

ANNUAL STATEMENT
OF THE
Ohio State Medical Association
Health Benefits Plan

Of
Dublin

in the state of OH

to the Insurance Department
of the state of OH

For the Year Ended
December 31, 2020

2020



ANNUAL STATEMENT

For the Year Ended December 31, 2020
of the Condition and Affairs of the

Ohio State Medical Association Health Benefits Plan

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

NAIC Company Code.....00116

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

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type MEWA

Is HMO Federally Qualified? Yes [] No []

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

Commenced Business.....April 1, 2015

Statutory Home Office

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

Main Administrative Office

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

800-766-6762
(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

800-766-6762
(Area Code) (Telephone Number)

Internet Web Site Address

N/A

Statutory Statement Contact

Jeffrey Brian Williamson
(Name)
jeff.williamson@consoliplex.com
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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. Brian J Santin MD	J Jeffery Cameron MD	Stephen Howard Orr MD	James E Silone DO
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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.

DocuSigned by:
Todd Baker

15A3A4C6AF69407...
(Signature)
Todd Mallory Baker M.P.A.F.F.

1. (Printed Name)
Trustee-Chairman
(Title)

DocuSigned by:
Jeffery Cameron

1298242BEA17410...
(Signature)
J. Jeffery Cameron M.D.

2. (Printed Name)
Trustee
(Title)

(Signature)

3. (Printed Name)
(Title)

Subscribed and sworn to before me

This 3/17/2021 day of 2021

DocuSigned by:
Stephen A. Riedel

2789DE25A066452...

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....			.0	
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....1,011,503, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....242,255, Schedule DA).....	1,253,758		1,253,758	2,010,645
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	1,253,758	.0	1,253,758	2,010,645
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	.2		.2	263
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	65,329		65,329	123,687
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	7,040,843		7,040,843	6,629,169
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....	1,725,489		1,725,489	2,011,586
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other-than-invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	10,085,421	.0	10,085,421	10,775,350
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTAL (Lines 26 and 27).....	10,085,421	.0	10,085,421	10,775,350

DETAILS OF WRITE-INS

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

Ohio State Medical Association Health Benefits Plan
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,005,820 reinsurance ceded).....	251,455		251,455	259,967
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	8,000		8,000	18,311
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	209,876		209,876	380,936
9. General expenses due or accrued.....	7,136		7,136	31,665
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	562		562	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....	8,842,309		8,842,309	9,152,524
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....			0	
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	9,319,338	0	9,319,338	9,843,403
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	516,083	681,947
32. Less treasury stock at cost: 32.1 .....0.000 shares common (value included in Line 26 \$.....0)..... 32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX XXX	XXX XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	766,083	931,947
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	10,085,421	10,775,350

DETAILS OF WRITE-INS

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

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

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	26,190	27,087
2. Net premium income (including \$.....0 non-health premium income).....	XXX	2,290,746	2,282,627
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	.0	.0
7. Aggregate write-ins for other non-health revenues.....	XXX	.0	.0
8. Total revenues (Lines 2 to 7).....	XXX	2,290,746	2,282,627
Hospital and Medical:			
9. Hospital/medical benefits.....		7,194,197	7,220,272
10. Other professional services.....		621,721	528,313
11. Outside referrals.....			
12. Emergency room and out-of-area.....		1,065,807	1,056,625
13. Prescription drugs.....		2,144,325	728,924
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	.0	11,026,050	9,534,134
Less:			
17. Net reinsurance recoveries.....		9,003,953	7,836,700
18. Total hospital and medical (Lines 16 minus 17).....	.0	2,022,097	1,697,434
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....81,943 cost containment expenses.....		143,760	202,307
21. General administrative expenses.....		294,048	364,714
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	2,459,905	2,264,455
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(169,159)	18,172
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		3,858	36,813
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....			
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0	3,858	36,813
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(165,301)	54,985
31. Federal and foreign income taxes incurred.....	XXX	562	
32. Net income (loss) (Lines 30 minus 31).....	XXX	(165,863)	54,985

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

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

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	931,946	876,961
34. Net income or (loss) from Line 32.....	(165,863)	54,985
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....		
39. Change in nonadmitted assets.....		
40. Change in unauthorized and certified reinsurance.....		
41. Change in treasury stock.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Capital changes:		
44.1 Paid in.....		
44.2 Transferred from surplus (Stock Dividend).....		
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....		
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(165,863)	54,985
49. Capital and surplus end of reporting period (Line 33 plus 48).....	766,083	931,946

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

Ohio State Medical Association Health Benefits Plan
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,867,827	2,844,112
2. Net investment income.....	4,119	36,947
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	1,871,946	2,881,059
5. Benefit and loss related payments.....	2,156,186	2,666,185
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	472,648	536,822
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).....	2,628,834	3,203,007
11. Net cash from operations (Line 4 minus Line 10).....	(756,888)	(321,948)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(756,888)	(321,948)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,010,647	2,332,595
19.2 End of year (Line 18 plus Line 19.1).....	1,253,759	2,010,647

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

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical).....	12,425,278		10,134,532	2,290,746
2.	Medicare Supplement.....				0
3.	Dental only.....				0
4.	Vision only.....				0
5.	Federal Employees Health Benefits Plan.....				0
6.	Title XVIII - Medicare.....				0
7.	Title XIX - Medicaid.....				0
8.	Other health.....				0
9.	Health subtotal (Lines 1 through 8).....	12,425,278	0	10,134,532	2,290,746
10.	Life.....				0
11.	Property/casualty.....				0
12.	Totals (Lines 9 to 11).....	12,425,278	0	10,134,532	2,290,746

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	11,068,611	11,068,611								
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	9,038,002	9,038,002								
1.4 Net.....	2,030,609	2,030,609	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	1,257,275	1,257,275								
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	1,005,820	1,005,820								
3.4 Net.....	251,455	251,455	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	1,299,836	1,299,836								
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	1,039,869	1,039,869								
8.4 Net.....	259,967	259,967	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	11,026,050	11,026,050	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	9,003,953	9,003,953	0	0	0	0	0	0	0	0
12.4 Net.....	2,022,097	2,022,097	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0									
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	1,257,275	1,257,275								
2.2 Reinsurance assumed.....	0									
2.3 Reinsurance ceded.....	1,005,820	1,005,820								
2.4 Net.....	251,455	251,455	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0									
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	1,257,275	1,257,275	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	1,005,820	1,005,820	0	0	0	0	0	0	0	0
4.4 Net.....	251,455	251,455	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical).....	274,226	1,756,383	2,606	248,849	276,832	259,967
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).....	274,226	1,756,383	2,606	248,849	276,832	259,967
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).....	274,226	1,756,383	2,606	248,849	276,832	259,967

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior.....	(275)	(418)	(418)	(418)	.....
2. 2016.....	699	98	.....	.....	.....
3. 2017.....	XXX	648	70	.....	.....
4. 2018.....	XXX	XXX	1,447	172	.....
5. 2019.....	XXX	XXX	XXX	1,447	274
6. 2020.....	XXX	XXX	XXX	XXX	1,756

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior.....	(275)	(418)	(418)	(418)	.....
2. 2016.....	1,620	98	.....	.....	.....
3. 2017.....	XXX	619	73	.....	.....
4. 2018.....	XXX	XXX	1,553	178	.....
5. 2019.....	XXX	XXX	XXX	1,702	17
6. 2020.....	XXX	XXX	XXX	XXX	2,005

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2016.....	1,445	.....	.....	.....0.0	0	0.0	.....	.....	.....0	0.0
2. 2017.....	825	.....	.....	.....0.0	0	0.0	.....	.....	.....0	0.0
3. 2018.....	2,057	.....	.....	.....0.0	0	0.0	.....	.....	.....0	0.0
4. 2019.....	2,283	274	.....	.....0.0	274	12.0	3	.....	.....277	12.1
5. 2020.....	2,291	1,756	144	8.2	1,900	82.9	249	8	2,157	94.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior.....	(275)	(418)	(418)	(418)	.....
2. 2016.....	699	98	.....	.....	.....
3. 2017.....	XXX	648	70	.....	.....
4. 2018.....	XXX	XXX	1,447	172	.....
5. 2019.....	XXX	XXX	XXX	1,447	274
6. 2020.....	XXX	XXX	XXX	XXX	1,756

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior.....	(275)	(418)	(418)	(418)	.....
2. 2016.....	1,620	98	.....	.....	.....
3. 2017.....	XXX	619	73	.....	.....
4. 2018.....	XXX	XXX	1,553	178	.....
5. 2019.....	XXX	XXX	XXX	1,702	17
6. 2020.....	XXX	XXX	XXX	XXX	2,005

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2016.....	1,445	0	.....	.....0.0	0	0.0	.....	.....	.....0	0.0
2. 2017.....	825	0	.....	.....0.0	0	0.0	.....	.....	.....0	0.0
3. 2018.....	2,057	0	.....	.....0.0	0	0.0	.....	.....	.....0	0.0
4. 2019.....	2,283	274	.....	.....0.0	274	12.0	3	.....	.....277	12.1
5. 2020.....	2,291	1,756	144	8.2	1,900	82.9	249	8	2,157	94.2

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE

Ohio State Medical Association Health Benefits Plan
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....					0
2. Salaries, wages and other benefits.....					0
3. Commissions (less \$.....1,717,489 ceded plus \$.....0 assumed).....	(327,772)	(247,267)	63,861		(511,178)
4. Legal fees and expenses.....			8,450		8,450
5. Certifications and accreditation fees.....					0
6. Auditing, actuarial and other consulting services.....			49,250		49,250
7. Traveling expenses.....					0
8. Marketing and advertising.....					0
9. Postage, express and telephone.....					0
10. Printing and office supplies.....					0
11. Occupancy, depreciation and amortization.....					0
12. Equipment.....					0
13. Cost or depreciation of EDP equipment and software.....					0
14. Outsourced services including EDP, claims, and other services.....	409,715	309,084	139,216		858,015
15. Boards, bureaus and association fees.....					0
16. Insurance, except on real estate.....			5,160		5,160
17. Collection and bank service charges.....			9,141		9,141
18. Group service and administration fees.....					0
19. Reimbursements by uninsured plans.....					0
20. Reimbursements from fiscal intermediaries.....					0
21. Real estate expenses.....					0
22. Real estate taxes.....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					0
23.2 State premium taxes.....					0
23.3 Regulatory authority licenses and fees.....			18,970		18,970
23.4 Payroll taxes.....					0
23.5 Other (excluding federal income and real estate taxes).....					0
24. Investment expenses not included elsewhere.....				2,500	2,500
25. Aggregate write-ins for expenses.....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	81,943	61,817	294,048	2,500	(a) 440,308
27. Less expenses unpaid December 31, current year.....	4,560	3,440	7,136		15,136
28. Add expenses unpaid December 31, prior year.....	10,437	7,874	31,665		49,976
29. Amounts receivable relating to uninsured plans, prior year.....					0
30. Amounts receivable relating to uninsured plans, current year.....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	87,820	66,250	318,577	2,500	475,148

DETAILS OF WRITE-INS

2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0	0

(a) Includes management fees of \$.....0 to affiliates and \$.....139,216 to non-affiliates.

Ohio State Medical Association Health Benefits Plan
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds.....	(a).....	.....
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....	.....
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated).....	(b).....	.....
2.11	Preferred stocks of affiliates.....	(b).....	.....
2.2	Common stocks (unaffiliated).....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c).....	.....
4.	Real estate.....	(d).....	.....
5.	Contract loans.....	.....	.....
6.	Cash, cash equivalents and short-term investments.....	(e).....6,619	6,358
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	0	0
10.	Total gross investment income.....	6,619	6,358
11.	Investment expenses.....	.....	(g).....2,500
12.	Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13.	Interest expense.....	.....	(h).....
14.	Depreciation on real estate and other invested assets.....	.....	(i).....0
15.	Aggregate write-ins for deductions from investment income.....	.....	.....0
16.	Total deductions (Lines 11 through 15).....	.....	.....2,500
17.	Net investment income (Line 10 minus Line 16).....	.....	.....3,858

DETAILS OF WRITE-INS

0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0
(a)	Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued interest on purchases.		
(b)	Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued dividends on purchases.		
(c)	Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued interest on purchases.		
(d)	Includes \$.00 for company's occupancy of its own buildings; and excludes \$.00 interest on encumbrances.		
(e)	Includes \$.00 accrual of discount less \$.00 amortization of premium and less \$.00 paid for accrued interest on purchases.		
(f)	Includes \$.00 accrual of discount less \$.00 amortization of premium.		
(g)	Includes \$.00 investment expenses and \$.00 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h)	Includes \$.00 interest on surplus notes and \$.00 interest on capital notes.		
(i)	Includes \$.00 depreciation on real estate and \$.00 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds.....	.....	.....0	.....	.....
1.1	Bonds exempt from U.S. tax.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated).....	.....	.....0	.....	.....
1.3	Bonds of affiliates.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....0	.....	.....
2.21	Common stocks of affiliates.....	.....	.....0	.....	.....
3.	Mortgage loans.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....0	.....	.....
7.	Derivative instruments.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....	.....0	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	0	0	0	0
10.	Total capital gains (losses).....	0	0	0	0

DETAILS OF WRITE-INS

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

Ohio State Medical Association Health Benefits Plan
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

DETAILS OF WRITE-INS

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....						
2. Provider service organizations.....						
3. Preferred provider organizations.....	2,349	2,175	1,979	2,226	2,184	26,190
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	2,349	2,175	1,979	2,226	2,184	26,190

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
A&H Premiums Due and Unpaid						
	65,329					65,329
0299997. Group subscribers subtotal.....	65,329	0	0	0	0	65,329
0299999. Total group.....	65,329	0	0	0	0	65,329
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	65,329	0	0	0	0	65,329

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Claims reported by 12/31/20 and unpaid by 12/31/20.....	1,257,274					1,257,274
0199999. Individually listed claims unpaid.....	1,257,274	0	0	0	0	1,257,274
0499999. Subtotals.....	1,257,274	0	0	0	0	1,257,274
0799999. Total claims unpaid.....						1,257,274

Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates
NONE

Ex. 6 - Amounts Due to Parent, Subsidiaries and Affiliates
NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Payment Method						
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	0	0.0				
4. Total capitation payments.....	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service.....	4,427,444	40.0	XXX	XXX		4,427,444
6. Contractual fee payments.....	6,641,167	60.0	XXX	XXX		6,641,167
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	11,068,611	100.0	XXX	XXX	0	11,068,611
13. Total (Line 4 plus Line 12).....	11,068,611	100.0	XXX	XXX	0	11,068,611

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....		NONE				0
2. Medical furniture, equipment and fixtures.....						0
3. Pharmaceuticals and surgical supplies.....						0
4. Durable medical equipment.....						0
5. Other property and equipment.....						0
6. Total.....	0	0	0	0	0	0

Ohio State Medical Association Health Benefits Plan
Notes to the Financial Statements

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 #	2020	2019
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (165,863)	\$ 54,986
(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	<u>\$ (165,863)</u>	<u>\$ 54,986</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 766,083	\$ 931,947
(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	<u>\$ 766,083</u>	<u>\$ 931,947</u>

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

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

C. Accounting Policy

(1) Basis for Short-Term Investments

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

(2) Basis for Bonds and Amortization Schedule

The Arrangement does not hold any bonds.

(3) Basis for Common Stocks

The Arrangement does not hold any common stocks.

(4) Basis for Preferred Stocks

The Arrangement does not hold any preferred stocks.

(5) Basis for Mortgage Loans

The Arrangement holds no mortgage loans on real estate

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

The Arrangement does not hold any loan-backed securities.

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

The Arrangement has no investment in subsidiaries.

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

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

(9) Accounting Policies for Derivatives

The Arrangement holds no derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

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

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

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

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

The Arrangement has made no modifications to its capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Ohio State Medical Association Health Benefits Plan
Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

The Arrangement has no pharmaceutical rebate receivables.

D. Going Concern

The Arrangement has neither the intention not the need to liquidate or curtail materially the scale of its operations.

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

The Arrangement does not admit investment income due and accrued if the amounts are over 90 days old.

B. Total Amount Excluded - None

8. Derivative Instruments - None

9. Income Taxes

In December 2019, the IRS finalized new regulations that investment income earned by a VEBA is taxable as unrelated business income. These regulations became effect on January 1, 2020. As of December 31, 2020 the Arrangement has a liability of \$ 562.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - None

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - None

14. Liabilities, Contingencies and Assessments - None

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

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

20. Fair Value Measurements - None

21. Other Items - None

22. Events Subsequent

Subsequent events have been considered through March 15, 2021 for these statutory financial statements which are to be issued on March 31, 2021.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?.....	YES.....	
B. ACA fee assessment payable for the upcoming year.....	\$..... –	\$..... –
C. ACA fee assessment paid.....	\$..... –	\$..... –
D. Premium written subject to ACA 9010 assessment.....	\$..... 12,425,278	\$..... 12,300,239
E. Total adjusted capital before surplus adjustment.....	\$..... 766,083	
F. Total adjusted capital after surplus adjustment.....	\$..... 766,083	
G. Authorized control level.....	\$..... 144,234	
H. Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?.....	NO.....	

23. Reinsurance

During 2020, 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 2020, 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 up to \$ 750,000 for 2020. The aggregate threshold is 125% of expected aggregate claims.

During 2020, the Arrangement was subject to a stop loss reinsurance agreement with AXIS Insurance Company of Illinois for medical and prescription drug coverage. The premium is based upon the monthly funding rate and number of participants in each month of the contract. The Reinsurer shall be liable for 100% of Ultimate Net Loss per Covered Person, per Agreement year, in excess of the \$ 750,000.

Ohio State Medical Association Health Benefits Plan
Notes to the Financial Statements

23. Reinsurance (Continued)

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2)

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance - None
- C. Commutation of Reinsurance Reflected in Income and Expenses - None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

NONE

- A. Method Used to Estimate - None
- B. Method Used to Record - None
- C. Amount and Percent of Net Retrospective Premiums - None
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

NO

25. Change in Incurred Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves - None

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [] No [X]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

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

1.3

State regulating?

1.4

Is the reporting entity publicly traded or a member of publicly traded group?

Yes [] No [X]

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

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

12/31/2018

3.2

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

12/31/2018

3.3

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

3.4

By what department or departments?
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

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

3.6

Have all of the recommendations within the latest financial examination report been complied with?

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

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [X] No []

4.12

renewals?

Yes [X] No []

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [] No [X]

4.22

renewals?

Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If the answer is YES, complete and file the merger history data file with the NAIC.

Yes [] No [X]

5.2

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

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

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21

State the percentage of foreign control

%

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [] No [X]

8.2

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

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

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

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

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Maloney + Novotny LLC, 1111 Superior Avenue #700, Cleveland, OH 44114

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [☐] No [☒] N/A [☐]

10.6

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

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
John Lloyd, Consulting Actuary, Optum Consulting, 2170 Satellite Blvd, Suite 150, Duluth, GA 30097

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐] No [☒]

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$ 0

12.2

If yes, provide explanation

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☐] No [☐]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐] No [☐]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐] No [☐] N/A [☐]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒] No [☐]

(a)

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

(b)

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

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

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

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [☐] No [☒]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes [☒] No [☐]

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [☒] No [☐]

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [☒] No [☐]

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [☐] No [☒]

20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11

To directors or other officers

\$ 0

20.12

To stockholders not officers

\$ 0

20.13

Trustees, supreme or grand (Fraternal only)

\$ 0

20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21

To directors or other officers

\$ 0

20.22

To stockholders not officers

0

20.23

Trustees, supreme or grand (Fraternal only)

0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes [☐] No [☒]

21.2

If yes, state the amount thereof at December 31 of the current year:

21.21

Rented from others

\$ 0

21.22

Borrowed from others

\$ 0

21.23

Leased from others

\$ 0

21.24

Other

\$ 0

22.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [☐] No [☒]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$ 0

22.22

Amount paid as expenses

\$ 0

22.23

Other amounts paid

\$ 0

23.1

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

Yes [☐] No [☒]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

24.02 If no, give full and complete information, relating thereto:

24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

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

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$ 0

25.22 Subject to reverse repurchase agreements \$ 0

25.23 Subject to dollar repurchase agreements \$ 0

25.24 Subject to reverse dollar repurchase agreements \$ 0

25.25 Placed under option agreements \$ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0

25.27 FHLB Capital Stock \$ 0

25.28 On deposit with states \$ 0

25.29 On deposit with other regulatory bodies \$ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0

25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

Lines 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity? Yes [] No []

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 Yes [] No []

26.42 Permitted accounting practice Yes [] No []

26.43 Other accounting guidance Yes [] No []

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

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

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

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank	5050 Kingsly Drvie, Cincinnati, OH 45263

28.02 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	2	3
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GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

1 Name of Firm or Individual	2 Affiliation
Fifth Third Bank	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

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

1 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 Bank	N/A	OCC	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		\$	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 0	\$ 0	\$ 0
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 0	\$ 0	\$ 0

30.4 Describe the sources or methods utilized in determining the fair values:

Not applicable as the Arrangement holds only cash and money market accounts.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

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

a. 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.

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 5GI securities? Yes [] No [X]

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

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. 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 [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

1.2

If yes, indicate premium earned on U.S. business only.

\$0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$0

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$0

1.62

Total incurred claims

\$0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$0

1.65

Total incurred claims

\$0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$0

1.72

Total incurred claims

\$0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$0

1.75

Total incurred claims

\$0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

\$2,290,746

\$2,282,627

2.2

Premium Denominator

\$2,290,746

\$2,282,627

2.3

Premium Ratio (2.1/2.2)

100.0%

100.0%

2.4

Reserve Numerator

\$0

\$0

2.5

Reserve Denominator

\$251,455

\$259,967

2.6

Reserve Ratio (2.4/2.5)

0.0%

0.0%

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes []

No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X]

No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes []

No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X]

No []

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$50,000

5.32

Medical Only

\$0

5.33

Medicare Supplement

\$0

5.34

Dental and Vision

\$0

5.35

Other Limited Benefit Plan

\$0

5.36

Other

\$0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

28

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

0

8.2

Number of providers at end of reporting year

0

9.1

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

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees with rate guarantees between 15-36 months

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

10.1

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

Yes [] No [X]

10.2

If yes:

10.21

Maximum amount payable bonuses

0

10.22

Amount actually paid for year bonuses

0

10.23

Maximum amount payable withholds

0

10.24

Amount actually paid for year withholds

0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

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

Yes [X] No []

11.3

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

11.4

If yes, show the amount required.

\$ 500,000

11.5

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

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

12.

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

1

Name of Service Area

State of Ohio

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

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

\$ 0

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

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

\$ 0

14.1

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

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

14.2

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

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

15.

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

15.1

Direct Premium Written

\$ 0

15.2

Total Incurred Claims

\$ 0

15.3

Number of Covered Lives

0

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

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]

16.1

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
FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	10,085,421	10,775,350	10,002,634	11,013,050	9,858,937
2. Total liabilities (Page 3, Line 24).....	9,319,338	9,843,403	9,125,673	10,119,556	9,020,351
3. Statutory minimum capital and surplus requirement.....	500,000	500,000	500,000	500,000	
4. Total capital and surplus (Page 3, Line 33).....	766,083	931,947	876,961	893,493	838,587
Income Statement (Page 4)					
5. Total revenues (Line 8).....	2,290,746	2,282,627	2,057,232	824,660	1,464,236
6. Total medical and hospital expenses (Line 18).....	2,022,097	1,697,433	1,626,176	717,137	753,561
7. Claims adjustment expenses (Line 20).....	143,760	202,307	172,688		
8. Total administrative expenses (Line 21).....	294,048	364,714	275,931	51,375	127,755
9. Net underwriting gain (loss) (Line 24).....	(169,159)	18,173	(17,563)	56,148	582,920
10. Net investment gain (loss) (Line 27).....	3,858	36,813	1,032	(1,244)	(2,446)
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....	(165,863)	54,986	(16,531)	54,904	580,474
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(756,888)	(321,948)	(671,987)	712,058	284,224
Risk-Based Capital Analysis					
14. Total adjusted capital.....	766,083	931,947	876,961	893,493	838,587
15. Authorized control level risk-based capital.....	144,234	122,761	115,886	51,948	53,757
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	2,184	2,349	2,078	1,870	1,845
17. Total member months (Column 6, Line 7).....	26,190	27,087	24,176	22,660	21,227
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).	88.3	74.4	79.0	87.0	51.5
20. Cost containment expenses.....	3.6	2.8	2.7		
21. Other claims adjustment expenses.....	2.7	6.0	5.7		
22. Total underwriting deductions (Line 23).....	107.4	99.2	100.9	93.2	60.2
23. Total underwriting gain (loss) (Line 24).....	(7.4)	0.8	(0.9)	6.8	39.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	276,832	177,523	72,604	98,537	105,188
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	259,967	181,675	72,605	100,987	152,079
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Ohio State Medical Association Health Benefits Plan 2. Dublin, OH

BUSINESS IN THE STATE OF OHIO DURING THE YEAR (Location)

NAIC Group Code.....0 NAIC Company Code.....00116

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	2,349		2,349							
2. First quarter.....	2,175		2,175							
3. Second quarter.....	1,979		1,979							
4. Third quarter.....	2,226		2,226							
5. Current year.....	2,184		2,184							
6. Current year member months.....	26,190		26,190							
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	12,425,278		12,425,278							
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	12,425,278		12,425,278							
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	11,068,611		11,068,611							
18. Amount incurred for provision of health care services.....	11,026,050		11,026,050							

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
29076.....	34-0648820....	01/01/2016	Medical Mutual of Ohio.....	OH.....	6,722,305	1,005,820
37273.....	39-1338397....	01/01/2020	AXIS Insurance Company.....	IL.....	318,538	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				7,040,843	1,005,820
2199999.	Total - Accident and Health Non-Affiliates.....				7,040,843	1,005,820
2299999.	Total - Accident and Health.....				7,040,843	1,005,820
2399999.	Total U.S.....				7,040,843	1,005,820
9999999.	Total.....				7,040,843	1,005,820

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
29076.....	34-0648820.....	.04/01/2015	Medical Mutual of Ohio.....	OH.....	QA/G.....	CMM.....	9,162,984	.....	.....	.....	.....	.....	.....
29076.....	34-0648820.....	.04/01/2015	Medical Mutual of Ohio.....	OH.....	SSL/G.....	CMM.....	754,814	.....	.....	.....	.....	.....	.....
29076.....	34-0648820.....	.04/01/2015	Medical Mutual of Ohio.....	OH.....	ASL/G.....	CMM.....	34,740	.....	.....	.....	.....	.....	.....
37273.....	39-1338397.....	.01/01/2020	AXIS Insurance Company.....	IL.....	SSL/G.....	OM.....	181,993	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						10,134,531	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						10,134,531	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						10,134,531	0	0	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....						10,134,531	0	0	0	0	0	0
9199999.	Total - U.S.....						10,134,531	0	0	0	0	0	0
9999999.	Total.....						10,134,531	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Ohio State Medical Association Health Benefits Plan
SCHEDULE S - PART 6

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums.....	10,135	10,018	8,890	9,426	8,353
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....	1,717	1,993	1,681	1,971	
5. Total hospital and medical expenses.....	9,004	7,837	6,905	8,100	
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....	1,006	1,040			
8. Reinsurance recoverable on paid losses.....	7,041	6,629	5,907	6,007	5,497
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

Ohio State Medical Association Health Benefits Plan
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	1,253,758		1,253,758
2. Accident and health premiums due and unpaid (Line 15).....	65,329		65,329
3. Amounts recoverable from reinsurers (Line 16.1).....	7,040,843		7,040,843
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	1,725,491		1,725,491
6. Totals assets (Line 28).....	10,085,421	0	10,085,421
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	251,455		251,455
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....	209,876		209,876
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	8,858,007		8,858,007
15. Total liabilities (Line 24).....	9,319,338	0	9,319,338
16. Total capital and surplus (Line 33).....	766,083	XXX	766,083
17. Total liabilities, capital and surplus (Line 34).....	10,085,421	0	10,085,421
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

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

Allocated by States and Territories

		1	Direct Business Only							
		2	3	4	5	6	7	8	9	
State, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama.....AL	N							0	
2.	Alaska.....AK	N							0	
3.	Arizona.....AZ	N							0	
4.	Arkansas.....AR	N							0	
5.	California.....CA	N							0	
6.	Colorado.....CO	N							0	
7.	Connecticut.....CT	N							0	
8.	Delaware.....DE	N							0	
9.	District of Columbia.....DC	N							0	
10.	Florida.....FL	N							0	
11.	Georgia.....GA	N							0	
12.	Hawaii.....HI	N							0	
13.	Idaho.....ID	N							0	
14.	Illinois.....IL	N							0	
15.	Indiana.....IN	N							0	
16.	Iowa.....IA	N							0	
17.	Kansas.....KS	N							0	
18.	Kentucky.....KY	N							0	
19.	Louisiana.....LA	N							0	
20.	Maine.....ME	N							0	
21.	Maryland.....MD	N							0	
22.	Massachusetts.....MA	N							0	
23.	Michigan.....MI	N							0	
24.	Minnesota.....MN	N							0	
25.	Mississippi.....MS	N							0	
26.	Missouri.....MO	N							0	
27.	Montana.....MT	N							0	
28.	Nebraska.....NE	N							0	
29.	Nevada.....NV	N							0	
30.	New Hampshire.....NH	N							0	
31.	New Jersey.....NJ	N							0	
32.	New Mexico.....NM	N							0	
33.	New York.....NY	N							0	
34.	North Carolina.....NC	N							0	
35.	North Dakota.....ND	N							0	
36.	Ohio.....OH	L	12,425,278						12,425,278	
37.	Oklahoma.....OK	N							0	
38.	Oregon.....OR	N							0	
39.	Pennsylvania.....PA	N							0	
40.	Rhode Island.....RI	N							0	
41.	South Carolina.....SC	N							0	
42.	South Dakota.....SD	N							0	
43.	Tennessee.....TN	N							0	
44.	Texas.....TX	N							0	
45.	Utah.....UT	N							0	
46.	Vermont.....VT	N							0	
47.	Virginia.....VA	N							0	
48.	Washington.....WA	N							0	
49.	West Virginia.....WV	N							0	
50.	Wisconsin.....WI	N							0	
51.	Wyoming.....WY	N							0	
52.	American Samoa.....AS	N							0	
53.	Guam.....GU	N							0	
54.	Puerto Rico.....PR	N							0	
55.	U.S. Virgin Islands.....VI	N							0	
56.	Northern Mariana Islands.....MP	N							0	
57.	Canada.....CAN	N							0	
58.	Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal.....	XXX	12,425,278	0	0	0	0	0	12,425,278	0
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61.	Total (Direct Business).....	XXX	12,425,278	0	0	0	0	0	12,425,278	0
DETAILS OF WRITE-INS										
58001.									0	
58002.									0	
58003.									0	
58998. Summary of remaining write-ins for line 58.....			0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)....			0	0	0	0	0	0	0	0

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
States, Etc.						6 Totals
1.	Alabama.....AL					0
2.	Alaska.....AK					0
3.	Arizona.....AZ					0
4.	Arkansas.....AR					0
5.	California.....CA					0
6.	Colorado.....CO					0
7.	Connecticut.....CT					0
8.	Delaware.....DE					0
9.	District of Columbia.....DC					0
10.	Florida.....FL					0
11.	Georgia.....GA					0
12.	Hawaii.....HI					0
13.	Idaho.....ID					0
14.	Illinois.....IL					0
15.	Indiana.....IN					0
16.	Iowa.....IA					0
17.	Kansas.....KS					0
18.	Kentucky.....KY					0
19.	Louisiana.....LA					0
20.	Maine.....ME					0
21.	Maryland.....MD					0
22.	Massachusetts.....MA					0
23.	Michigan.....MI					0
24.	Minnesota.....MN					0
25.	Mississippi.....MS					0
26.	Missouri.....MO					0
27.	Montana.....MT					0
28.	Nebraska.....NE					0
29.	Nevada.....NV					0
30.	New Hampshire.....NH					0
31.	New Jersey.....NJ					0
32.	New Mexico.....NM					0
33.	New York.....NY					0
34.	North Carolina.....NC					0
35.	North Dakota.....ND					0
36.	Ohio.....OH					0
37.	Oklahoma.....OK					0
38.	Oregon.....OR					0
39.	Pennsylvania.....PA					0
40.	Rhode Island.....RI					0
41.	South Carolina.....SC					0
42.	South Dakota.....SD					0
43.	Tennessee.....TN					0
44.	Texas.....TX					0
45.	Utah.....UT					0
46.	Vermont.....VT					0
47.	Virginia.....VA					0
48.	Washington.....WA					0
49.	West Virginia.....WV					0
50.	Wisconsin.....WI					0
51.	Wyoming.....WY					0
52.	American Samoa.....AS					0
53.	Guam.....GU					0
54.	Puerto Rico.....PR					0
55.	US Virgin Islands.....VI					0
56.	Northern Mariana Islands...MP					0
57.	Canada.....CAN					0
58.	Aggregate Other Alien.....OT					0
59.	Totals.....	0	0	0	0	0

NONE

PART 1 – ORGANIZATIONAL CHART

State of Domicile: OH

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

Ohio State Medical Association Health Benefits Plan

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	NO
2.	Will an actuarial opinion be filed by March 1?	NO
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	NO
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	NO
APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	NO
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	NO
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Ohio State Medical Association Health Benefits Plan

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

1.

2.

3.

4.

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9.

10.

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

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

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

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

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

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

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

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

BAR CODE:



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NONE**

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments.....		0.0			0	0.0
1.02 All Other Governments.....		0.0			0	0.0
1.03 U.S. States, Territories and Possessions, etc., Guaranteed.....		0.0			0	0.0
1.04 U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed.....		0.0			0	0.0
1.05 U.S. Special Revenue and Special Assessment Obligations, etc., Non-Guaranteed.....		0.0			0	0.0
1.06 Industrial and Miscellaneous.....		0.0			0	0.0
1.07 Hybrid Securities.....		0.0			0	0.0
1.08 Parent, Subsidiaries and Affiliates.....		0.0			0	0.0
1.09 SVO Identified Funds.....		0.0			0	0.0
1.10 Unaffiliated Bank Loans.....		0.0			0	0.0
1.11 Total Long-Term Bonds.....	0	0.0	0	0	0	0.0
2. Preferred Stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and Misc. (Unaffiliated).....		0.0			0	0.0
2.02 Parent, Subsidiaries and Affiliates.....		0.0			0	0.0
2.03 Total Preferred Stock.....	0	0.0	0	0	0	0.0
3. Common Stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and Miscellaneous Publicly Traded (Unaffiliated)		0.0			0	0.0
3.02 Industrial and Miscellaneous Other (Unaffiliated)		0.0			0	0.0
3.03 Parent, Subsidiaries and Affiliates Publicly Traded.....		0.0			0	0.0
3.04 Parent, Subsidiaries and Affiliates Other.....		0.0			0	0.0
3.05 Mutual Funds.....		0.0			0	0.0
3.06 Unit Investment Trusts.....		0.0			0	0.0
3.07 Closed-End Funds.....		0.0			0	0.0
3.08 Total Common Stocks.....	0	0.0	0	0	0	0.0
4. Mortgage Loans Schedule B):						
4.01 Farm Mortgages.....		0.0			0	0.0
4.02 Residential Mortgages.....		0.0			0	0.0
4.03 Commercial Mortgages.....		0.0			0	0.0
4.04 Mezzanine Real Estate Loans.....		0.0			0	0.0
4.05 Total Valuation Allowance.....		0.0			0	0.0
4.06 Total Mortgage Loans.....	0	0.0	0	0	0	0.0
5. Real Estate (Schedule A):						
5.01 Properties Occupied by Company.....		0.0			0	0.0
5.02 Properties Held for Production of Income.....		0.0			0	0.0
5.03 Properties Held for Sale.....		0.0			0	0.0
5.04 Total Real Estate.....	0	0.0	0	0	0	0.0
6. Cash, Cash Equivalents, and Short-Term Investments::						
6.01 Cash (Schedule E, Part 1).....	1,011,503	80.7	1,011,503		1,011,503	80.7
6.02 Cash Equivalents (Schedule E, Part 2).....		0.0			0	0.0
6.03 Short-Term Investments (Schedule DA).....	242,255	19.3	242,255		242,255	19.3
6.04 Total Cash, Cash Equivalents, and Short-Term Investments.....	1,253,758	100.0	1,253,758	0	1,253,758	100.0
7. Contract Loans.....		0.0			0	0.0
8. Derivatives (Schedule DB).....		0.0			0	0.0
9. Other Invested Assets (Schedule BA).....		0.0			0	0.0
10. Receivables for Securities.....		0.0			0	0.0
11. Securities Lending (Schedule DL, Part 1).....		0.0		XXX	XXX	XXX
12. Other Invested Assets (Page 2, Line 11).....		0.0			0	0.0
13. Total Invested Assets.....	1,253,758	100.0	1,253,758	0	1,253,758	100.0

Sch. A - Verification
NONE

Sch. B - Verification
NONE

Sch. BA - Verification
NONE

Sch. D - Verification
NONE

Sch. D - Summary by Country
NONE

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

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

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

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

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

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	243,851			243,851	
2. Cost of short-term investments acquired.....	0				
3. Accrual of discount.....	0				
4. Unrealized valuation increase (decrease).....	0				
5. Total gain (loss) on disposals.....	0				
6. Deduct consideration received on disposals.....	1,596			1,596	
7. Deduct amortization of premium.....	0				
8. Total foreign exchange change in book/adjusted carrying value.....	0				
9. Deduct current year's other-than-temporary impairment recognized.....	0				
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	242,255	0	0	242,255	0
11. Deduct total nonadmitted amounts.....	0				
12. Statement value at end of current period (Line 10 minus Line 11).....	242,255	0	0	242,255	0

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

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

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

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

Sch. DB - Verification
NONE

Sch. E - Pt. 2 Verification
NONE

Sch. A - Pt. 1
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 1
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 1
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 1
NONE

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

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

Sch. D - Pt. 3
NONE

Sch. D - Pt. 4
NONE

Sch. D - Pt. 5
NONE

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

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

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Codes		4	5	6	7	Change in Book/Adjusted Carrying Value				12	13	Interest						20
	2	3					8	9	10	11			14	15	16	17	18	19	
		F o r e i g n					Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.			Amount Due and Accrued December 31 of Current Year on Bond Not in Default	Nonadmitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
Description	Code	n	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value					Par Value	Actual Cost							
Other Short-Term Invested Assets																			
Federated Mutual Government Obligations Fund.....		..	10/01/2013.	Fifth Third Bank.....	12/31/2021.	242,255	.....	.....	.....	.....	.....	.....250,000	.....	.....	.....0.01	.....	.....	.....904	261
9099999. Total - Other Short-Term Invested Assets.....						242,255	0	0	0	0	XXX.....	250,000	0	0	XXX	XXX	XXX	904	261
9199999. Total - Short-Term Investments.....						242,255	0	0	0	0	XXX.....	250,000	0	0	XXX	XXX	XXX	904	261

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A	0	1B	0	1C	0	1D	0	1E	0	1F	0	1G	0
2A	0	2B	0	2C	0								
3A	0	3B	0	3C	0								
4A	0	4B	0	4C	0								
5A	0	5B	0	5C	0								
6	0												

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

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

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

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

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

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

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Open Depositories						
PNC Bank.....		0.00	5,715	.....	.....1,011,503	XXX
0199999. Total - Open Depositories.....	XXX	XXX	5,715	0	1,011,503	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	5,715	0	1,011,503	XXX
0599999. Total Cash.....	XXX	XXX	5,715	0	1,011,503	XXX

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

1. January.....	2,067,968	4. April.....	2,384,782	7. July.....	3,072,156	10. October.....	2,024,294
2. February.....	2,137,212	5. May.....	2,428,429	8. August.....	2,903,737	11. November.....	1,142,312
3. March.....	2,276,316	6. June.....	2,862,193	9. September.....	2,566,180	12. December.....	1,011,503

Sch. E - Pt. 2
NONE

Sch. E - Pt. 3
NONE

Relief Related to the Five-Year Rotation Requirement for Lead Audit Partner



NOTE: The barcode is NOT required for the electronic filing submission or PDFs included in the filing. All of the information on this page will be completely replaced when you insert a PDF (right click, copy file, select the PDF and select Open). Barcodes are only required on hardcopy filings submitted to certain states.

Relief Related to the One-Year Cooling Off Period for Independent CPA



NOTE: The barcode is NOT required for the electronic filing submission or PDFs included in the filing. All of the information on this page will be completely replaced when you insert a PDF (right click, copy file, select the PDF and select Open). Barcodes are only required on hardcopy filings submitted to certain states.

Relief Related to the Requirements for Audit Committees



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MEDICARE PART D COVERAGE SUPPLEMENT

NAIC Group Code....0 (Net of Reinsurance) (To Be Filed By March 1) NAIC Company Code.....00116

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage.....		XXX.....		XXX.....	0
1.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	0
1.13 Risk-Corridor Payment Adjustments.....		XXX.....		XXX.....	0
1.2 Supplemental Benefits.....		XXX.....		XXX.....	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage.....		XXX.....		XXX.....	XXX
2.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX
2.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage.....		XXX.....		XXX.....	XXX
3.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX
3.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable.....		XXX.....		XXX.....	XXX
4.2 Payable.....		XXX.....		XXX.....	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage.....	0	XXX.....	0	XXX.....	XXX
5.12 Without Reinsurance Coverage.....	0	XXX.....	0	XXX.....	XXX
5.13 Risk-Corridor Payment Adjustments.....		XXX.....	0	XXX.....	XXX
5.2 Supplemental Benefits.....		XXX.....	0	XXX.....	XXX
6. Total Premiums.....	0	XXX.....	0	XXX.....	0
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage.....		XXX.....		XXX.....	0
7.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	0
7.2 Supplemental Benefits.....		XXX.....		XXX.....	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage.....		XXX.....		XXX.....	XXX
8.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX
8.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage.....		XXX.....		XXX.....	XXX
9.12 Without Reinsurance Coverage.....		XXX.....		XXX.....	XXX
9.2 Supplemental Benefits.....		XXX.....		XXX.....	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage.....	0	XXX.....	0	XXX.....	XXX
10.12 Without Reinsurance Coverage.....	0	XXX.....	0	XXX.....	XXX
10.2 Supplemental Benefits.....	0	XXX.....	0	XXX.....	XXX
11. Total Claims.....	0	XXX.....	0	XXX.....	0
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied.....	XXX.....		XXX.....		0
12.2 Reimbursements Received but Not Applied-Change.....	XXX.....		XXX.....		0
12.3 Reimbursements Receivable-Change.....	XXX.....		XXX.....		XXX
12.4 Health Care Receivables-Change.....	XXX.....		XXX.....		XXX
13. Aggregate Policy Reserves-Change.....					XXX
14. Expenses Paid.....		XXX.....		XXX.....	0
15. Expenses Incurred.....		XXX.....		XXX.....	XXX
16. Underwriting Gain/Loss.....	0	XXX.....	0	XXX.....	XXX
17. Cash Flow Result.....	XXX.....	XXX.....	XXX.....	XXX.....	0



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

**For the Year Ended December 31, 2020
(To Be Filed by March 1)**

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE ACCIDENT AND HEALTH/FRATERNAL,
TITLE, AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF

**Ohio State Medical Association Health Benefits Plan
COMPANY**

Sch. SIS-Page 2
NONE

Sch. SIS-Page 3
NONE

Sch. SIS-Page 4
NONE



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Eden Prairie, MN 55344
F 952-205-4787
www.optum.com

March 24, 2021

Board of Trustees – Ohio State Medical Association Health Benefits Plan Trust
c/o Mr. Jeff Williamson, Consoliplex Holding Inc.
(216) 798-8844
jeff.williamson@consoliplex.com

**RE: REVIEW OF ACTUARIAL LIABILITIES ASSOCIATED WITH OHIO STATE MEDICAL ASSOCIATION
HEALTH BENEFITS PLAN TRUST FOR STATUTORY ANNUAL STATEMENT AT
DECEMBER 31, 2020**

Dear Mr. Williamson:

Optum completed a review of the actuarial liability items that Ohio State Medical Association Health Benefits Plan Trust ("OSMA") has established in its 2020 statutory annual statement (Health Blank). An actuarial opinion relating to these liabilities was provided separately.

The purpose of this memorandum is to provide supporting documentation for the Board of Trustees of OSMA and your administrator, Consoliplex, regarding my role as Appointed Actuary providing an Actuarial Opinion. This actuarial memorandum provides support for inquiries by regulators and auditors in connection with their review of annual statement values upon which I have expressed an opinion. Publication or use of this memorandum, except as specifically provided above is prohibited without my prior written consent. This document is prepared for, and is only to be relied on by, OSMA and Consoliplex.

As stated in the Actuarial Opinion, I, John C. Lloyd, Consulting Actuary, am associated with the firm of Optum. I am a member of the American Academy of Actuaries and have been retained by OSMA to render an opinion regarding loss reserves, actuarial liabilities, and related items. I was appointed on March 28, 2016, in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

OVERVIEW AND NARRATIVE

OSMA is a multiple employer self-insured trust offering health insurance coverage to medical employers in the state of Ohio. Significant quota share reinsurance has been secured to assure the financial stability of plan coverage. As such, the statement values as presented in filings by OSMA are computed in accordance with an 80/20 quota share reinsurance agreement with Anthem Blue Cross and Blue Shield ("Anthem"). In all cases, OSMA retains 20% of the risk, with Anthem responsible for 80%. Values I reviewed were typically computed on a gross health claims basis, but then reflected in the Annual Statement under the 20% retention basis held by OSMA.

Obviously, 2020 has been a challenging year for most businesses due to COVID-19. As will be noted in specific discussions below, I found OSMA's administration of services in 2020 to have shown no significant impact in terms of claims processing and data integrity. Estimates of emerging costs, while offering some degree of greater uncertainty under current circumstances, have not offered any need to qualify any of the estimates for which an Opinion is being rendered.

RELIANCES/DATA PROVIDED

I have relied on the representations of management of OSMA and Consoliplex as to the accuracy and completeness of the asset records and various listings and summary information underlying the reserves and related actuarial items examined. While I have not performed an audit of the data, I have tested the data for reasonableness as deemed necessary.

The following information was provided to Optum in order to evaluate OSMA's actuarial liabilities:

1. Summary of membership by month through December 2020;
2. Claims paid by month incurred and by month paid through February 2021;
3. Exhibits from the December 31, 2020 statutory annual statement, including the following:
 - Assets
 - Liabilities, Capital and Surplus
 - Statement of Revenue and Expenses
 - Underwriting and Investment Exhibit
 - Part 1 – Premiums
 - Part 2A – Claims Liability End of Current Year
 - Part 2B – Analysis of Claims Unpaid
 - Part 3 – Analysis of Expenses
 - Net Investment Income
4. Account balances for cash, cash equivalents, and short-term investments as of December 31, 2020; and
5. Reports prepared by OSMA regarding amounts recoverable from reinsurers based on analysis of large claims and corresponding contractual reinsurance terms

REVIEW OF ACTUARIAL LIABILITY

Table 1 below provides a summary of the loss reserves, actuarial liabilities and related items that are included in the actuarial opinion:

TABLE 1 SUMMARY OF ACTUARIAL LIABILITIES FROM ACTUARIAL OPINION AT DECEMBER 31, 2020	
Line Number/Category	Amount
Page 3, Line 1. Claims Unpaid	\$251,455
Page 3, Line 2. Accrued Medical Incentive Pool & Bonus Payments	\$0
Page 3, Line 3. Unpaid Claims Adjustment Expense	\$8,000
Page 3, Line 4. Aggregate Health Policy Reserves	\$0
Page 3, Line 5. Aggregate Life Policy Reserve	\$0
Page 3, Line 6. Property / Casualty Unearned Policy Reserve	\$0
Page 3, Line 7. Aggregate Health Claim Reserves	\$0
Page 2, Line 15.3. Accrued retrospective premiums and contract redeterminations	\$0
Page 2, Line 16.1. Amounts recoverable from reinsurance	\$7,040,843

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed above, as shown in the annual statement of the organization as prepared for filing with state regulatory officials as of December 31, 2020. As stated in my Opinion, I believe the amounts established for actuarial liabilities as of December 31, 2020 make good and sufficient provision for its obligations.

Claims Unpaid (Page 3, Line 1)

OSMA has booked a liability for claims unpaid of \$251,455. I developed an estimate of the incurred but not paid (IBNP) claim liability based on information provided by the plan using gross paid claims lag data. I compared my estimate to the amount established by OSMA on Page 3, Line 1 of the statutory annual statement. The following describes the methodologies used to estimate the incurred but not paid claim liabilities.

Consistency of Methodology and Impact of COVID-19

The methodology and calculations employed are consistent with last year and with long-standing processes employed for prior estimates. No specific adjustments were made to the calculations other than updating assumptions chosen in the modeling to best represent anticipated unpaid claims run out and fully incurred costs.

Obviously, estimates during 2020 reflect concerns about the impact of the COVID pandemic on overall healthcare claims costs. We reviewed the claim lags for any potential impact of COVID-

19 on claim amounts and completion patterns. While April to May claim amounts are lower than we would expect for comparable months due to deferral of non-emergency treatments and general member hesitancy in the access of medical services, these claims are essentially complete as of the end of the calendar year. Specifically, for 12/31/2020, it was not necessary to make any ad hoc “abatement” or “rebound” adjustments to the PMPM over-rides being applied. We adjusted the historical claims cost to avoid projecting the April to May cost reductions as part of the base for trended PMPMs, as we do not believe future costs will reflect the levels of “abatement”. Other than conservatism due to rising fully incurred claims costs, the modeling reflects a more traditional PMPM over-ride process described below.

Claim Lag Studies

I reviewed the IBNP liability using a proprietary Optum model which computes estimates under a variety of scenarios based on OSMA’s weekly claims payment pattern for all medical claims and pharmacy claims combined, summarized at a monthly level. The model employed provides analysis using a variety of claims completion projections. In some cases, the most recent months incurred and paid claims can offer variable results and fully incurred claims are projected using trends in emerging claims costs, supplemented by seasonality and credibility adjustments.

Lag development factors were determined from a review of the historical claims payment patterns through December 2020 with claims paid through February 2021. I considered a variety of lag averaging methods, ranging from less conservative to more conservative. The development factors were applied to the incurred claim dollars per member per month (PMPM) to determine the ultimate claim dollars incurred. In addition to lag factors, scenarios may include historical seasonality, no seasonality, workday seasonality, and other options for the projection of final incurred claims. Finally, actual claims paid are subtracted from ultimate claims incurred to estimate the unpaid claims liability. The various scenario outcomes formed the basis of the Optum model Low, Middle, and High estimates of the liability.

OSMA reported a large claimant in 2020 who incurred at least \$159,000 in claims each month through January 2021. This member’s claims were removed from the lag triangles in the development of lag development factors. However, \$41,681 of this member’s claims were incurred in 2020 but paid by OSMA in 2021. This amount was added as a manual adjustment to our reserve estimates.

OSMA’s total statutory provision for claims unpaid is shown in their 2020 annual financial statement on Page 3, Line 1. Table 2 on the next page summarizes Optum’s middle estimate of total unpaid claims, as well as low and high ranges around the middle estimate which were assumed judging by the size of the group.

TABLE 2 CLAIM LIABILITY ESTIMATES AT DECEMBER 31, 2020¹	
	Amount
Optum Low Estimate	\$1,253,771
Optum Middle Estimate	\$1,567,213
Optum High Estimate	\$1,880,656
OSMA Recorded Amount	\$1,257,275
Quota-Share Reinsurance Percentage	80.0%
Booked Claim Liability - Page 3, Line 1	\$251,455

¹Includes margin for adverse deviation and a large claim adjustment.

The advantage of considering multiple scenarios is the opportunity to obtain similar IBNP projections from more than one diverse set of completion, seasonality, and trend projection assumptions. No single scenario necessarily represents the most likely outcome of future development. However, by running several sets of assumptions, the resulting range suggests limits around the potential outcome. The consideration of multiple outcomes therefore improves the potential the estimate booked is reasonable if it falls within the spread of scenario outcomes.

Additional information can be found in the exhibits accompanying this memorandum. Exhibit A provides a more detailed breakdown of the claim liability comparison, including claims adjudication expenses and margin for adverse deviation. Exhibit B provides the Optum middle estimate by month, restated with claims incurred through December 31, 2020 and paid through February 28, 2021.

Because 80% of the liability is held by Anthem BCBS, amounts booked for OSMA in the Annual Statement are initially based on estimates received from calculations performed by Anthem actuaries. As the Opining Actuary, I performed independent IBNP calculations using Optum models. Final Optum estimates included calculation of medical and prescription drug liabilities, as well as an allowance for explicit margin or provision for adverse deviation. As shown above and in Exhibit A, the estimated liability as booked is within Optum's range of outcomes and should provide for a good and sufficient estimate as noted in my Actuarial Opinion.

Accrued Medical Incentive Pool and Bonus Payments (Page 3, Line 2)

OSMA has booked a liability for medical incentives payable of \$0. There are no provider agreements under which OSMA is liable to providers for incentive payments or bonuses based on experience outcomes, so \$0 would be the expectation for this line item. I discussed the potential for these liabilities with OSMA management and have determined there are no medical incentives payable. Therefore, I performed no additional testing on this item.

Unpaid Claims Adjustment Expenses (Page 3, Line 3)

OSMA has established an explicit provision for unpaid claims adjustment expenses of \$8,000. This amount is approximately 3.2% of the total unpaid claims liabilities net of reinsurance. It is common to express the CAE as a percentage of the Unpaid Claims Liability, and this percentage is reasonable.

Aggregate Health Policy Reserves (Page 3, Line 4)

The plan has booked \$0 for aggregate policy reserves. Typically for health plans, this line item would include any liabilities for Unearned Premium Reserves (“UPR”) or Premium Deficiency Reserves (“PDR”).

Regarding UPR, the entire block of OSMA business is based on monthly premiums collected for monthly risk coverage. Therefore, I would agree that no UPR liability should be expected.

Premium Deficiency Reserves represent a liability for projected future underwriting losses on a block of business which would be incurred until such time as losses can be mitigated under the terms of the contract. I reviewed materials provided by OSMA which were related to emerging experience and loss ratios. Neither the Annual Statement results nor experience reports indicate the need for a PDR. OSMA management has further indicated that they are aware of no specific change in circumstances anticipated to alter the anticipated experience and generate losses. I agree that a premium deficiency reserve is not required.

Aggregate Life Policy Reserves (Page 3, Line 5)

The plan has booked \$0 for aggregate life policy reserves. OSMA does not have any life business, so \$0 is the appropriate reserve amount.

Property/Casualty Unearned Premium Reserve (Page 3, Line 6)

The plan has booked \$0 for property/casualty unearned premium reserves. OSMA does not have any property/casualty business, so \$0 is the appropriate reserve amount.

Aggregate Claim Reserves (Page 3, Line 7)

The plan has booked \$0 for aggregate claim reserves. I have considered the need for a reserve; however, there are no extensions of benefit provisions within OSMA’s benefit offering to their enrollees. In addition, there are no guaranteed renewable individual policies and no long-term morbidity assumptions. Therefore, no aggregate claim reserve is needed.

Actuarial Items Presented as Assets (Page 2)

Accrued retrospective premiums and contract redeterminations (Page 2, 15.3)

The Actuarial Opinion addresses certain items which might be shown as assets on Page 2 of the Annual Statement. These estimates are considered as part of the Opinion due to the actuarial nature of the estimation of certain assets involved in ACA product offerings. In particular, the Risk Transfer provisions associated with ACA can create assets or liabilities based on actuarial modeling of the outcomes.

OSMA has no such actuarial products, thus \$0 is appropriate amount for the annual statement.

Amounts Recoverable from Reinsurers (Page 2, Line 16.1)

OSMA amounts recoverable are generated by two sets of reinsurance agreements. The current 80/20 quota share agreement with Anthem creates a reinsurance recovery for any outstanding liabilities not yet settled with Anthem against the 20% OSMA retention.

OSMA also has reinsurance contracts in place providing partial reimbursement for large claims on a specific stop loss basis. These claims are tracked individually on a claim-by-claim basis and are valued based on the terms of the respective reinsurance contracts. The reconciliation is done monthly.

I reviewed the documentation related to the estimates of the amounts recoverable for 2020 and open prior period incurred claims. The net recoverable amount shown in the Annual Statement is \$7,040,843. This reflects the known claims recoverable offset by the adjustment for amounts included as IBNR liabilities for recoverable claims.

REVIEW OF UNDERWRITING AND INVESTMENT EXHIBIT PART 2B

Underwriting and Investment Exhibit Part 2B provides the estimated claims unpaid on claims incurred thru December 31, 2020 and includes a restatement of the unpaid claims liability at December 31, 2020 using additional claims runout through February 2021. The claims unpaid, restated with additional claims runout, are consistent with the statement of Liabilities, Capital and Surplus as of December 31, 2020.

CASH FLOW TESTING

I reviewed the asset mix of OSMA and considered the need for cash flow testing. Total actuarial liabilities plus the premiums received in advance as of December 31, 2020 are \$259,455 as reported on the balance sheet. Total cash, cash equivalents, and short-term investments from associated bank statements as of December 31, 2020 are \$1,253,758. Therefore, short-term assets are sufficient to provide for all unpaid claims liability and claims adjustment expenses.

OSMA Board of Trustees – c/o Mr. Jeff Williamson, Consoliplex
March 24, 2021
Page 8

Since OSMA's cash and short-term investments exceed the value of the booked claim reserves and other actuarial liabilities, no additional revenue is required.

If you have any questions regarding my analysis, please call (404) 272-5115.

Sincerely,

A handwritten signature in black ink, reading "John C. Lloyd". The signature is written in a cursive style with a large, stylized "J" and "L".

John C. Lloyd, FSA, MAAA
Consulting Actuary, Optum

Exhibit A
OSMA Member Health Benefit Trust
Claims Unpaid Summary as of December 31, 2020

	Before Reinsurance					After Reinsurance			
	OSMA HBP	Optum - Low	Optum - Mid	Optum - High	Statement Line	OSMA HBP	Optum - Low	Optum - Mid	Optum - High
Lag Analysis									
OSMA HBP	\$1,257,275	\$1,194,067	\$1,492,584	\$1,791,101	1	\$251,455	\$238,813	\$298,517	\$358,220
Subtotal	\$1,257,275	\$1,194,067	\$1,492,584	\$1,791,101		\$251,455	\$238,813	\$298,517	\$358,220
Other:									
Unpaid Claims Adjustment Expenses	\$40,000	\$37,989	\$47,486	\$56,984	3	\$8,000	\$7,598	\$9,497	\$11,397
Margin		\$59,703	\$74,629	\$89,555	1		\$11,941	\$14,926	\$17,911
Manual Adjustments					1				
Additional Provider Incentive					2				
Subtotal	\$40,000	\$97,692	\$122,116	\$146,539		\$8,000	\$19,538	\$24,423	\$29,308
Total Liabilities									
Claims Payable	\$1,257,275	\$1,253,771	\$1,567,213	\$1,880,656	1	\$251,455	\$250,754	\$313,443	\$376,131
Accrued Medical Incentives	\$0	\$0	\$0	\$0	2	\$0	\$0	\$0	\$0
Unpaid Claims Adjustment Expenses	\$40,000	\$37,989	\$47,486	\$56,984	3	\$8,000	\$7,598	\$9,497	\$11,397
Aggregate Health Policy Reserves	\$0	\$0	\$0	\$0	4	\$0	\$0	\$0	\$0
Aggregate Health Claim Reserves	\$0	\$0	\$0	\$0	7	\$0	\$0	\$0	\$0
	\$1,297,275	\$1,291,760	\$1,614,700	\$1,937,640		\$259,455	\$258,352	\$322,940	\$387,528
Difference		\$5,515	(\$317,425)	(\$640,365)			\$1,103	(\$63,485)	(\$128,073)
Difference as a Percent of Booked Claims Payable		0.4%	-25.2%	-50.9%			0.4%	-25.2%	-50.9%

Exhibit B
OSMA Member Health Program Trust
2020 Restated Liability

Claims Incurred thru December 31, 2020, and Paid thru February 28, 2021

Date	IBNP
Jan-20	1,041,616
Feb-20	994,530
Mar-20	1,168,497
Apr-20	969,877
May-20	811,039
Jun-20	878,387
Jul-20	1,192,703
Aug-20	1,078,310
Sep-20	1,245,905
Oct-20	1,050,784
Nov-20	1,089,285
Dec-20	1,450,903
Manual Adjustment	41,681
Adjusted Dec-20	1,492,584

Exhibit C
OSMA Member Health Program Trust
YE2020 Reserve Summary
Medical and Rx Combined*

Date	Members	Completion Factor	Incurred Loss	Ultimate Loss	Reserve	Restated Reserve
Jan-19	2,078	100.00%	842,022	842,022	-	994,587
Feb-19	2,138	100.00%	458,974	458,974	-	795,063
Mar-19	2,728	100.00%	687,279	687,279	-	771,511
Apr-19	2,058	100.00%	778,281	778,296	14	889,065
May-19	2,018	100.00%	816,187	816,222	35	845,944
Jun-19	2,238	99.99%	661,166	661,217	52	796,073
Jul-19	2,399	99.99%	877,274	877,355	81	879,375
Aug-19	2,263	99.99%	598,244	598,314	69	814,996
Sep-19	2,262	99.97%	690,938	691,160	222	727,182
Oct-19	2,283	99.96%	1,006,772	1,007,139	367	865,684
Nov-19	2,274	99.96%	908,375	908,716	341	989,617
Dec-19	2,349	99.96%	1,201,396	1,201,856	460	1,373,856
Jan-20	2,276	99.96%	448,240	448,415	174	1,041,616
Feb-20	2,253	99.94%	635,937	636,314	378	994,530
Mar-20	2,175	99.94%	904,265	904,802	537	1,168,497
Apr-20	2,164	99.92%	425,739	426,077	338	969,877
May-20	2,156	99.91%	494,858	495,319	461	811,039
Jun-20	1,979	99.77%	809,354	811,211	1,856	878,387
Jul-20	2,158	99.32%	946,240	952,707	6,467	1,192,703
Aug-20	2,232	99.07%	791,536	798,974	7,438	1,078,310
Sep-20	2,226	98.99%	1,151,580	1,163,345	11,765	1,245,905
Oct-20	2,194	98.14%	901,503	918,600	17,097	1,050,784
Nov-20	2,193	97.07%	965,846	995,035	29,189	1,089,285
Dec-20	2,184	93.90%	1,115,488	1,187,981	72,492	1,450,903

*-Does not include large claim adjustment of \$41,681 for large claims incurred in 2020 but paid in 2021.

Statement of Actuarial Opinion
Ohio State Medical Association Benefits Plan Trust
December 31, 2020

This Opinion is:	☒ Unqualified	☐ Qualified	☐ Adverse	☐ Inconclusive
Identification Section	☒ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☐ Revised Wording	
Scope Section	☒ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☐ Revised Wording	
Reliance Section	☒ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☐ Revised Wording	
Opinion Section	☐ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☒ Revised Wording	
Relevant Comments			☐ Revised Wording	
☐ The Actuarial Memorandum include "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

I, John C. Lloyd, Consulting Actuary, am associated with the firm of Optum. I am a member of the American Academy of Actuaries and have been retained by the Ohio State Medical Association Health Benefits Plan Trust to render an opinion with regard to loss reserves, actuarial liabilities, and related items. I was appointed on March 28, 2016, in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2020.

A. Claims unpaid (Page 3, Line 1);	\$ 251,455
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2);	\$0
C. Unpaid claims adjustment expenses (Page 3, Line 3);	\$ 8,000
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves, and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	\$0
E. Aggregate life policy reserves (Page 3, Line 5);	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6);	\$0
G. Aggregate health claim reserves (Page 3, Line 7);	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and	N/A
I. Specified actuarial items presented as assets in the annual statement	
a. Accrued retrospective premiums and contract redeterminations (page 2, Line 15.3)	\$0
b. Amounts recoverable from reinsurance (Page 2, Line 16.1)	\$ 7,040,843

Statement of Actuarial Opinion
Ohio State Medical Association Health Benefits Plan Trust
December 31, 2020

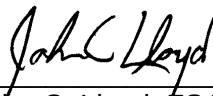
In forming my opinion on items A through I above, I relied upon data prepared by Todd Baker and Jeffrey B. Williamson as certified in the attached statement. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the Insurance Laws and regulations of the state of Ohio; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed,
- D. Make good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year end,
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.



John C. Lloyd, FSA, MAAA
Consulting Actuary, Optum
2170 Satellite Blvd, Suite 150
Duluth, GA 30097
(678) 417-4906

March 24, 2021

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

To: Optum

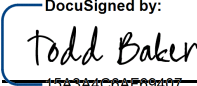
FROM: OSMA Health Benefit Plan

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of OSMA Health Benefit Plan as of December 31, 2020, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete, and were derived from the records and data which form the basis of the statement for the period ending December 31, 2020;
3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined; and,
4. At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers, and if not, Company has accrued an appropriate liability to cover the risk.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

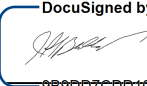
With respect to assets and liabilities of OSMA Health Benefit Plan as of December 31, 2020, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of December 31, 2020.

Signed 
DocuSigned by:
15A3A4C0AF09407...

Name Todd Baker _____

Title Trustee/Chairperson _____

Date 3/19/2021 _____

Signed 
DocuSigned by:
9B9DD7CDD1094DA...

Name Jeffrey B. Williamson _____

Title CFO, Consoliplex _____

Date 3/19/2021 _____

**A&H Policy Experience Ex.
NONE**

**A&H Policy Experience Ex.
NONE**

**A&H Policy Experience Ex.
NONE**

**A&H Policy Experience Ex. Pt. 1 Individual Summary
NONE**

**A&H Policy Experience Ex. Pt. 2 Group Summary
NONE**

**A&H Policy Experience Ex. Pt. 3 Credit Summary
NONE**

**A&H Policy Experience Ex. Pt. 4 Total Summary
NONE**

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT: 1. CORPORATION: Ohio State Medical Association Health Benefits Plan 2. LOCATION: Dublin OH

NAIC Group Code.....0

BUSINESS IN THE STATE OF GRAND TOTAL

DURING THE YEAR 2020

NAIC Company Code.....00116

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans						
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools.....													0	XXX	0
1.3 State high risk pools.....													0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1+1.2+1.3).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments.....													0		0
1.6 State insurance, premium and other taxes (Similar local taxes of \$.00).....													0		0
1.6a Community benefit expenditures (informational only).....													0		0
1.7 Regulatory authority licenses and fees.....													0		0
1.8 Adjusted premiums earned (Lines 1.4-1.5-1.6-1.7).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.9 Net assumed less ceded reinsurance premiums earned.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other adjustments due to MLR calculations - premiums.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk revenue.....													0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (lines 1.8+1.9+1.10+1.11).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2. Claims:															
2.1 Incurred claims excluding prescription drugs.....													0	XXX	0
2.2 Prescription drugs.....													0	XXX	0
2.3 Pharmaceutical rebates.....													0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only).....													0	XXX	0
3. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible fraud and abuse detection/recovery expenses (for MLR use only).....	0	0	0	0	0	0	0	0	0	0			0		0
5. 5.0 Total incurred claims (Lines 2.1+2.2-2.3+3) (From Part 2, Line 2.15).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net assumed less ceded reinsurance claims incurred.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other adjustments due to MLR calculations - claims.....													0	XXX	0
5.3 Rebates paid.....										XXX	XXX		0	XXX	0
5.4 Estimated rebates unpaid prior year.....										XXX	XXX		0	XXX	0
5.5 Estimated rebates unpaid current year.....										XXX	XXX		0	XXX	0
5.6 Fee for service and co-pay revenue.....													0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0+5.1+5.2+5.3-5.4+5.5-5.6).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
6. Improving health care quality expenses incurred:															
6.1 Improve health outcomes.....	0	0	0	0	0	0	0	0	0				0		0
6.2 Activities to prevent hospital readmissions.....	0	0	0	0	0	0	0	0	0				0		0
6.3 Improve patient safety and reduce medical errors.....	0	0	0	0	0	0	0	0	0				0		0
6.4 Wellness and health promotion activities.....	0	0	0	0	0	0	0	0	0				0		0
6.5 Health information technology expenses related to health improvement.....	0	0	0	0	0	0	0	0	0				0		0
6.6 Total of defined expenses incurred for improving health care quality (Lines 6.1+6.2+6.3+6.4+6.5).....	0	0	0	0	0	0	0	0	0	0	0	0	0		0
7. Preliminary medical loss ratio: MLR (Lines 4+5.0+6.6-Footnote 2.0) / Line 1.8.....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims adjustment expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....													0		0
8.2 All other claims adjustment expenses.....													0		0
8.3 Total claims adjustment expenses (Lines 8.1+8.2).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims adjustment expense ratio (Line 8.3 / Line 1.8).....	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

216.1

NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1



(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT: 1. CORPORATION: Ohio State Medical Association Health Benefits Plan 2. LOCATION: Dublin OH

NAIC Group Code.....0

BUSINESS IN THE STATE OF GRAND TOTAL

DURING THE YEAR 2020

NAIC Company Code.....00116

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Pt D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (Cols 13 + 14)
10. General and administrative (G&A) expenses:															
10.1 Direct sales salaries and benefits.....													0		0
10.2 Agents and brokers fees and commissions.....													0		0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....													0		0
10.4 Other general and administrative expenses.....													0		0
10.4a Community benefits expenditures (informational only).....													0		0
10.5 Total general and administrative (Lines 10.1+10.2+10.3+10.4).....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Underwriting gain/(loss) (Lines 1.12-5.7-6.6-8.3-10.5).....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
12. Income from fees of uninsured plans.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13. Net investment and other gain/(loss).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
15. Net gain or (loss) (Lines 11+12+13-14).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16. ICD-10 Implementation Expenses (information only, already included in general expenses and Line 10.4).....													0		0
16a. ICD-10 Implementation Expenses (information only, already included in Line 10.4).....													0		0
OTHER INDICATORS:															
1. Number of certificates/policies.....													0		0
2. Number of covered lives.....													0		0
3. Number of groups.....	XXX			XXX									0		0
4. Member months.....													0		0

Is run off business reported in Columns 1 through 9 or 12?.....Yes[].....No[] If yes, show the amount of premiums and claims included. Premium \$..... Claims \$.....

NONE

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

		Current Year		Prior Year	
		Comprehensive Health Coverage			
		1	2	3	4
		Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables					
1.	Permanent ACA Risk Adjustment Program				
1.0	Premium adjustments receivable/(payable).....				
2.	Transactional ACA Reinsurance Program				
2.0	Total amounts recoverable for claims (paid & unpaid).....		XXX.....		XXX.....
3.	Temporary ACA Risk Corridors Program				
3.1	Accrued retrospective premium.....				
3.2	Reserve for rate credits or policy experience refunds.....				
ACA Receipts and Payments					
4.	Permanent ACA Risk Adjustment Program				
4.0	Premium adjustment receipts/(payments).....				
5.	Transitional ACA Reinsurance Program				
5.0	Amounts received for claims.....		XXX.....		XXX.....
6.	Temporary ACA Risk Corridors Program				
6.1	Retrospective premium received.....				
6.2	Rate credits or policy experience refunds paid.....				

216.1.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: Ohio State Medical Association Health Benefits Plan 2. LOCATION: Dublin OH

NAIC Group Code.....0			BUSINESS IN THE STATE OF GRAND TOTAL							DURING THE YEAR 2020				NAIC Company Code.....00116	
			Business Subject to MLR									10	11	12	13
			Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
			1	2	3	4	5	6	7	8					
			Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans				
1. Health premiums earned:															
1.1 Direct premiums written.....															0
1.2 Unearned premium prior year.....															0
1.3 Unearned premium current year.....															0
1.4 Change in unearned premium (Lines 1.2 - 1.3).....			0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits.....															0
1.6 Reserve for rate credits current year.....															0
1.7 Reserve for rate credits prior year.....															0
1.8 Change in reserve for rate credits (Lines 1.6 -1.7).....			0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off.....															0
1.10 Group conversion charges.....															0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10).....			0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates.....															0
1.13 Net assumed less ceded premiums earned from affiliates.....															0
1.14 Ceded premiums earned to non-affiliates.....															0
1.15 Other adjustments due to MLR calculation - premiums.....															0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15).....			0	0	0	0	0	0	0	0	0	0	0	0	0
2. Direct claims incurred:															
2.1 Paid claims during the year.....															0
2.2 Direct claim liability current year.....															0
2.3 Direct claim liability prior year.....															0
2.4 Direct claim reserves current year.....															0
2.5 Direct claim reserves prior year.....															0
2.6 Direct contract reserves current year.....															0
2.7 Direct contract reserves prior year.....															0
2.8 Paid rate credits.....															0
2.9 Reserve for rate credits current year.....															0
2.10 Reserve for rate credits prior year.....															0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c).....			0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year.....															0
2.11b Accrued medical incentive pools and bonuses current year.....															0
2.11c Accrued medical incentive pools and bonuses prior year.....															0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b).....			0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year.....															0
2.12b Healthcare receivables prior year.....															0
2.13 Group conversion charge.....															0
2.14 Multi-option coverage blended rate adjustment.....															0
2.15 Total incurred claims (Lines 2.1+2.2-2.3+2.4-2.5+2.6-2.7+2.8+2.9-2.10+2.11-2.12+2.13+2.14).....			0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates.....															0
2.17 Net assumed less ceded incurred claims from affiliates.....															0
2.18 Ceded incurred claims to non-affiliates.....															0
2.19 Other adjustments due to MLR calculation - claims.....															0
2.20 Net incurred claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19).....			0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fraud and abuse recoveries that reduced PAID claims in Line 2.1 above (informational only).....															0

(a) Column 13, line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: Ohio State Medical Association Health Benefits Plan 2. LOCATION: Dublin OH

NAIC Group Code.....0		BUSINESS IN THE STATE OF GRAND TOTAL						DURING THE YEAR 2020		NAIC Company Code....00116	
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claim Adjustment Expenses		
1. Individual comprehensive coverage expenses:											
1.1 Salaries (including \$.....0 for affiliated services).....							0				0
1.2 Outsourced services.....							0				0
1.3 EDP equipment and software (including \$.....0 for affiliated services).....							0				0
1.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....							0				0
1.5 Accreditation and certification (including \$.....0 for affiliated services).....			XXX	XXX	XXX	XXX	0				0
1.6 Other expenses (including \$.....0 for affiliated services).....							0				0
1.7 Subtotal before reimbursements and taxes (Lines 1.1 to 1.6).....		0	0	0	0	0	0	0	0	0	0
1.8 Reimbursements by uninsured plans and fiscal intermediaries.....							0				0
1.9 Taxes, licenses and fees (in total, for tying purposes).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
1.10 Total (Lines 1.7 to 1.9).....		0	0	0	0	0	0	0	0	0	0
1.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....							0				0
2. Small group comprehensive coverage expenses:				NONE							
2.1 Salaries (including \$.....0 for affiliated services).....							0				0
2.2 Outsourced services.....							0				0
2.3 EDP equipment and software (including \$.....0 for affiliated services).....							0				0
2.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....							0				0
2.5 Accreditation and certification (including \$.....0 for affiliated services).....			XXX	XXX	XXX	XXX	0				0
2.6 Other expenses (including \$.....0 for affiliated services).....							0				0
2.7 Subtotal before reimbursements and taxes (Lines 2.1 to 2.6).....		0	0	0	0	0	0	0	0	0	0
2.8 Reimbursements by uninsured plans and fiscal intermediaries.....							0				0
2.9 Taxes, licenses and fees (in total, for tying purposes).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
2.10 Total (Lines 2.7 to 2.9).....		0	0	0	0	0	0	0	0	0	0
2.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....							0				0
3. Large group comprehensive coverage expenses:											
3.1 Salaries (including \$.....0 for affiliated services).....							0				0
3.2 Outsourced services.....							0				0
3.3 EDP equipment and software (including \$.....0 for affiliated services).....							0				0
3.4 Other equipment (excl. EDP) (including \$.....0 for affiliated services).....							0				0
3.5 Accreditation and certification (including \$.....0 for affiliated services).....			XXX	XXX	XXX	XXX	0				0
3.6 Other expenses (including \$.....0 for affiliated services).....							0				0
3.7 Subtotal before reimbursements and taxes (Lines 3.1 to 3.6).....		0	0	0	0	0	0	0	0	0	0
3.8 Reimbursements by uninsured plans and fiscal intermediaries.....							0				0
3.9 Taxes, licenses and fees (in total, for tying purposes).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
3.10 Total (Lines 3.7 to 3.9).....		0	0	0	0	0	0	0	0	0	0
3.11 Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....							0				0

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: Ohio State Medical Association Health Benefits Plan 2. LOCATION: Dublin OH

NAIC Group Code.....0		BUSINESS IN THE STATE OF GRAND TOTAL					DURING THE YEAR 2020		NAIC Company Code....00116	
All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
4. Individual mini-med plans expenses:										
4.1	Salaries (including \$.....0 for affiliated services).....						0			0
4.2	Outsourced services.....						0			0
4.3	EDP equipment and software (including \$.....0 for affiliated services).....						0			0
4.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0			0
4.5	Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0			0
4.6	Other expenses (including \$.....0 for affiliated services).....						0			0
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6).....	0	0	0	0	0	0	0	0	0
4.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0
4.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
4.10	Total (Lines 4.7 to 4.9).....	0	0	0	0	0	0	0	0	0
4.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0			0
5. Small group mini-med plans expenses:				NONE						
5.1	Salaries (including \$.....0 for affiliated services).....						0			0
5.2	Outsourced services.....						0			0
5.3	EDP equipment and software (including \$.....0 for affiliated services).....						0			0
5.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0			0
5.5	Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0			0
5.6	Other expenses (including \$.....0 for affiliated services).....						0			0
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6).....	0	0	0	0	0	0	0	0	0
5.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0
5.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
5.10	Total (Lines 5.7 to 5.9).....	0	0	0	0	0	0	0	0	0
5.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0			0
6. Large group mini-med plans expenses:										
6.1	Salaries (including \$.....0 for affiliated services).....						0			0
6.2	Outsourced services.....						0			0
6.3	EDP equipment and software (including \$.....0 for affiliated services).....						0			0
6.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0			0
6.5	Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0			0
6.6	Other expenses (including \$.....0 for affiliated services).....						0			0
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6).....	0	0	0	0	0	0	0	0	0
6.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0
6.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
6.10	Total (Lines 6.7 to 6.9).....	0	0	0	0	0	0	0	0	0
6.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0			0

216.3.1

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes) REPORT: 1. CORPORATION: Ohio State Medical Association Health Benefits Plan 2. LOCATION: Dublin OH

NAIC Group Code.....0		BUSINESS IN THE STATE OF GRAND TOTAL					DURING THE YEAR 2020		NAIC Company Code....00116	
All Expenses		Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
7. Small group expatriate plans expenses										
7.1	Salaries (including \$.....0 for affiliated services).....						0			0
7.2	Outsourced services.....						0			0
7.3	EDP equipment and software (including \$.....0 for affiliated services).....						0			0
7.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0			0
7.5	Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0			0
7.6	Other expenses (including \$.....0 for affiliated services).....						0			0
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6).....	0	0	0	0	0	0	0	0	0
7.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0
7.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.10	Total (Lines 7.7 to 7.9).....	0	0	0	0	0	0	0	0	0
7.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0			0
8. Large group expatriate plans expenses				NONE						
8.1	Salaries (including \$.....0 for affiliated services).....						0			0
8.2	Outsourced services.....						0			0
8.3	EDP equipment and software (including \$.....0 for affiliated services).....						0			0
8.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0			0
8.5	Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0			0
8.6	Other expenses (including \$.....0 for affiliated services).....						0			0
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6).....	0	0	0	0	0	0	0	0	0
8.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0
8.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
8.10	Total (Lines 8.7 to 8.9).....	0	0	0	0	0	0	0	0	0
8.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0			0
9. Student health plans expenses										
9.1	Salaries (including \$.....0 for affiliated services).....						0			0
9.2	Outsourced services.....						0			0
9.3	EDP equipment and software (including \$.....0 for affiliated services).....						0			0
9.4	Other equipment (excl. EDP) (including \$.....0 for affiliated services).....						0			0
9.5	Accreditation and certification (including \$.....0 for affiliated services).....		XXX	XXX	XXX	XXX	0			0
9.6	Other expenses (including \$.....0 for affiliated services).....						0			0
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6).....	0	0	0	0	0	0	0	0	0
9.8	Reimbursements by uninsured plans and fiscal intermediaries.....						0			0
9.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
9.10	Total (Lines 9.7 to 9.9).....	0	0	0	0	0	0	0	0	0
9.11	Total fraud and abuse detection/recovery expenses incl. in col. 7 (informational only).....						0			0

216.3.2



SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code.....0 NAIC Company Code.....00116

Description of allocation methodology:

NONE

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense
--------------------------	-----	---------------------------------

NONE



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2020

(To be filed by April 1)

Of Ohio State Medical Association Health Benefits Plan

Address (City, State, Zip Code): Dublin OH 43017

NAIC Group Code.....0

NAIC Company Code.....00116

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

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.
Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$.....10,084,421

2. Ten largest exposures to a single issuer/borrower/investment.

1	2	3	4
Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2.01		\$.....	0.0 %
2.02		\$.....	0.0 %
2.03		\$.....	0.0 %
2.04		\$.....	0.0 %
2.05		\$.....	0.0 %
2.06		\$.....	0.0 %
2.07		\$.....	0.0 %
2.08		\$.....	0.0 %
2.09		\$.....	0.0 %
2.10		\$.....	0.0 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

Bonds		1	2
3.01	NAIC 1.....	\$.....	0.0 %
3.02	NAIC 2.....	\$.....	0.0 %
3.03	NAIC 3.....	\$.....	0.0 %
3.04	NAIC 4.....	\$.....	0.0 %
3.05	NAIC 5.....	\$.....	0.0 %
3.06	NAIC 6.....	\$.....	0.0 %
Preferred Stocks		3	4
3.07	P/RP-1.....	\$.....	0.0 %
3.08	P/RP-2.....	\$.....	0.0 %
3.09	P/RP-3.....	\$.....	0.0 %
3.10	P/RP-4.....	\$.....	0.0 %
3.11	P/RP-5.....	\$.....	0.0 %
3.12	P/RP-6.....	\$.....	0.0 %

4. Assets held in foreign investments:

4.01	Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets?	Yes [] No []
If response to 4.01 above is yes, responses are not required for interrogatories 5-10.		
4.02	Total admitted assets held in foreign investments	\$.....0.0 %
4.03	Foreign-currency-denominated investments	\$.....0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	\$.....0.0 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

	1	2
5.01	Countries designated NAIC 1.....	\$.....0.0 %
5.02	Countries designated NAIC 2.....	\$.....0.0 %
5.03	Countries designated NAIC 3 or below.....	\$.....0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

Countries designated NAIC 1:		1	2
6.01	Country 1:	\$.....	0.0 %
6.02	Country 2:	\$.....	0.0 %
Countries designated NAIC 2:			
6.03	Country 1:	\$.....	0.0 %
6.04	Country 2:	\$.....	0.0 %
Countries designated NAIC 3 or below:			
6.05	Country 1:	\$.....	0.0 %
6.06	Country 2:	\$.....	0.0 %

7. Aggregate unhedged foreign currency exposure..... \$.....0.0 %

Ohio State Medical Association Health Benefits Plan

8.

Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

1

2

8.01

Countries designated NAIC 1.....

\$.....

0.0 %

8.02

Countries designated NAIC 2.....

\$.....

0.0 %

8.03

Countries designated NAIC 3 or below.....

\$.....

0.0 %

9.

Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

Countries designated NAIC 1:

1

2

9.01

Country 1:

\$.....

0.0 %

9.02

Country 2:

\$.....

0.0 %

Countries designated NAIC 2:

9.03

Country 1:

\$.....

0.0 %

9.04

Country 2:

\$.....

0.0 %

Countries designated NAIC 3 or below:

9.05

Country 1:

\$.....

0.0 %

9.06

Country 2:

\$.....

0.0 %

10.

Ten largest non-sovereign (i.e. non-governmental) foreign issues:

1

2

Issuer

NAIC Designation

3

4

10.01

.....

\$.....

0.0 %

10.02

.....

\$.....

0.0 %

10.03

.....

\$.....

0.0 %

10.04

.....

\$.....

0.0 %

10.05

.....

\$.....

0.0 %

10.06

.....

\$.....

0.0 %

10.07

.....

\$.....

0.0 %

10.08

.....

\$.....

0.0 %

10.09

.....

\$.....

0.0 %

10.10

.....

\$.....

0.0 %

11.

Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01

Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

11.02

Total admitted assets held in Canadian Investments.....

\$.....

0.0 %

11.03

Canadian currency-denominated investments.....

\$.....

0.0 %

11.04

Canadian-denominated insurance liabilities.....

\$.....

0.0 %

11.05

Unhedged Canadian currency exposure.....

\$.....

0.0 %

12.

Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01

Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

1

2

3

12.02

Aggregate statement value of investments with contractual sales restrictions.....

\$.....

0.0 %

Largest three investments with contractual sales restrictions:

12.03

.....

\$.....

0.0 %

12.04

.....

\$.....

0.0 %

12.05

.....

\$.....

0.0 %

13.

Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01

Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

1

2

3

Name of Issuer

13.02

.....

\$.....

0.0 %

13.03

.....

\$.....

0.0 %

13.04

.....

\$.....

0.0 %

13.05

.....

\$.....

0.0 %

13.06

.....

\$.....

0.0 %

13.07

.....

\$.....

0.0 %

13.08

.....

\$.....

0.0 %

13.09

.....

\$.....

0.0 %

13.10

.....

\$.....

0.0 %

13.11

.....

\$.....

0.0 %

14.

Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01

Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.

1

2

3

14.02

Aggregate statement value of investments held in nonaffiliated, privately placed equities.....

\$.....

0.0 %

Largest three investments held in nonaffiliated, privately placed equities:

14.03

.....

\$.....

0.0 %

14.04

.....

\$.....

0.0 %

14.05

.....

\$.....

0.0 %

285.1

Ohio State Medical Association Health Benefits Plan

Ten Largest Fund Managers

	1	2	3	4
	Fund Manager	Total Invested	Diversified	Non-Diversified
14.06		\$.....	\$.....	\$.....
14.07		\$.....	\$.....	\$.....
14.08		\$.....	\$.....	\$.....
14.09		\$.....	\$.....	\$.....
14.10		\$.....	\$.....	\$.....
14.11		\$.....	\$.....	\$.....
14.12		\$.....	\$.....	\$.....
14.13		\$.....	\$.....	\$.....
14.14		\$.....	\$.....	\$.....
14.15		\$.....	\$.....	\$.....

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02 Aggregate statement value of investments held in general partnership interests.....		\$.....	0.0 %
Largest three investments in general partnership interests:			
15.03		\$.....	0.0 %
15.04		\$.....	0.0 %
15.05		\$.....	0.0 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1	2	3
	Type (Residential, Commercial, Agricultural)		
16.02		\$.....	0.0 %
16.03		\$.....	0.0 %
16.04		\$.....	0.0 %
16.05		\$.....	0.0 %
16.06		\$.....	0.0 %
16.07		\$.....	0.0 %
16.08		\$.....	0.0 %
16.09		\$.....	0.0 %
16.10		\$.....	0.0 %
16.11		\$.....	0.0 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

	Loans
16.12 Construction loans.....	\$..... 0.0 %
16.13 Mortgage loans over 90 days past due.....	\$..... 0.0 %
16.14 Mortgage loans in the process of foreclosure.....	\$..... 0.0 %
16.15 Mortgage loans foreclosed.....	\$..... 0.0 %
16.16 Restructured mortgage loans.....	\$..... 0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value	Residential	Commercial	Agricultural			
	1	2	3	4	5	6
17.01 above 95%.....	\$.....	0.0 %	\$.....	0.0 %	\$.....	0.0 %
17.02 91% to 95%.....	\$.....	0.0 %	\$.....	0.0 %	\$.....	0.0 %
17.03 81% to 90%.....	\$.....	0.0 %	\$.....	0.0 %	\$.....	0.0 %
17.04 71% to 80%.....	\$.....	0.0 %	\$.....	0.0 %	\$.....	0.0 %
17.05 below 70%.....	\$.....	0.0 %	\$.....	0.0 %	\$.....	0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets?

Yes [] No []

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate:

	Description	2	3
18.02		\$.....	0.0 %
18.03		\$.....	0.0 %
18.04		\$.....	0.0 %
18.05		\$.....	0.0 %
18.06		\$.....	0.0 %

Ohio State Medical Association Health Benefits Plan

19.

Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans.

19.01

Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's admitted assets?

Yes [☐] No [☐]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02 Aggregate statement value of investments held in mezzanine real estate loans		\$.....	0.0 %
Largest three investments held in mezzanine real estate loans:			
19.03		\$.....	0.0 %
19.04		\$.....	0.0 %
19.05		\$.....	0.0 %

20.

Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
			<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
	1	2	3	4	5
20.01 Securities lending agreements (do not include assets held as collateral for such transactions).....	\$.....	0.0 %	\$.....	\$.....	\$.....
20.02 Repurchase agreements.....	\$.....	0.0 %	\$.....	\$.....	\$.....
20.03 Reverse repurchase agreements.....	\$.....	0.0 %	\$.....	\$.....	\$.....
20.04 Dollar repurchase agreements.....	\$.....	0.0 %	\$.....	\$.....	\$.....
20.05 Dollar reverse repurchase agreements.....	\$.....	0.0 %	\$.....	\$.....	\$.....

21.

Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps and floors:

	<u>Owned</u>		<u>Written</u>	
	1	2	3	4
21.01 Hedging.....	\$.....	0.0 %	\$.....	0.0 %
21.02 Income generation.....	\$.....	0.0 %	\$.....	0.0 %
21.03 Other.....	\$.....	0.0 %	\$.....	0.0 %

22.

Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
			<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
	1	2	3	4	5
22.01 Hedging.....	\$.....	0.0 %	\$.....	\$.....	\$.....
22.02 Income generation.....	\$.....	0.0 %	\$.....	\$.....	\$.....
22.03 Replications.....	\$.....	0.0 %	\$.....	\$.....	\$.....
22.04 Other.....	\$.....	0.0 %	\$.....	\$.....	\$.....

23.

Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
			<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
	1	2	3	4	5
23.01 Hedging.....	\$.....	0.0 %	\$.....	\$.....	\$.....
23.02 Income generation.....	\$.....	0.0 %	\$.....	\$.....	\$.....
23.03 Replications.....	\$.....	0.0 %	\$.....	\$.....	\$.....
23.04 Other.....	\$.....	0.0 %	\$.....	\$.....	\$.....



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL
ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2020

(To Be Filed by April 1)

OF.....Ohio State Medical Association Health Benefits Plan

DIRECT BUSINESS IN THE STATE OF.....Grand Total

NAIC COMPANY CODE.....00116

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses.....				
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account.....	0	0	0	0
2.1 Contract fees for variable contracts with guarantees.....				
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses.....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts.....				
3.2 Roll over of GICs or annuities into other companies.....				
3.3 Surrenders or other benefits paid out.....				
3.4 Excess interest credited to accounts.....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2.....	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5).....	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99.....				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2).....				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated.....				
4.99 Total (Lines 4.1 + 4.2 + 4.3).....	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99).....	0	0	0	0

NONE

DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE

Do not include any amount more than once in Lines 6 through 9

6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement).....	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans.....	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation.....	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation.....	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3).....	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2).....				
9. Aggregate write-ins for other deductions.....	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9).....	0	0	0	0

MODEL ACT BASE (Line 5 minus Line 10)

11. Current Year.....	0	0	0	0
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DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page.....	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above).....	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0

**Ohio State Medical Association Health Benefits Plan
Overflow Page for Write-Ins**

NONE

Ohio State Medical Association Health Benefits Plan
Overflow Page for Write-Ins

NONE

Long-Term Care Experience Reporting Form 1
NONE

Long-Term Care Experience Reporting Form 2 - Direct Individual Experience Stand-Alone Only
NONE

Long-Term Care Experience Reporting Form 3 - Individual
NONE

Long-Term Care Experience Reporting Form 3 - Group
NONE

Long-Term Care Experience Reporting Form 3 - Summary
NONE

Long-Term Care Experience Reporting Form 4
NONE

OHIO STATE MEDICAL ASSOCIATION HEALTH BENEFIT PLAN

Management Discussion and Analysis

Period Ending December 31, 2020

Management's Discussion and Analysis

Ohio State Medical Association Health Benefit Plan is a self-funded non-plan multiple employer welfare arrangement that administers health and welfare benefits to employee groups who are members of the Ohio State Medical Association. Activity is limited to, nonaffiliated, comprehensive medical health benefits along with a small percentage of income driven by low-risk, cash-based investments.

Results of Operations

- The Arrangement's year over year profitability declined in 2020 ending the year with a net loss of \$ 166,000. This was a \$ 221,000 decrease vs. 2019 which ended the year with a net gain of \$ 55,000. This was due to a slight drop in enrollment and an unusual increase in claim costs driven primarily by additional activity for three high-cost claimants not present in 2019.
- Enrollment ended the year with 1,030 employee contracts. This is a 8.4% decrease from prior year's enrollment of 1,124. The corresponding member count (members include employees and their covered spouses and dependents) was 2,184. This is a 7% decrease from the prior year's member count of 2,349. On December 30th, there are 180 participating employers. The average group size is 5.7 employees.
- The Arrangement also shares risk with Medical Mutual of Ohio through a quota share reinsurance contract, where Medical Mutual assumes 80% of net claims costs of the Arrangement in exchange for 80% of the net premium equivalents. The premium equivalents ceded to Medical Mutual are reduced by a ceding allowance for expenses, which is intended to cover the administrative expenses and taxes related to its 80% share of the business. The ceding allowance is established at the beginning of each plan year as 80% of estimated total expenses for the plan year. Premium equivalents, prior to reinsurance totaled \$12.4 million for 2020 or \$985 per employee per month (PEPM) average. This was an increase from prior year's premium equivalents of \$12.3 million and an improvement in prior year's employee PEPM of \$921.
- Year-to-date incurred claims expense for the Arrangement was \$11.0 million before reinsurance and was approximately \$2.0 million net of reinsurance activity. The reported net loss ratio was 88.3%. This is up from 74.4% in 2019. These figures include a reduction to the unpaid claims reserves of \$9,000 which brings the year-end balance to \$ 251,000. An independent third party is used to provide an opinion on unpaid claims liability reserves to ensure managerial estimates are adequate.
- As of December 31, 2020, the Arrangement ended with a statutory surplus of \$766,000, \$166,000 lower than 2019. Total surplus exceeded the minimum monetary requirements for the Arrangement of \$500,000. The Arrangement's Risk Based Capital (RBC) of approximately 531% was greater than the minimum required RBC of 200%.

Management's Discussion and Analysis

Prospective Information

- Fluctuations in premium equivalents, gross of reinsurance, are predominately driven by changes in enrollment or changes in premium equivalent rates. Early indications suggest slightly decreased enrollment for 2021 but premium equivalent rates increasing in line with expectations set with filed rates effective January 1st.
- The quota share in the reinsurance agreement with Medical Mutual has been changed in 2021 to 90%, as opposed to the 2020 quota share of 80%. The specific stop loss attachment point is still \$250,000 and the aggregate stop loss attachment point remains at 125%.
- No material changes are anticipated in the relationship between premiums and operation expenses.

Material Changes

- The net loss ratio increased from 74.4% in 2019 to 88.3% in 2020, resulting in higher claims expenses per employee year over year. The primary driver of this was high-cost claimant activity as 2020 included three high-cost claimants that reached the \$250,000 specific stoploss limit for the Arrangement. 2019 did not have any high-cost claimants reach this limit.
- Premium equivalents and enrollment saw minimal changes year over year. Also, there were minimal changes in the correlation between operations expense and premium equivalents.

Liquidity, Asset/Liability Matching and Capital Resources

- As of December 31, 2020, cash and cash equivalents totaled \$1.3 million, which is a \$757,000 decrease from prior year. The available cash and cash equivalents, along with stable enrollment which drives additional funding monthly, assist in covering foreseeable liabilities. The largest balances in non-cash assets and liabilities are predominantly related to the Arrangement's reinsurance agreements. These balances are settled with the reinsurer on an annual basis.
- Regarding capital, the Arrangement maintains an RBC and monetary surplus levels that fall within NAIC guidelines specified for the state of Ohio which was noted in the "Results of Operations" section above.

Property and Casualty Related Loss Reserves

- Not Applicable for this Arrangement

Off-Balance Sheet Arrangements

- Not Applicable for this Arrangement

Management's Discussion and Analysis

Participation in High Yield Financings, Highly Leveraged Transactions or Non-investment Grade Loans and Investments

- Not Applicable for this Arrangement

Preliminary Merger/Acquisition Negotiations

- Not Applicable for this Arrangement

Conclusion

- Overall, the Arrangement continues to meet its financial obligations and is anticipated to do so for the foreseeable future while abiding by state and federal guidelines. Although enrollment did see an 8.4% decrease, this Arrangement has had relatively stable enrollment over the past several years which should assist in maintaining the financial health of the Arrangement.