582,920	13,268		
10. Net investment gain (loss) (Line 27).....	(1,244)	(2,446)	(2,473)	(2,473)	(208)
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	54,904	580,474	10,795	(2,473)	(208)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	712,058	284,224	1,760,988	(2,475)	(208)
Risk-Based Capital Analysis					
14. Total adjusted capital.....	893,493	838,587	258,117	247,319	
15. Authorized control level risk-based capital.....	51,948	53,757	50,721	0	
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	1,870	1,845	1,771		
17. Total member months (Column 6, Line 7).....	22,660	21,227	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).....	87.0	51.5	90.5		
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....	93.2	60.2	97.9		
23. Total underwriting gain (loss) (Line 24).....	6.8	39.8	2.1		
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	98,537	105,188			
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)].....	100,987	152,079			
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. CORPORATIONOhio State Medical Association Health Benefits Plan

2. Dublin, OH

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Group Code....0

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year.....	1,845			1,845						
2. First quarter.....	1,979			1,979						
3. Second quarter.....	1,877			1,877						
4. Third quarter.....	1,841			1,841						
5. Current year.....	1,870			1,870						
6. Current year member months.....	22,660			22,660						
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0			0						
10. Hospital patient days incurred.....	0									0
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	0									
13. Life premiums direct.....	0									
14. Property/casually premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casually premiums earned.....	0									
17. Amount paid for provision of health care services.....	8,290,175				8,290,175					
18. Amount incurred for provision of health care services.....	8,816,759				8,816,759					

(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 Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

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						
29076.....	34-0646820.....	01/01/2016	Medical Mutual of Ohio.....	OH.....	6,007,493.....	653,439.....
1999999.....	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				6,007,493.....	653,439.....
2199999.....	Total - Accident and Health Non-Affiliates.....				6,007,493.....	653,439.....
2299999.....	Total - Accident and Health.....				6,007,493.....	653,439.....
2399999.....	Total U.S.....				6,007,493.....	653,439.....
9999999.....	Total.....				6,007,493.....	653,439.....

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	11 Current Year	12 Prior Year	13 Modified Consurance Reserve		14 Funds Withheld Under Consurance	
												11 Outstanding Surplus Relief	12 Modified Consurance Reserve		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates															
29076.....	340648820.....	.04/01/2015	Medical Mutual of Ohio	OH	QA/AIG	CMM			9,369,403						
29076.....	340648820.....	.04/01/2015	Medical Mutual of Ohio	OH	SSL/AIG	CMM			54,185						
29076.....	340648820.....	.04/01/2015	Medical Mutual of Ohio	OH	AS/AIG	CMM			2,463						
08999999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.								9,426,051			0			0
10999999.	Total - General Account - Authorized - Non-Affiliates.								9,426,051			0			0
11999999.	Total - General Account - Authorized								9,426,051			0			0
34999999.	Total - General Account - Authorized, Unauthorized and Certified								9,426,051			0			0
69999999.	Total - U.S.								9,426,051			0			0
99999999.	Total								9,426,051			0			0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	9,426	8,353	6,665		
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....	1,971		1,501		
5. Total hospital and medical expenses.....	8,100		5,434		
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	6,007	5,497	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.....					
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.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

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).....	3,004,582		3,004,582
2. Accident and health premiums due and unpaid (Line 15).....	29,852		29,852
3. Amounts recoverable from reinsurers (Line 16.1).....	6,007,493		6,007,493
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	1,971,123		1,971,123
6. Totals assets (Line 28).....	11,013,050	0	11,013,050
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	72,605		72,605
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	484,021		484,021
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).....	9,562,930		9,562,930
15. Total liabilities (Line 24).....	10,119,556	0	10,119,556
16. Total capital and surplus (Line 33).....	893,493	XXX	893,493
17. Total liabilities, capital and surplus (Line 34).....	11,013,049	0	11,013,049
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance.....	0		0
21. Reinsurance recoverable on paid losses.....	0		0
22. Other ceded reinsurance recoverables.....	0		0
23. Total ceded reinsurance recoverables.....	0		0
24. Premiums receivable.....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		0
26. Unauthorized reinsurance.....	0		0
27. Reinsurance with certified reinsurers.....	0		0
28. Funds held under reinsurance treaties with certified reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets.....	0		0
30. Total ceded reinsurance payables/offsets.....	0		0
31. Total net credit for ceded reinsurance.....	0		0

Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	Active Status	Direct Business Only							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.....	10,250,711						10,250,711	
37. Oklahoma.....	OK N.....							0	
38. Oregon.....	OR N.....							0	
39. Pennsylvania.....	PA N.....							0	
40. Rhode Island.....	RI N.....							0	
41. South Carolina.....	SC N.....							0	
42. South Dakota.....	SD N.....							0	
43. Tennessee.....	TN N.....							0	
44. Texas.....	TX N.....							0	
45. Utah.....	UT N.....							0	
46. Vermont.....	VT N.....							0	
47. Virginia.....	VA N.....							0	
48. Washington.....	WA N.....							0	
49. West Virginia.....	WV N.....							0	
50. Wisconsin.....	WI N.....							0	
51. Wyoming.....	WY N.....							0	
52. American Samoa.....	AS N.....							0	
53. Guam.....	GU N.....							0	
54. Puerto Rico.....	PR N.....							0	
55. U.S. Virgin Islands.....	VI N.....							0	
56. Northern Mariana Islands.....	MP N.....							0	
57. Canada.....	CAN N.....							0	
58. Aggregate Other alien.....	OT XXX.....	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX.....	10,250,711	0	0	0	0	0	10,250,711	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX.....								0
61. Total (Direct Business).....	(a) 1.....	10,250,711	0	0	0	0	0	10,250,711	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 through 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.

(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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. 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?
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
18. 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?
19. 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

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. 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

NO

NO

NO

NO

AUGUST FILING

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

NO

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.

BAR CODE:



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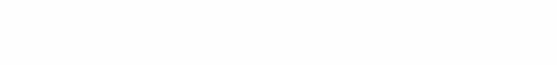
* 0 0 1 1 6 2 0 1 7 2 2 5 0 0 0 0 0 *



* 0 0 1 1 6 2 0 1 7 2 2 6 0 0 0 0 0 *



* 0 0 1 1 6 2 0 1 7 3 0 6 0 0 0 0 0 *



* 0 0 1 1 6 2 0 1 7 2 1 1 0 0 0 0 0 *



* 0 0 1 1 6 2 0 1 7 2 1 6 0 0 0 0 0 *



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Statement as of December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement		
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount
1. Bonds:					
1.1 U.S. treasury securities.....		0.0			0
1.2 U.S. government agency obligations (excluding mortgage-backed securities):					
1.21 Issued by U.S. government agencies.....		0.0			0
1.22 Issued by U.S. government sponsored agencies.....		0.0			0
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities).....		0.0			0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:					
1.41 States, territories and possessions general obligations.....		0.0			0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....		0.0			0
1.43 Revenue and assessment obligations.....		0.0			0
1.44 Industrial development and similar obligations.....		0.0			0
1.5 Mortgage-backed securities (includes residential and commercial MBS):					
1.51 Pass-through securities:					
1.511 Issued or guaranteed by GNMA.....		0.0			0
1.512 Issued or guaranteed by FNMA and FHLMC.....		0.0			0
1.513 All other.....		0.0			0
1.52 CMOs and REMICs:					
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....		0.0			0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-based securities issued or guaranteed by agencies shown in Line 1.521.....		0.0			0
1.523 All other.....		0.0			0
2. Other debt and other fixed income securities (excluding short-term):					
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities).....		0.0			0
2.2 Unaffiliated non-U.S. securities (including Canada).....		0.0			0
2.3 Affiliated securities.....		0.0			0
3. Equity interests:					
3.1 Investments in mutual funds.....		0.0			0
3.2 Preferred stocks:					
3.21 Affiliated.....		0.0			0
3.22 Unaffiliated.....		0.0			0
3.3 Publicly traded equity securities (excluding preferred stocks):					
3.31 Affiliated.....		0.0			0
3.32 Unaffiliated.....		0.0			0
3.4 Other equity securities:					
3.41 Affiliated.....		0.0			0
3.42 Unaffiliated.....		0.0			0
3.5 Other equity interests including tangible personal property under lease:					
3.51 Affiliated.....		0.0			0
3.52 Unaffiliated.....		0.0			0
4. Mortgage loans:					
4.1 Construction and land development.....		0.0			0
4.2 Agricultural.....		0.0			0
4.3 Single family residential properties.....		0.0			0
4.4 Multifamily residential properties.....		0.0			0
4.5 Commercial loans.....		0.0			0
4.6 Mezzanine real estate loans.....		0.0			0
5. Real estate investments:					
5.1 Property occupied by company.....		0.0			0
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt).....		0.0			0
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt).....		0.0			0
6. Contract loans.....		0.0			0
7. Derivatives.....		0.0			0
8. Receivables for securities.....		0.0			0
9. Securities lending (Line 10, Asset Page reinvested collateral).....		0.0		XXX	XXX
10. Cash, cash equivalents and short-term investments.....		0.0	3,004,582		3,004,582
11. Other invested assets.....		0.0			0
12. Total invested assets.....	0	0.0	3,004,582	0	3,004,582
					100.0

Sch. A - Verification
NONE

Sch. B - Verification
NONE

Sch. BA - Verification
NONE

Sch. D - Verification
NONE

Sch. D - Summary by Country
NONE

Sch. D - Pt. 1A - Sn. 1
NONE

Sch. D - Pt. 1A - Sn. 1
NONE

Sch. D - Pt. 1A - Sn. 1
NONE

Sch. D - Pt. 1A - Sn. 2
NONE

Sch. D - Pt. 1A - Sn. 2
NONE

SCHEDULE DA - VERIFICATION BETWEEN YEARS

		Short-Term Investments			Investments in Parent, Subsidiaries and Affiliates	
	Total	Bonds	Mortgage Loans	Other Short-Term Investment Assets (a)		
1. Book/adjusted carrying value, December 31 of prior year.						242,380
2. Cost of short-term investments acquired.		242,380				
3. Accrual of discount.		0				
4. Unrealized valuation increase (decrease).		0				(1,411)
5. Total gain (loss) on disposals.		0				
6. Deduct consideration received on disposals.		0				
7. Deduct amortization of premium.		0				
8. Total foreign exchange change in book/adjusted carrying value		0				
9. Deduct current year's other-than-temporary impairment recognized		0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9)		240,969		0		240,969
11. Deduct total nonadmitted amounts		0		0		0
12. Statement value at end of current period (Line 10 minus Line 11)		240,969		0		240,969

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment.

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 - Pt. 2 Verification

NONE

Sch. A - Pt. 1

NONE

Sch. A - Pt. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 1

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 1

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 1

NONE

Sch. D - Pt. 2 - Sn. 1

NONE

Sch. D - Pt. 2 - Sn. 2

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. D - Pt. 5
NONE

Sch. D - Pt. 6 - Sn. 1
NONE

Sch. D - Pt. 6 - Sn. 2
NONE

SCHEDULE DA - PART 1**Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year**

Description	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B/A/C/V.	Nonadmitted Due and Acquired	Amount Due and Accrued December 31 of Current Year on Bond Not in Default	14	15	16	17	18	19	20			
										1	2	3	4	5	6	7	8	9	10
Other Short-Term Invested Assets																			
Federalized Mutual Government Obligations Fund.....	10/01/2013, Fifth Third Bank.....	12/31/2018.....	240,569.....	0.....	0.....	0.....	0.....	0.....	0.....	250,000.....	XXX.....								
9099999. Total - Other Short-Term Invested Assets.....			240,569.....	0.....	0.....	0.....	0.....	0.....	0.....	250,000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9199999. Total - Short-Term Investments.....			240,569.....	0.....	0.....	0.....	0.....	0.....	0.....	250,000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. A - Sn. 2
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 2
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 December 31, 2017 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
Open Depositories						
PNC Bank.....	XXX	XXX	0	0	2,763,613	XXX
0199999. Total - Open Depositories.....	XXX	XXX	0	0	2,763,613	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	2,763,613	XXX
0599999. Total Cash.....	XXX	XXX	0	0	2,763,613	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	1,996,371	4. April.....	2,605,155	7. July.....	2,974,789	10. October.....	2,989,024
2. February.....	1,944,062	5. May.....	2,514,767	8. August.....	2,792,164	11. November.....	2,895,412
3. March.....	2,301,944	6. June.....	2,705,275	9. September.....	3,007,401	12. December.....	2,763,613

Sch. E - Pt. 2
NONE

Sch. E - Pt. 3
NONE