

116

QUARTERLY 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

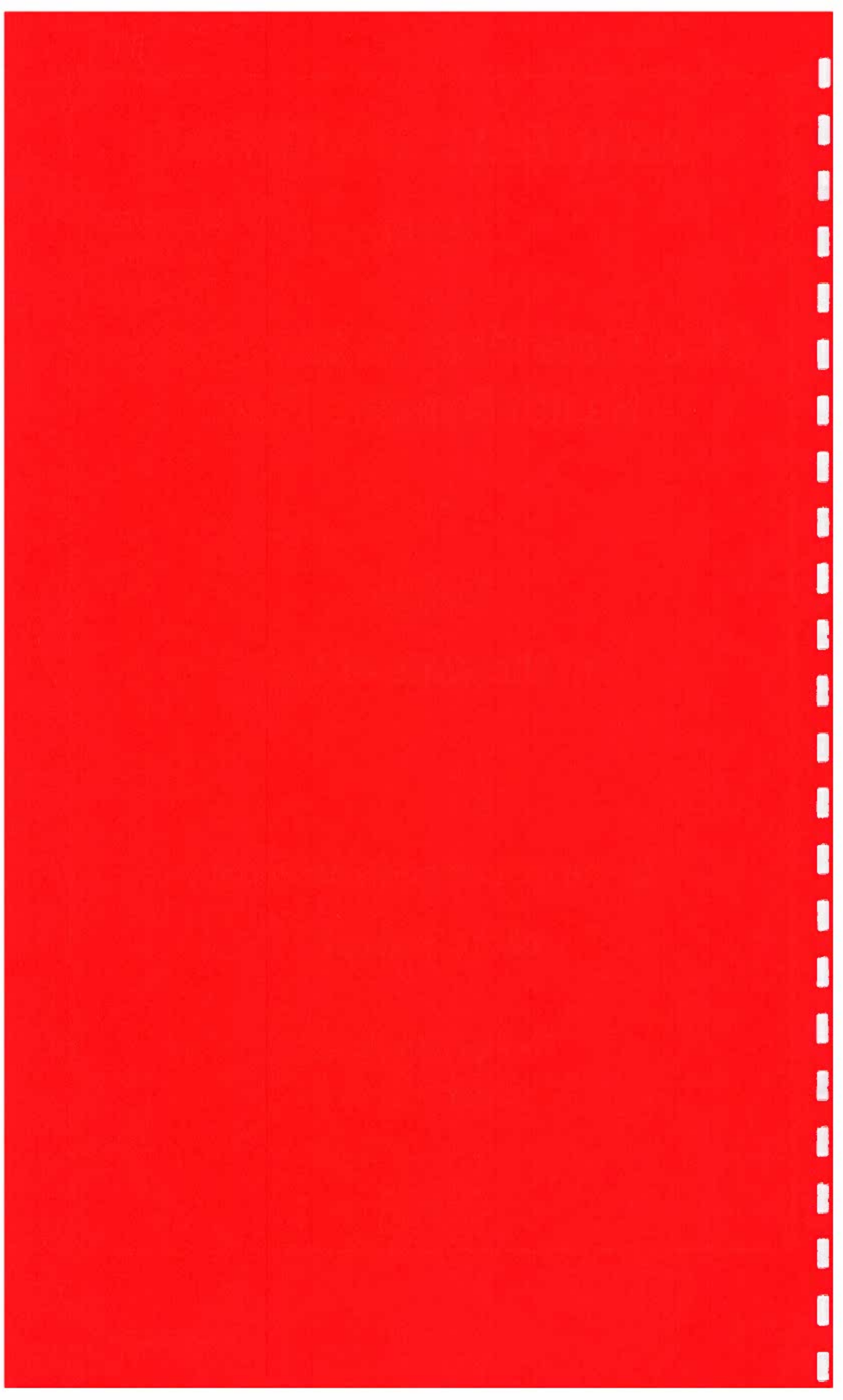
to the Insurance Department

of the State of

For the Period Ended

March 31, 2018

2018





HEALTH QUARTERLY STATEMENT

As of March 31, 2018
of the Condition and Affairs of the

Ohio State Medical Association Health Benefits Plan

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 116 Employer's ID Number..... 37-6532551

Organized under the Laws of 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 800-766-6762
(Street and Number) (City or Town, State, Country and Zip Code) (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 800-766-6762
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact George John Stadlander Mr. 216-389-2914
(Name) (Area Code) (Telephone Number) (Extension)
george.stadlander@gmail.com 216-202-3499
(E-Mail Address) (Fax Number)

OFFICERS

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


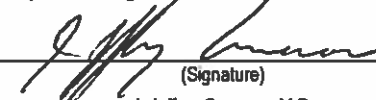
OTHER

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

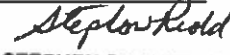
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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)	 _____ (Signature) J. Jeffery Cameron M.D. 2. (Printed Name) Trustee (Title)	_____ (Signature) 3. (Printed Name) (Title)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

Subscribed and sworn to before me
This 11 day of 2018

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____




STEPHEN REDD
Notary Public
In and for the State of Ohio
My Commission Expires
May 22, 2022



ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....			0	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....3,475,606), cash equivalents (\$.....0) and short-term investments (\$.....240,887).....	3,716,492		3,716,492	3,004,582
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,716,492	0	3,716,492	3,004,582
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	237		237	168
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	11,885		11,885	29,852
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.....	7,189,243		7,189,243	6,007,493
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	2,396,407		2,396,407	1,970,955
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	13,314,264	0	13,314,264	11,013,050
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	13,314,264	0	13,314,264	11,013,050

DETAILS OF WRITE-INS

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

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 \$.....795,705 reinsurance ceded).....	180,312		180,312	72,605
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	9,912		9,912	10,318
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserve.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	588,163		588,163	484,021
9. General expenses due or accrued.....	4,556		4,556	3,339
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			0	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	11,581,590		11,581,590	9,549,273
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	12,364,533	0	12,364,533	10,119,556
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	699,730	643,493
32. Less treasury stock, at cost				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	949,730	893,493
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	13,314,263	11,013,049

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

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

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	.XXX	5,916	5,831	22,660
2. Net premium income (including \$.....0 non-health premium income).....	.XXX	508,079	209,550	824,660
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX			
4. Fee-for-service (net of \$.....0 medical expenses).....	.XXX			
5. Risk revenue.....	.XXX			
6. Aggregate write-ins for other health care related revenues.....	.XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	.XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	.XXX	508,079	209,550	824,660
Hospital and Medical:				
9. Hospital/medical benefits.....		1,451,311	1,294,075	6,956,423
10. Other professional services.....		99,329	58,274	476,105
11. Outside referrals.....				
12. Emergency room and out-of-area.....		204,177	247,160	978,660
13. Prescription drugs.....		84,614	409,924	405,571
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	1,839,431	2,009,433	8,816,759
Less:				
17. Net reinsurance recoveries.....		1,494,015	1,830,949	8,099,622
18. Total hospital and medical (Lines 16 minus 17).....	0	345,416	178,484	717,137
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....13,618 cost containment expenses.....		42,557		
21. General administrative expenses.....		63,855	18,899	51,375
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	451,828	197,383	768,512
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX	56,251	12,167	56,148
25. Net investment income earned.....		(13)	(533)	(1,244)
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	(13)	(533)	(1,244)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	.XXX	56,238	11,634	54,904
31. Federal and foreign income taxes incurred.....	.XXX			
32. Net income (loss) (Lines 30 minus 31).....	.XXX	56,238	11,634	54,904

DETAILS OF WRITE-INS

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

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	893,492	838,588	838,588
34. Net income or (loss) from Line 32.....	56,238	11,634	54,904
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....			
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	56,238	11,634	54,904
49. Capital and surplus end of reporting period (Line 33 plus 48).....	949,730	850,222	893,492

DETAILS OF WRITE-INS

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

**Ohio State Medical Association Health Benefits Plan
CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	2,662,505	2,313,787	2,051,159
2. Net investment income.....	(82)	(533)	(1,394)
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	2,662,423	2,313,254	2,049,765
5. Benefit and loss related payments.....	1,844,911	1,968,222	1,163,349
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	105,601	93,764	174,358
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).....	1,950,512	2,061,986	1,337,707
11. Net cash from operations (Line 4 minus Line 10).....	711,911	251,268	712,058
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	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	711,911	251,268	712,058
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,004,582	2,292,525	2,292,525
19.2 End of period (Line 18 plus Line 19.1).....	3,716,493	2,543,793	3,004,582
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1			4	5	6	7	8	9	10	
	Total	2 Individual	3 Comprehensive (Hospital & Medical) Group								Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:											
1. Prior Year.....	1,870		1,870								
2. First Quarter.....	2,133		2,133								
3. Second Quarter.....	0		0								
4. Third Quarter.....	0		0								
5. Current Year.....	0		0								
6. Current Year Member Months.....	5,916		5,916								
Total Member Ambulatory Encounters for Period:											
7. Physician.....	0		0								
8. Non-Physician.....	0		0								
9. Total.....	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0		0								
11. Number of Inpatient Admissions.....	0		0								
12. Health Premiums Written (a).....	2,703,057		2,703,057								
13. Life Premiums Direct.....	0		0								
14. Property/Casualty Premiums Written.....	0		0								
15. Health Premiums Earned.....	2,703,057		2,703,057								
16. Property/Casualty Premiums Earned.....	0		0								
17. Amount Paid for Provision of Health Care Services.....	1,106,995		1,106,995								
18. Amount Incurred for Provision of Health Care Services.....	1,839,431		1,839,431								

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

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

Aging Analysis of Unpaid Claims

Account	1 1 - 30 Days	2 31 - 60 Days	3 61 - 90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Claims Unpaid (Reported)						
0199999 - Individually Listed Claims Unpaid	976,016	0	0	0	0	976,016
0499999 - Subtotals	976,016	0	0	0	0	976,016
0799999 - Total Claims Unpaid	976,016	0	0	0	0	976,016

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date			Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year			
1. Comprehensive (hospital and medical)	48,246	189,463	14,892	165,419	63,138	72,605	
2. Medicare Supplement					0		
3. Dental only					0		
4. Vision only					0		
5. Federal Employees Health Benefits Plan					0		
6. Title XVIII - Medicare					0		
7. Title XIX - Medicaid					0		
8. Other health					0		
9. Health subtotal (Lines 1 to 8)	48,246	189,463	14,892	165,419	63,138	72,605	
10. Healthcare receivables (a)					0		
11. Other non-health					0		
12. Medical incentive pools and bonus amounts					0		
13. Totals (Lines 9-10+11+12)	48,246	189,463	14,892	165,419	63,138	72,605	

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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 #	2018	2017
NET INCOME					
(1) Ohio State Medical Association Health Benefits Plan Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 56,238	\$ 54,904
(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	\$ 56,238	\$ 54,904
SURPLUS					
(5) Ohio State Medical Association Health Benefits Plan Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 949,730	\$ 893,493
(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	\$ 949,730	\$ 893,493

C. Accounting Policy

(6) Basis for Loan-Backed Securities and Adjustment Methodology
The Arrangement does not hold any loan-backed securities.

D. Going Concern

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

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

D. Loan-Backed Securities - None

(1) Description of Sources Used to Determine Prepayment Assumptions

(2) Other-Than-Temporary Impairments

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
OTTI Recognized 1st Quarter			
a. Intent to sell	\$	\$	\$
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c. Total 1 st Quarter	\$	\$	\$
OTTI Recognized 2nd Quarter			
d. Intent to sell	\$	\$	\$
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f. Total 2 nd Quarter	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
OTTI Recognized 3rd Quarter			
g. Intent to sell	\$	\$	\$
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i. Total 3rd Quarter	\$	\$	\$
OTTI Recognized 4th Quarter			
j. Intent to sell	\$	\$	\$
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l. Total 4th Quarter	\$	\$	\$
m. Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

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

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

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

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

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

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

(1) Company Policies or Strategies for Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Maturity Time Frame

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open - No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16

NOTES TO FINANCIAL STATEMENTS

	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Securities "Sold" Under Repo – Secured Borrowing

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds- BACV	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds- FV								
c. LB & SS- BACV								
d. LB & SS- FV								
e. Preferred Stock- BACV								
f. Preferred Stock- FV								
g. Common Stock								
h. Mortgage Loans- BACV								
i. Mortgage Loans- FV								
j. Real Estate- BACV								
k. Real Estate- FV								
l. Derivatives- BACV								
m. Derivatives- FV								
n. Other Invested								

NOTES TO FINANCIAL STATEMENTS

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
Assets- BACV								
o. Other Invested Assets- FV								
p. Total Assets- BACV	\$	\$	\$	\$	\$	\$	\$	\$
q. Total Assets- FV	\$	\$	\$	\$	\$	\$	\$	\$

p = a + c + e + g + h + j + l + n q = b + d + f + g + i + k + m + o

(7) Collateral Received – Secured Borrowing

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Does Not Qualify as Admitted
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds- FV								
c. LB & SS- FV								
d. Preferred Stock- FV								
e. Common Stock								
f. Mortgage Loans- FV								
g. Real Estate- FV								
h. Derivatives- FV								
i. Other Invested Assets- FV								
j. Total Collateral Assets- FV (Sum of a through i)								

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

	Fair Value
a. Overnight and Continuous	\$
b. 30 Days or Less	\$
c. 31 to 90 Days	\$
d. >90 Days	\$

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

	Amortized Cost	Fair Value
a. 30 Days or Less	\$	\$
b. 31 to 60 Days	\$	\$
c. 61 to 90 Days	\$	\$
d. 91 to 120 Days	\$	\$
e. 121 to 180 Days	\$	\$
f. 181 to 365 Days	\$	\$
g. 1 to 2 Years	\$	\$
h. 2 to 3 Years	\$	\$
i. >3 Years	\$	\$

(11) Liability to Return Collateral – Secured Borrowing (Total)

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash (Collateral – All)	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities Collateral (FV)	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance

NOTES TO FINANCIAL STATEMENTS

a. Cash (Collateral – All)	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities Collateral (FV)	\$	\$	\$	\$	\$	\$	\$	\$

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions - None**

(1) Company Policy or Strategies for Engaging in Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) and Residual Maturity

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Fair Value of Securities Acquired Under Repo – Secured Borrowing

First Quarter	Second Quarter
---------------	----------------

NOTES TO FINANCIAL STATEMENTS

1	2	3	4	5	6	7	8
Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

Third Quarter				Fourth Quarter			
9	10	11	12	13	14	15	16
Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation

	1	2	3	4	5	6	7	8
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3	NAIC 4	NAIC 5	NAIC 6	Does Not Qualify as Admitted
a. Bonds- FV	\$	\$	\$	\$	\$	\$	\$	\$
b. LB & SS- FV								
c. Preferred Stock- FV								
d. Common Stock								
e. Mortgage Loans- FV								
f. Real Estate- FV								
g. Derivatives- FV								
h. Other Invested Assets- FV								
i. Total Assets- FV (Sum of a through h)	\$	\$	\$	\$	\$	\$	\$	\$

(7) Collateral Pledged – Secured Borrowing

	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	Amortized Cost	Fair Value
a. Overnight and Continuous	\$	\$
b. 30 Days or Less	\$	\$
c. 31 to 90 Days	\$	\$
d. >90 Days	\$	\$

(9) Recognized Receivable for Return of Collateral – Secured Borrowing

	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash								
b. Securities (FV)								

	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Cash								
b. Securities (FV)								

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance

NOTES TO FINANCIAL STATEMENTS

a. Repo Securities Sold/Acquired with Cash Collateral								
b. Repo Securities Sold/Acquired with Securities Collateral (FV)								

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Repo Securities Sold/Acquired with Cash Collateral								
b. Repo Securities Sold/Acquired with Securities Collateral (FV)								

H. Repurchase Agreements Transactions Accounted for as a Sale
 Repurchase Transaction – Cash Taker – Overview of Sale Transactions - None

(1) Company Policy or Strategies for Engaging in Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

1	2	Third Quarter	Fourth Quarter
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NOTES TO FINANCIAL STATEMENTS

	Juris- diction	11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Securities "Sold" Under Repo – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Sold Under Repo – Sale by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds-FV								
c. LB & SS-BACV								
d. LB & SS-FV								
e. Preferred Stock-BACV								
f. Preferred Stock-FV								
g. Common Stock								
h. Mortgage Loans-BACV								
i. Mortgage Loans-FV								
j. Real Estate-BACV								
k. Real Estate-FV								
l. Derivatives-BACV								
m. Derivatives-FV								
n. Other Invested Assets-BACV								
o. Other Invested Assets-FV								
p. Total Assets-BACV	\$	\$	\$	\$	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$	\$	\$	\$	\$

p = a + c + e + g + h + j + l + n q = b + d + f + g + i + k + m + o

(7) Proceeds Received – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Nonadmitted	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Nonadmitted	\$	\$	\$	\$	\$	\$	\$	\$

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-FV	\$	\$	\$	\$	\$	\$	\$	\$
b. LB & SS-FV								
c. Preferred Stock-FV								

NOTES TO FINANCIAL STATEMENTS

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
d. Common Stock								
e. Mortgage Loans-FV								
f. Real Estate-FV								
g. Derivatives-FV								
h. Other Invested Assets-FV								
i. Total Assets-FV (Sum of a through h)								

(9) Recognized Forward Resale Commitment

First Quarter				Second Quarter			
1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

Third Quarter				Fourth Quarter			
9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions - None

(1) Company Policy or Strategies for Engaging in Repo Programs

(2) Type of Repo Trades Used

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Open – No Maturity	\$	\$	\$	\$	\$	\$	\$	\$
b. Overnight	\$	\$	\$	\$	\$	\$	\$	\$
c. 2 Days to 1 Week	\$	\$	\$	\$	\$	\$	\$	\$
d. >1 Week to 1 Month	\$	\$	\$	\$	\$	\$	\$	\$
e. >1 Month to 3 Months	\$	\$	\$	\$	\$	\$	\$	\$
f. >3 Months to 1 Year	\$	\$	\$	\$	\$	\$	\$	\$
g. > 1 Year	\$	\$	\$	\$	\$	\$	\$	\$

(4) Counterparty, Jurisdiction and Fair Value (FV)

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/ Outstanding for which the Repo Agreement Defaulted)	XXX	\$	\$	\$	\$	\$	\$	\$	\$
b. Counterparty		\$	\$	\$	\$	\$	\$	\$	\$

(5) Securities Acquired Under Repo – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
b. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
c. Fair Value	\$	\$	\$	\$	\$	\$	\$	\$

(6) Securities Acquired Under Repo – Sale by NAIC Designation

Ending Balance	1 None	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$	\$	\$	\$	\$
b. Bonds-FV								
c. LB & SS-BACV								
d. LB & SS-FV								
e. Preferred Stock-BACV								
f. Preferred Stock-FV								
g. Common Stock								
h. Mortgage Loans-BACV								
i. Mortgage Loans-FV								
j. Real Estate-BACV								
k. Real Estate-FV								
l. Derivatives-BACV								
m. Derivatives-FV								
n. Other Invested Assets-BACV								
o. Other Invested Assets-FV								
p. Total Assets-BACV	\$	\$	\$	\$	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$	\$	\$	\$	\$

$p = a + c + e + g + h + j + l + n$ $q = b + d + f + g + i + k + m + o$

(7) Proceeds Provided – Sale

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
a. Cash	\$	\$	\$	\$	\$	\$	\$	\$
b. Securities (FV)	\$	\$	\$	\$	\$	\$	\$	\$
c. Securities (BACV)	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$
d. Nonadmitted Subset	XXX	XXX	XXX	\$	XXX	XXX	XXX	\$

(8) Recognized Forward Resale Commitment

1	First Quarter				Second Quarter			
	2	3	4	5	6	7	8	

NOTES TO FINANCIAL STATEMENTS

Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

Third Quarter				Fourth Quarter			
9	10	11	12	13	14	15	16
Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
\$	\$	\$	\$	\$	\$	\$	\$

M. Working Capital Finance Investments - None

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

	Book/Adjusted Carrying Value
a. Up to 180 Days	\$
b. 181 to 365 Days	
c. Total	\$

T05L029901;99;NINVEST-WORKCAP;D

(3) Any Events of Default or Working Capital Finance Investments

N. Offsetting and Netting of Assets and Liabilities - None

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets	\$	\$	\$
(2) Liabilities	\$	\$	\$

* For derivative assets and derivative liabilities, the amount of offset shall agree to Schedule DB, Part D, Section 1.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

H. Total Premium Costs for Contracts

None

Note 9 – Income Taxes

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

NOTES TO FINANCIAL STATEMENTS

No significant changes

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

No significant changes

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

B. Transfer and Servicing of Financial Assets - None

(2) Servicing Assets and Servicing Liabilities

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales

C. Wash Sales - None

(1) Description of the Objectives Regarding These Transactions

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2018 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
			\$	\$	\$

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

No significant changes

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes

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

No significant changes

Note 22 – Events Subsequent

No significant changes

Note 23 – Reinsurance

During 2018, the Arrangement was subject to a quota share reinsurance agreement with Medical Mutual of Ohio to cede 80% of the Arrangement's health business.

During 2018, the Arrangement was subject to a stop loss reinsurance agreement with Medical Mutual of Ohio for medical and prescription drug coverage. The premium is based upon the monthly funding rates and number of participants in each month of the contract. The specific stop loss threshold per covered person is \$250,000 for 2018.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

None

B. Information about Significant Changes in Methodologies and Assumptions

None

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not Applicable for Health Companies

NOTES TO FINANCIAL STATEMENTS

Note 28 -- Health Care Receivables

No significant changes

Note 29 -- Participating Policies

No significant changes

Note 30 -- Premium Deficiency Reserves

No significant changes

Note 31 -- Anticipated Salvage and Subrogation

No significant changes

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [XX]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

- 6.4 By what department or departments? _____
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

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

- 7.2 If yes, give full information: _____
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:

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

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
- If no, attach a description with this statement.

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

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No

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

1 Name of Custodian(s)	2 Custodian Address
PNC Bank, National Association	One PNC Plaza, 249 Fifth Avenue, Pittsburgh, PA 15222

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No
- 17.4 If yes, give full and complete information relating thereto:

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

17.5 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"].

1 Name of Firm or Individual	2 Affiliation
Ohio State Medical Association Health Benefit Plan Board of Trustees	I

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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 No
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes No

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No
- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5th GI securities, the reporting entity is certifying the following elements for each self-designated 5th GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5th GI securities?

Yes [] No [XX]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	0.0 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses	0.0 %

2.1 Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes []	No [X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes []	No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

Ohio State Medical Association Health Benefits Plan SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	Direct Business Only								
	2	3	4	5	6	7	8	9	
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama.....AL	N							0	
2. Alaska.....AK	N							0	
3. Arizona.....AZ	N							0	
4. Arkansas.....AR	N							0	
5. California.....CA	N							0	
6. Colorado.....CO	N							0	
7. Connecticut.....CT	N							0	
8. Delaware.....DE	N							0	
9. District of Columbia.....DC	N							0	
10. Florida.....FL	N							0	
11. Georgia.....GA	N							0	
12. Hawaii.....HI	N							0	
13. Idaho.....ID	N							0	
14. Illinois.....IL	N							0	
15. Indiana.....IN	N							0	
16. Iowa.....IA	N							0	
17. Kansas.....KS	N							0	
18. Kentucky.....KY	N							0	
19. Louisiana.....LA	N							0	
20. Maine.....ME	N							0	
21. Maryland.....MD	N							0	
22. Massachusetts.....MA	N							0	
23. Michigan.....MI	N							0	
24. Minnesota.....MN	N							0	
25. Mississippi.....MS	N							0	
26. Missouri.....MO	N							0	
27. Montana.....MT	N							0	
28. Nebraska.....NE	N							0	
29. Nevada.....NV	N							0	
30. New Hampshire.....NH	N							0	
31. New Jersey.....NJ	N							0	
32. New Mexico.....NM	N							0	
33. New York.....NY	N							0	
34. North Carolina.....NC	N							0	
35. North Dakota.....ND	N							0	
36. Ohio.....OH	L	2,703,057						2,703,057	
37. Oklahoma.....OK	N							0	
38. Oregon.....OR	N							0	
39. Pennsylvania.....PA	N							0	
40. Rhode Island.....RI	N							0	
41. South Carolina.....SC	N							0	
42. South Dakota.....SD	N							0	
43. Tennessee.....TN	N							0	
44. Texas.....TX	N							0	
45. Utah.....UT	N							0	
46. Vermont.....VT	N							0	
47. Virginia.....VA	N							0	
48. Washington.....WA	N							0	
49. West Virginia.....WV	N							0	
50. Wisconsin.....WI	N							0	
51. Wyoming.....WY	N							0	
52. American Samoa.....AS	N							0	
53. Guam.....GU	N							0	
54. Puerto Rico.....PR	N							0	
55. U.S. Virgin Islands.....VI	N							0	
56. Northern Mariana Islands.....MP	N							0	
57. Canada.....CAN	N							0	
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	2,703,057	0	0	0	0	0	2,703,057	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	XXX	2,703,057	0	0	0	0	0	2,703,057	0

DETAILS OF WRITE-INS

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Ohio State Medical Association Health Benefit Plan

Employer's ID Number: 37-6532551

NAIC Company Code: 116

State of Domicile: OH



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

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

Bar Code:



**Overflow Page
NONE**

**Sch. A - Verification
NONE**

**Sch. B - Verification
NONE**

**Sch. BA - Verification
NONE**

**Sch. D - Verification
NONE**

**Sch. D - Pt. 1B
NONE**

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....240,887	.....XXX.....	.....250,000	.....543	.....237

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....240,969	.....242,380
2. Cost of short-term investments acquired.....	.....	.....
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....(82)	.....(1,411)
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....240,887	.....240,969
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....240,887	.....240,969

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. 2

NONE

Sch. A - Pt. 3

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

Sch. D - Pt. 3

NONE

Sch. D - Pt. 4

NONE

Sch. DB - Pt. A - Sn. 1

NONE

Sch. DB - Pt. B - Sn. 1

NONE

Sch. DB - Pt. D - Sn. 1

NONE

Sch. DB - Pt. D - Sn. 2

NONE

Sch. DL - Pt. 1

NONE

Sch. DL - Pt. 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
PNC Bank					2,914,926	3,144,566	3,475,606	XXX
249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222								
0199999. Total Open Depositories	XXX	XXX	0	0	2,914,926	3,144,566	3,475,606	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	2,914,926	3,144,566	3,475,606	XXX
0599999. Total Cash	XXX	XXX	0	0	2,914,926	3,144,566	3,475,606	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
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NONE



