

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

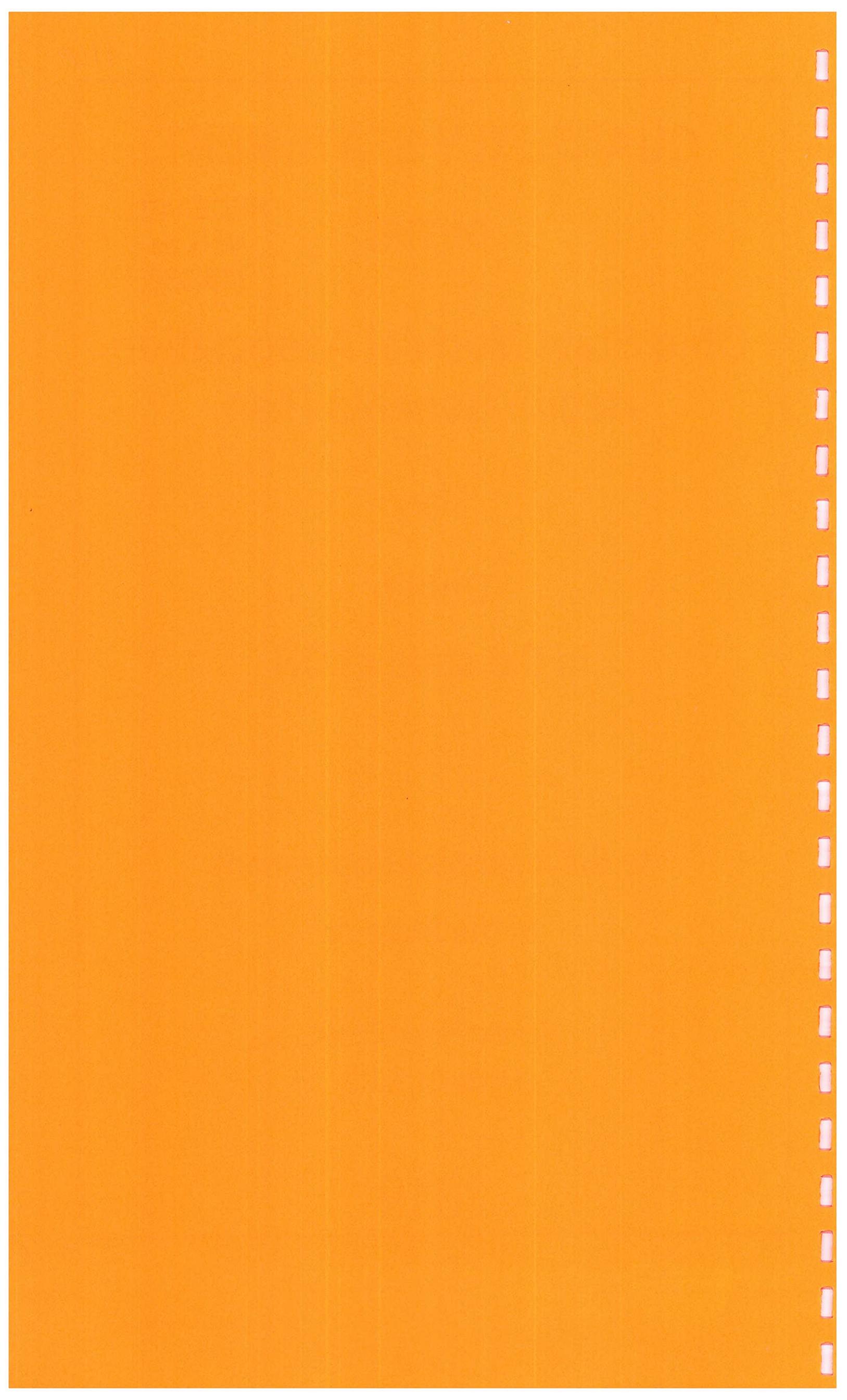
to the Insurance Department

of the State of

For the Period Ended

March 31, 2019

2019



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# HEALTH QUARTERLY STATEMENT

As of March 31, 2019  
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 (Street and Number) (City or Town, State, Country and Zip Code)	800-766-6762 (Area Code) (Telephone Number)
Mail Address	5115 Parkcenter Ave Ste 200 .. Dublin .. OH .. US .. 43017 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	5115 Parkcenter Ave Ste 200 .. Dublin .. OH .. US .. 43017 (Street and Number) (City or Town, State, Country and Zip Code)	800-766-6762 (Area Code) (Telephone Number)
Internet Web Site Address	N/A	
Statutory Statement Contact	Jeffrey Brian Williamson (Name) jeff.williamson@consoliplex.com (E-Mail Address)	216-798-8844 (Area Code) (Telephone Number) (Extension) 216-202-3499 (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.	

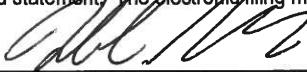
### OTHER

### DIRECTORS OR TRUSTEES

Todd Mallory Baker M.P.A.F.F.	J Jeffery Cameron MD	Stephen Howard Orr MD	James E Silone 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.



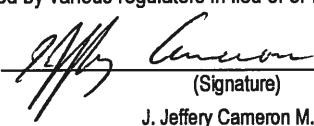
(Signature)

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 day of



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

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

Yes [X] No [ ]

4/6/19





**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:			0	
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:			0	
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:			0	
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....2,076,003), cash equivalents (\$.....0) and short-term investments (\$....242,172).....	2,318,175		2,318,175	2,332,593
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).....	2,318,175	0	2,318,175	2,332,593
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	.380		.380	.397
15. Premiums and considerations:			0	
15.1 Uncollected premiums and agents' balances in the course of collection.....	.151,722		.151,722	.75,934
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:			0	
16.1 Amounts recoverable from reinsurers.....	.7,727,174		.7,727,174	5,907,361
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	.2,175,775		.2,175,775	1,686,350
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).....	.12,373,225	0	.12,373,225	10,002,634
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	.12,373,225	0	.12,373,225	10,002,634

**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 March 31, 2019 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 \$....739,425 reinsurance ceded).....	184,857		184,857	181,674
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	8,598		8,598	5,082
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.....	604,739		604,739	662,469
9. General expenses due or accrued.....	25,801		25,801	14,695
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.....	10,634,643		10,634,643	8,261,753
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).....	11,458,638	0	11,458,638	9,125,673
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	664,586	626,961
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	914,586	876,961
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	12,373,224	10,002,634

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.....	.....6,943	.....5,916	.....24,176
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	.....578,672	.....508,079	.....2,057,232
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.....	.....578,672	.....508,079	.....2,057,232
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		.....1,738,304	.....1,451,311	.....6,825,024
10. Other professional services.....		.....118,971	.....99,329	.....435,095
11. Outside referrals.....				
12. Emergency room and out-of-area.....		.....244,552	.....204,177	.....844,597
13. Prescription drugs.....		.....101,346	.....84,614	.....426,564
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	.....2,203,173	.....1,839,431	.....8,531,280
<b>Less:</b>				
17. Net reinsurance recoveries.....		.....1,786,850	.....1,494,015	.....6,905,104
18. Total hospital and medical (Lines 16 minus 17).....	.....0	.....416,323	.....345,416	.....1,626,176
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....16,200 cost containment expenses.....		.....50,623	.....42,557	.....172,688
21. General administrative expenses.....		.....74,483	.....63,855	.....275,931
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	.....541,429	.....451,828	.....2,074,795
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	.....37,244	.....56,251	.....(17,563)
25. Net investment income earned.....		.....382	.....(13)	.....1,032
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	.....0	.....382	.....(13)	.....1,032
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.....	.....37,625	.....56,238	.....(16,531)
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	.....37,625	.....56,238	.....(16,531)

**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.....	876,961	893,492	893,492
34. Net income or (loss) from Line 32.....	37,625	56,238	(16,531)
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).....	37,625	56,238	(16,531)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	914,586	949,730	876,961

**DETAILS OF WRITE-INS**

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

Statement as of March 31, 2019 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
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	2,818,044	2,662,505	902,078
2. Net investment income.....	399	(82)	803
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	2,818,443	2,662,423	902,881
5. Benefit and loss related payments.....	2,722,379	1,844,911	1,132,369
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	110,484	105,601	442,499
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	2,832,862	1,950,512	1,574,868
11. Net cash from operations (Line 4 minus Line 10).....	(14,420)	711,911	(671,987)
<b>CASH FROM INVESTMENTS</b>			
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
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(14,420)	711,911	(671,987)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,332,595	3,004,582	3,004,582
19.2 End of period (Line 18 plus Line 19.1).....	2,318,176	3,716,493	2,332,595

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

20.0001 .....	.....	.....	.....
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical) 2 Individual 3 Group		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
<b>Total Members at End of:</b>										
1. Prior Year.....	2,078			2,078						
2. First Quarter.....	2,728			2,728						
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	6,943			6,943						
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0			0		0		0		0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	3,115,084				3,115,084					
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,115,084				3,115,084					
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	2,199,766				2,199,766					
18. Amount Incurred for Provision of Health Care Services.....	2,203,173				2,203,173					

(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	3	4	5	6	7
Claims Unpaid (Reported)	Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days
0199999. Individually Listed Claims Unpaid		924,281				924,281
0499999. Subtotals.		924,281		0	0	924,281
0799999. Total Claims Unpaid		924,281		0	0	924,281

**UNDERWRITING AND INVESTMENT EXHIBIT**

Line of Business	Analysis of Claims Unpaid - Prior Year - Net of Reinsurance			Claims Incurred in Prior Years (Columns 1 + 3)	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		
1. Comprehensive (hospital and medical).....	129,004	284,137	30,171	154,686	181,675
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).....	129,004	284,137	30,171	154,686	181,675
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).....	129,004	284,137	30,171	154,686	181,675

(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 #	Current Year to Date	2018
<b>NET INCOME</b>					
(1) Ohio State Medical Association Health Benefits Plan Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 37,625	\$ (16,531)
(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	\$ 37,625	\$ (16,531)
<b>SURPLUS</b>					
(5) Ohio State Medical Association Health Benefits Plan Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 914,588	\$ 876,961
(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	\$ 914,588	\$ 876,961

**C. Accounting Policy**

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method  
The Arrangement does not hold any securities.

(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

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

None

### **Note 7 – Investment Income**

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
- B. The total amount excluded:

### **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 March 31, 2019, the Arrangement's income tax years from 2016 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, Shareholder's 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

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 21 – Other Items**

None

### **Note 22 – Events Subsequent**

Subsequent events have been considered through 5/1/19 for these statutory financial statements which are to be issued on 5/15/19. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

### **Note 23 – Reinsurance**

During 2019, 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 2019, 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 2019. The aggregate threshold is 125% of expected aggregate claims.

### **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 [X]

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]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

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: \_\_\_\_\_

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).

Statement as of March 31, 2019 of the **Ohio State Medical Association Health Benefits Plan**  
**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 [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
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]  
 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 Kingsly Driv, 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
Fifth Third Bank	U

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 [X] 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 [X] 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
N/A	Fifth Third	N/A	OCC	NO

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 5GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

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

Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [ ]

**GENERAL INTERROGATORIES (continued)****PART 2 - HEALTH**

1. Operating Percentages:		
1.1 A&H loss percent .....	71.9 %	
1.2 A&H cost containment percent .....	8.7 %	
1.3 A&H expense percent excluding cost containment expenses .....	12.9 %	
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 of 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
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**A&H Non-Affiliates**

29076.....	34-0648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	QA/G.....	.....	.....	.....
29076.....	34-0648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	SSL/G.....	.....	.....	.....
29076.....	34-0648820.....	04/01/2015	Medical Mutual of Ohio.....	OH.....	ASL/G.....	.....	.....	.....

Statement as of March 31, 2019 of the **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	3,115,084						3,115,084	
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	3,115,084	0	0	0	0	0	3,115,084	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	XXX	3,115,084	0	0	0	0	0	3,115,084	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)	Control is Ownership Provide	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.

**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 March 31, 2019 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.....	242,172	XXX.....	250,000	816	380

**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.....	241,772	240,969
2. Cost of short-term investments acquired.....		
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....	400	803
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).....	242,172	241,772
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	242,172	241,772

**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**

**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

249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222		.....2,000			.....1,912,401	.....2,299,748	.....2,076,003	XXX
PNC Bank.....		.....2,000			.....1,912,401	.....2,299,748	.....2,076,003	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....1,912,401	.....2,299,748	.....2,076,003	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....1,912,401	.....2,299,748	.....2,076,003	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....1,912,401	.....2,299,748	.....2,076,003	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**

