

QUARTERLY STATEMENT

OF THE

RECEIVED

AUG 20 2018

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 Period Ended

June 30, 2018

2018

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 (\$.....3,524,012), cash equivalents (\$.....0) and short-term investments (\$.....241,039).....	3,765,051		3,765,051	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).....	3,765,051	0	3,765,051	3,004,582
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	.279		.279	.168
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	20,016		20,016	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.....	2,374,486		2,374,486	6,007,493
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	.847,624		.847,624	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).....	7,007,456	0	7,007,456	11,013,050
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	7,007,456	0	7,007,456	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

Statement as of June 30, 2018 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 \$.....838,599 reinsurance ceded).....	201,376		201,376	72,605
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	10,610		10,610	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.....	583,599		583,599	484,021
9. General expenses due or accrued.....	2,456		2,456	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.....	5,088,057		5,088,057	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).....	5,886,098	0	5,886,098	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	871,358	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	1,121,358	893,493
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	7,007,456	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

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.....	....11,922.....	....11,500.....	....22,660.....
2. Net premium income (including \$.....0 non-health premium income).....	....XXX.....	....1,022,461.....	....414,158.....	....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.....	....1,022,461.....	....414,158.....	....824,660.....
Hospital and Medical:				
9. Hospital/medical benefits.....		....3,096,378.....	....2,498,007.....	....6,956,423.....
10. Other professional services.....		....211,919.....	....112,488.....	....476,105.....
11. Outside referrals.....				
12. Emergency room and out-of-area.....		....435,612.....	....477,104.....	....978,660.....
13. Prescription drugs.....		....180,524.....	....791,294.....	....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.....	....3,924,433.....	....3,878,893.....	....8,816,759.....
Less:				
17. Net reinsurance recoveries.....		....3,337,061.....	....3,585,323.....	....8,099,622.....
18. Total hospital and medical (Lines 16 minus 17).....	....0.....	....587,372.....	....293,570.....	....717,137.....
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$....27,235 cost containment expenses.....		....85,109.....		
21. General administrative expenses.....		....122,295.....	....36,479.....	....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.....	....794,776.....	....330,049.....	....768,512.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	....XXX.....	....227,685.....	....84,109.....	....56,148.....
25. Net investment income earned.....		....181.....	....(935).....	....(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.....	....181.....	....(935).....	....(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.....	....227,866.....	....83,174.....	....54,904.....
31. Federal and foreign income taxes incurred.....	....XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	....XXX.....	....227,866.....	....83,174.....	....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.....
499. 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.....	227,866	83,174	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).....	227,866	83,174	54,904
49. Capital and surplus end of reporting period (Line 33 plus 48).....	1,121,358	921,762	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

Statement as of June 30, 2018 of the **Ohio State Medical Association Health Benefits Plan**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	.....(3,329,341)	.....(2,975,212)	.....2,051,159
2. Net investment income.....	.....70	.....(996)	.....(1,394)
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	.....(3,329,271)	.....(2,976,208)	.....2,049,765
5. Benefit and loss related payments.....	.....(4,297,737)	.....(3,757,440)	.....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.....	.....207,995	.....127,037	.....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).....	.....(4,089,742)	.....(3,630,403)	.....1,337,707
11. Net cash from operations (Line 4 minus Line 10).....	.....760,471	.....654,196	.....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).....	.....760,471	.....654,196	.....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).....	.....3,765,053	.....2,946,720	.....3,004,582

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

20.0001
---------------	-------	-------	-------

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Individual		3 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	Group									
Total Members at End of:												
1. Prior Year.....	1,870			1,870								
2. First Quarter.....	2,133			2,133								
3. Second Quarter.....	2,002			2,002								
4. Third Quarter.....	0			0								
5. Current Year.....	0			0								
6. Current Year Member Months.....	11,922			11,922								
Total Member Ambulatory Encounters for Period:												
7. Physician.....	0			0								
8. Non-Physician.....	0			0								
9. Total.....	0			0								
10. Hospital Patient Days Incurred.....	0			0								
11. Number of Inpatient Admissions.....	0			0								
12. Health Premiums Written (a).....	5,437,890			5,437,890								
13. Life Premiums Direct.....	0			0								
14. Property/Casualty Premiums Written.....	0			0								
15. Health Premiums Earned.....	5,437,890			5,437,890								
16. Property/Casualty Premiums Earned.....	0			0								
17. Amount Paid for Provision of Health Care Services.....	3,610,504			3,610,504								
18. Amount Incurred for Provision of Health Care Services.....	3,924,433			3,924,433								

(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	
1	2
Account	1 - 30 Days
Claims Unpaid (Reported)	1,039,974
0199999. Individually Listed Claims Unpaid	1,039,974
0499999. Subtotals	0
0799999. Total Claims Unpaid	1,039,974

Aging Analysis of Unpaid Claims	
3	4
31 - 60 Days	61 - 90 Days
Claims Unpaid (Reported)	1,039,974
0199999. Individually Listed Claims Unpaid	1,039,974
0499999. Subtotals	0
0799999. Total Claims Unpaid	1,039,974

Aging Analysis of Unpaid Claims	
5	6
91 - 120 Days	Over 120 Days
Claims Unpaid (Reported)	0
0199999. Individually Listed Claims Unpaid	0
0499999. Subtotals	0
0799999. Total Claims Unpaid	0

Aging Analysis of Unpaid Claims	
7	Total
Claims Unpaid (Reported)	1,039,974
0199999. Individually Listed Claims Unpaid	1,039,974
0499999. Subtotals	0
0799999. Total Claims Unpaid	1,039,974

UNDERWRITING AND INVESTMENT EXHIBIT

		Analysis of Claims Unpaid - Prior Year - Net of Reinsurance						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	5 Claims Incurred in Prior Years (Columns 1 + 3)	6	
Line of Business		Claims Paid Year to Date	Claims Unpaid - Prior Year	Liability End of Current Quarter	Claims Incurred in Prior Years (Columns 1 + 3)			
1. Comprehensive (hospital and medical)		72,454	386,150	6,620	194,755	79,074	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 XX - Medicaid						0		
8. Other health						0		
9. Health subtotal (Lines 1 to 8)		72,454	386,150	6,620	194,755	79,074	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)		72,454	386,150	6,620	194,755	79,074	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	\$ 227,866	\$ 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	\$ 227,866	\$ 54,904
SURPLUS					
(5) Ohio State Medical Association Health Benefits Plan Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,121,358	\$ 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	\$ 1,121,358	\$ 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

None

Note 3 – Business Combinations and Goodwill

None

Note 4 – Discontinued Operations

None

Note 5 – Investments

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

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None

Note 7 – Investment Income

NOTES TO FINANCIAL STATEMENTS

- 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 past due.
- 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 June 30, 2018, the Arrangement's income tax years from 2017 and thereafter remain subject to examination by the Internal Revenue Service.

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

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

- 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

None

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

None

Note 20 – Fair Value Measurements

- A. Fair Value Measurements - Not applicable as all Arrangement assets are reportable at valuations recognized by the Securities and Valuation Office.
- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - Not applicable
- C. Fair Value Level - Not applicable
- D. Not Practicable to Estimate Fair Value - Not applicable

Note 21 – Other Items

None

NOTES TO FINANCIAL STATEMENTS

Note 22 – Events Subsequent

Subsequent events have been considered through July 24, 2018 for these statutory financial statements which are to be issued on August 15, 2018. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

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

E. Risk Sharing Provisions of the Affordable Care Act - 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

The Arrangement has no intercompany pooling arrangements.

Note 27 – Structured Settlements

Not Applicable

Note 28 – Health Care Receivables

None

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

None

Note 31 – Anticipated Salvage and Subrogation

None

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

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [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	2 NAIC Company Code	3 State of Domicile
Name of Entity		

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

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**

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

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	5050 Kingsley Drive, Cincinnati, OH 45263

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

17.5 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 [X]

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 [X]

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 [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*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 5*GI securities?

Yes [] No [XX]

Ohio State Medical Association Health Benefits Plan
GENERAL INTERROGATORIES (continued)**PART 2 - HEALTH**

1.	Operating Percentages:	
1.1	A&H loss percent	60.1 %
1.2	A&H cost containment percent	2.7 %
1.3	A&H expense percent excluding cost containment expenses	17.6 %
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]

Ohio State Medical Association Health Benefits Plan
SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
------------------------------	----------------	------------------------	------------------------	----------------------------------	--------------------------------------	---------------------------	---	--

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 Mutual of Ohio.....	OH.....	ASL/G.....	Authorized.....	.....	.....

Ohio State Medical Association Health Benefits Plan

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	
1. Alabama.....	AL	N							0
2. Alaska.....	AK	N							0
3. Arizona.....	AZ	N							0
4. Arkansas.....	AR	N							0
5. California.....	CA	N							0
6. Colorado.....	CO	N							0
7. Connecticut.....	CT	N							0
8. Delaware.....	DE	N							0
9. District of Columbia.....	DC	N							0
10. Florida.....	FL	N							0
11. Georgia.....	GA	N							0
12. Hawaii.....	HI	N							0
13. Idaho.....	ID	N							0
14. Illinois.....	IL	N							0
15. Indiana.....	IN	N							0
16. Iowa.....	IA	N							0
17. Kansas.....	KS	N							0
18. Kentucky.....	KY	N							0
19. Louisiana.....	LA	N							0
20. Maine.....	ME	N							0
21. Maryland.....	MD	N							0
22. Massachusetts.....	MA	N							0
23. Michigan.....	MI	N							0
24. Minnesota.....	MN	N							0
25. Mississippi.....	MS	N							0
26. Missouri.....	MO	N							0
27. Montana.....	MT	N							0
28. Nebraska.....	NE	N							0
29. Nevada.....	NV	N							0
30. New Hampshire.....	NH	N							0
31. New Jersey.....	NJ	N							0
32. New Mexico.....	NM	N							0
33. New York.....	NY	N							0
34. North Carolina.....	NC	N							0
35. North Dakota.....	ND	N							0
36. Ohio.....	OH	L	5,437,890						5,437,890
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
59. Subtotal.....		XXX.	5,437,890	0	0	0	0	5,437,890	0
60. Reporting entity contributions for Employee Benefit Plans.....		XXX.							0
61. Total (Direct Business).....		XXX.	5,437,890	0	0	0	0	5,437,890	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: 00116
State of Domicile: OH

Statement as of June 30, 2018 of the

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

NON
Z

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?	YES

Explanation:

1.

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

Statement as of June 30, 2018 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE DA - PART 1

Short-Term Investments					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	241,039	XXX.....	250,000	1,320	279

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).....	.70	(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).....	241,039	240,969
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	241,039	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

Statement as of June 30, 2018 of the **Ohio State Medical Association Health Benefits Plan**
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

PNC Bank..... 15222	249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA							
0199999. Total Open Depositories.....		XXX	XXX	.....0	0	3,475,322	3,316,312	3,524,012 XXX
0399999. Total Cash on Deposit.....		XXX	XXX	.....0	0	3,475,322	3,316,312	3,524,012 XXX
0599999. Total Cash.....		XXX	XXX	.....0	0	3,475,322	3,316,312	3,524,012 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

NONE