ANNUAL STATEMENT

of the

OHIO STATE MEDICAL ASSOCIATION HEALTH BENEFITS PLAN

of

DUBLIN

in the

STATE OF OHIO

to the

DEPARTMENT OF INSURANCE

of the

state of

OHIO

For the Year Ended
December 31, 2021

2021

2021

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ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

OHIO STATE MEDICAL ASSOCIATION HEALTH BENEFITS PLAN

NAIC Group Code	0000,	0000	NAIC Company Code	00116	Employer's ID Number 37-6532551
	(Current)	*(Prior)*			

Organized under the Laws of	OH	State of Domicile or Port of Entry	OH
Country of Domicile	US		
Licensed as business type:	Life, Accident & Health - MEWA	Is HMO Federally Qualified?	
Incorporated/Organized	08/16/2014	Commenced Business	04/01/2015

Statutory Home Office	5115 Parkcenter Ave Ste 200 Dublin, OH, US 43017	
Main Administrative Office	5115 Parkcenter Ave Ste 200 Dublin, OH, US 43017	800-766-6762 *(Telephone)*
Mail Address	5115 Parkcenter Ave Ste 200 Dublin, OH, US 43017	
Primary Location of Books and Records	5115 Parkcenter Ave Ste 200 Dublin, OH, US 43017	800-766-6762 *(Telephone)*
Internet Website Address	N/A	
Statutory Statement Contact	Jeffrey Brian Williamson	216-798-8844 *(Telephone)*
	jeff.williamson@consoliplex.com *(E-Mail)*	216-202-3499 *(Fax)*

OFFICERS

Todd Mallory Baker M.P.A.F.F., Trustee-Chairman	
J. Jeffery Cameron M.D., Trustee/Officer	

DIRECTORS OR TRUSTEES

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

State of .....
County of ..... SS

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:
x Todd Baker
16A3A4C8AE69407...
Todd Mallory Baker
Trustee/Chairman

DocuSigned by:
x Jeffery Cameron
1298243BEA17419...
J Jeffery Cameron MD
Trustee/Officer

x

Subscribed and sworn to before me
this 2/8/2022 day of

_____

DocuSigned by:
x Stephen R. Rudd
2789DE25A066452...

a. Is this an original filing? Yes
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)				
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ encumbrances)				
	4.2 Properties held for the production of income (less $ encumbrances)				
	4.3 Properties held for sale (less $ encumbrances)				
5.	Cash ($ 56,141, Schedule E - Part 1), cash equivalents ($, Schedule E - Part 2) and short-term investments ($ 0, Schedule DA)	56,141		56,141	1,253,758
6.	Contract loans (including $ premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	56,141		56,141	1,253,758
13.	Title plants less $ charged off (for Title insurers only)				
14.	Investment income due and accrued				2
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection				65,329
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)				
	15.3 Accrued retrospective premiums ($) and contracts subject to redetermination ($)				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	10,342,344		10,342,344	7,040,843
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts	1,695,196		1,695,196	1,725,489
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets ($)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care ($) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets	53,785	53,785	–	
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	12,147,466	53,785	12,093,681	10,085,421
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	12,147,466	53,785	12,093,681	10,085,421
Details of Write-Ins					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Assets	53,785	53,785	–	
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	53,785	53,785	–	

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ 1,427,425 reinsurance ceded)	158,603		158,603	251,455
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	8,200		8,200	8,000
4.	Aggregate health policy reserves, including the liability of $ for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	73,746		73,746	209,876
9.	General expenses due or accrued	237,524		237,524	7,136
10.1	Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))				562
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	10,100,933		10,100,933	8,842,309
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $ current) and interest thereon $ (including $ current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with $ authorized reinsurers, $ unauthorized reinsurers and $ certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including $ current)				
24.	Total liabilities (Lines 1 to 23)	10,579,006		10,579,006	9,319,338
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
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		
31.	Unassigned funds (surplus)	XXX	XXX	1,264,675	516,083
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 $)	XXX	XXX		
	32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,514,675	766,083
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	12,093,681	10,085,421
Details of Write-Ins					
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months	XXX	23,855	26,190
2.	Net premium income (including $ non-health premium income)	XXX	1,102,104	2,290,746
3.	Change in unearned premium reserves and reserve for rate credits	XXX		
4.	Fee-for-service (net of $ medical expenses)	XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX		
7.	Aggregate write-ins for other non-health revenues	XXX		
8.	Total revenues (Lines 2 to 7)	XXX	1,102,104	2,290,746
Hospital and Medical:				
9.	Hospital/medical benefits		10,061,090	7,194,197
10.	Other professional services		869,477	621,721
11.	Outside referrals			
12.	Emergency room and out-of-area		1,490,532	1,065,807
13.	Prescription drugs		858,863	2,144,325
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		13,279,962	11,026,050
Less:				
17.	Net reinsurance recoveries		13,113,760	9,003,953
18.	Total hospital and medical (Lines 16 minus 17)		166,202	2,022,097
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $ 33,416 cost containment expenses		58,625	143,760
21.	General administrative expenses		73,557	294,048
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		298,384	2,459,905
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	803,720	(169,159)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		(1,584)	3,858
26.	Net realized capital gains (losses) less capital gains tax of $			
27.	Net investment gains (losses) (Lines 25 plus 26)		(1,584)	3,858
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			
29.	Aggregate write-ins for other income or expenses			
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	802,136	(165,301)
31.	Federal and foreign income taxes incurred	XXX	(240)	562
32.	Net income (loss) (Lines 30 minus 31)	XXX	802,376	(165,863)
Details of Write-Ins				
0601.		XXX		
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

	CAPITAL & SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33.	Capital and surplus prior reporting year	766,083	931,946
34.	Net income or (loss) from Line 32	802,376	(165,863)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(53,785)	
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		
48.	Net change in capital and surplus (Lines 34 to 47)	748,591	(165,863)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	1,514,674	766,083
Details of Write-Ins			
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	2,289,927	1,867,827
2.	Net investment income	(1,582)	4,119
3.	Miscellaneous income	30,293	
4.	Total (Lines 1 to 3)	2,318,638	1,871,946
5.	Benefit and loss related payments	3,560,555	2,156,186
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	(98,406)	472,648
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	322	
10.	Total (Lines 5 through 9)	3,462,471	2,628,834
11.	Net cash from operations (Line 4 minus Line 10)	(1,143,833)	(756,888)
	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)	–	
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)	–	
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	–	
	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)	(53,785)	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(53,785)	
	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)	(1,197,618)	(756,888)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	1,253,758	2,010,647
	19.2 End of year (Line 18 plus Line 19.1)	56,140	1,253,759

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

20.0001.		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	1,102,104	1,102,104								
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of $ medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	1,102,104	1,102,104								
8. Hospital/medical benefits	10,061,090	10,061,090								XXX
9. Other professional services	869,477	869,477								XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area	1,490,532	1,490,532								XXX
12. Prescription drugs	858,863	858,863								XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	13,279,962	13,279,962								XXX
16. Net reinsurance recoveries	13,113,760	13,113,760								XXX
17. Total hospital and medical (Lines 15 minus 16)	166,202	166,202								XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 33,416 cost containment expenses	58,625	58,625								
20. General administrative expenses	73,557	73,557								
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	298,384	298,384								
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	803,720	803,720								
Details of Write-Ins										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1.	Comprehensive (hospital and medical)	12,124,238		11,022,134	1,102,104
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII – Medicare				
7.	Title XIX – Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	12,124,238		11,022,134	1,102,104
10.	Life				
11.	Property/casualty				
12.	Totals (Lines 9 to 11)	12,124,238		11,022,134	1,102,104

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1	Payments during the year:										
	1.1 Direct	12,951,207	12,951,207								
	1.2 Reinsurance assumed										
	1.3 Reinsurance ceded	12,692,155	12,692,155								
	1.4 Net	259,052	259,052								
2.	Paid medical incentive pools and bonuses										
3.	Claim liability December 31, current year from Part 2A:										
	3.1 Direct	1,586,028	1,586,028								
	3.2 Reinsurance assumed										
	3.3 Reinsurance ceded	1,427,425	1,427,425								
	3.4 Net	158,603	158,603								
4.	Claim reserve December 31, current year from Part 2D:										
	4.1 Direct										
	4.2 Reinsurance assumed										
	4.3 Reinsurance ceded										
	4.4 Net										
5.	Accrued medical incentive pools and bonuses, current year										
6.	Net health care receivables (a)										
7.	Amounts recoverable from reinsurers December 31, current year										
8.	Claim liability December 31, prior year from Part 2A:										
	8.1 Direct	1,257,275	1,257,275								
	8.2 Reinsurance assumed										
	8.3 Reinsurance ceded	1,005,820	1,005,820								
	8.4 Net	251,455	251,455								
9.	Claim reserve December 31, prior year from Part 2D:										
	9.1 Direct										
	9.2 Reinsurance assumed										
	9.3 Reinsurance ceded										
	9.4 Net										
10.	Accrued medical incentive pools and bonuses, prior year										
11.	Amounts recoverable from reinsurers December 31, prior year										
12.	Incurred benefits:										
	12.1 Direct	13,279,960	13,279,960								
	12.2 Reinsurance assumed										
	12.3 Reinsurance ceded	13,113,760	13,113,760								
	12.4 Net	166,200	166,200								
13.	Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

		1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1.	Reported in Process of Adjustment:										
	1.1 Direct										
	1.2 Reinsurance assumed										
	1.3 Reinsurance ceded										
	1.4 Net										
2.	Incurred but Unreported:										
	2.1 Direct	1,586,028	1,586,028								
	2.2 Reinsurance assumed										
	2.3 Reinsurance ceded	1,427,425	1,427,425								
	2.4 Net	158,603	158,603								
3.	Amounts Withheld from Paid Claims and Capitations:										
	3.1 Direct										
	3.2 Reinsurance assumed										
	3.3 Reinsurance ceded										
	3.4 Net										
4.	TOTALS:										
	4.1 Direct	1,586,028	1,586,028								
	4.2 Reinsurance assumed										
	4.3 Reinsurance ceded	1,427,425	1,427,425								
	4.4 Net	158,603	158,603								

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)	224,743	34,311	–	158,603	224,743	251,455
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII – Medicare						
7. Title XIX – Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	224,743	34,311	–	158,603	224,743	251,455
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	224,743	34,311	–	158,603	224,743	251,455

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

GRAND TOTAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	(744)	(842)	(842)	(424)	
2. 2017	648	70			
3. 2018	XXX	1,447	172		
4. 2019	XXX	XXX	1,447	274	
5. 2020	XXX	XXX	XXX	1,756	225
6. 2021	XXX	XXX	XXX	XXX	34

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	(744)	(842)	(842)	(424)	
2. 2017	619	73			
3. 2018	XXX	1,553	178		
4. 2019	XXX	XXX	1,702	17	
5. 2020	XXX	XXX	XXX	2,005	(27)
6. 2021	XXX	XXX	XXX	XXX	193

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	825									
2. 2018	2,057									
3. 2019	2,283									
4. 2020	2,291	225			225	9.821			225	9.821
5. 2021	1,102	34	59	173.529	93	8.439	159	8	260	23.593

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

HOSPITAL & MEDICAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2017	2018	2019	2020	2021
1. Prior	(744)	(842)	(842)	(424)	
2. 2017	648	70			
3. 2018	XXX	1,447	172		
4. 2019	XXX	XXX	1,447	274	
5. 2020	XXX	XXX	XXX	1,756	225
6. 2021	XXX	XXX	XXX	XXX	34

Section B – Incurred Health Claims

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	2	3	4	5
	2017	2018	2019	2020	2021
1. Prior	(744)	(842)	(842)	(424)	
2. 2017	619	73			
3. 2018	XXX	1,553	178		
4. 2019	XXX	XXX	1,702	17	
5. 2020	XXX	XXX	XXX	2,005	(27)
6. 2021	XXX	XXX	XXX	XXX	193

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	825									
2. 2018	2,057									
3. 2019	2,283									
4. 2020	2,291	225			225	9.821			225	9.821
5. 2021	1,102	34	59	173.529	93	8.439	159	8	260	23.593

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

MEDICARE SUPPLEMENT

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

DENTAL ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

VISION ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

TITLE XVIII MEDICARE

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

TITLE XIX MEDICAID

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

OTHER HEALTH

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B – Incurred Health Claims

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including $ for investment income)									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									
Details of Write-Ins									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

NONE

(a) Includes $ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less $ 1,686,996 ceded plus $ assumed)	(300,744)	(226,877)	(102,373)		(629,994)
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			27,750		27,750
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	334,160	252,086	127,384		713,630
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			6,000		6,000
17. Collection and bank service charges			9,586		9,586
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees			5,210		5,210
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere				1,875	1,875
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)	33,416	25,209	73,557	1,875	(a) 134,057
27. Less expenses unpaid December 31, current year	4,674	3,526	237,524	–	245,724
28. Add expenses unpaid December 31, prior year	4,560	3,440	7,136		15,136
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	33,302	25,123	(156,831)	1,875	(96,531)
Details of Write-Ins					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)					

(a) Includes management fees of $ to affiliates and $ 127,384 to non-affiliates.

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) 288	291
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	288	291
11.	Investment expenses		(g) 1,875
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)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		1,875
17.	Net investment income (Line 10 minus Line 16)		(1,584)
Details of Write-Ins			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued dividends on purchases.
(c) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ accrual of discount less $ amortization of premium and less $ paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ 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					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
Details of Write-Ins						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

NONE

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)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets	53,785		(53,785)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	53,785		(53,785)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	53,785		(53,785)
Details of Write-Ins			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	53,785	–	(53,785)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	2,184	1,987	2,073	1,983	1,979	23,855
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	2,184	1,987	2,073	1,983	1,979	23,855
Details of Write-Ins						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	–					
Group subscribers:						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	–					

NONE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 – Gross Health Care Receivables						

NONE

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

NONE

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
	1,586,028					1,586,028
0199999 – Individually listed claims unpaid	1,586,028					1,586,028
0499999 – Subtotals	1,586,028					1,586,028
0799999 – Total claims unpaid						1,586,028
0899999 – Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 – Total gross payables				

NONE

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	5,180,483	40.000	XXX	XXX		5,180,483
6. Contractual fee payments	7,770,724	60.000	XXX	XXX		7,770,724
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	12,951,207	100.000	XXX	XXX		12,951,207
13. Total (Line 4 plus Line 12)	12,951,207	100.000 %	XXX	XXX		12,951,207

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
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Ohio State Medical Association Health Benefits Plan

2. Dublin, OH
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2021

NAIC Company Code: 00116

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,184		2,184							
2. First Quarter	1,987		1,987							
3. Second Quarter	2,073		2,073							
4. Third Quarter	1,983		1,983							
5. Current Year	1,979		1,979							
6. Current Year Member Months	23,855		23,855							
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	12,124,238		12,124,238							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,124,238		12,124,238							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	12,951,207		12,951,207							
18. Amount Incurred for Provision of Health Care Services	13,279,961		13,279,961							

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Ohio State Medical Association Health Benefits Plan

2. Dublin, OH
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 00116

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,184		2,184							
2. First Quarter	1,987		1,987							
3. Second Quarter	2,073		2,073							
4. Third Quarter	1,983		1,983							
5. Current Year	1,979		1,979							
6. Current Year Member Months	23,855		23,855							
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	12,124,238		12,124,238							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,124,238		12,124,238							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	12,951,207		12,951,207							
18. Amount Incurred for Provision of Health Care Services	13,279,962		13,279,962							

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 – Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates						
29076	34-0648820	01/01/2016	Medical Mutual of Ohio	OH	10,342,344	1,427,425
2099999 – Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates					10,342,344	1,427,425
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					10,342,344	1,427,425
2299999 – Total Accident and Health					10,342,344	1,427,425
2499999 – Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					10,342,344	1,427,425
9999999 – Total (Sum of 1199999 and 2299999)					10,342,344	1,427,425

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
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	11 Current Year	12 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	9,918,935	–	–	–	–	–	–
29076	34-0648820	04/01/2015	Medical Mutual of Ohio	OH	SSL/G	CMM	1,076,138	–	–	–	–	–	–
29076	34-0648820	04/01/2015	Medical Mutual of Ohio	OH	ASL/G	CMM	27,061	–	–	–	–	–	–
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							11,022,134	–	–	–	–	–	–
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							11,022,134	–	–	–	–	–	–
1199999 – Total General Account Authorized							11,022,134	–	–	–	–	–	–
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							11,022,134	–	–	–	–	–	–
9199999 – Total U.S.							11,022,134	–	–	–	–	–	–
9999999 – Total (Sum of 4599999 and 9099999)							11,022,134	–	–	–	–	–	–

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

		2021	2020	2019	2018	2017
A.	OPERATIONS ITEMS					
	1 Premiums	11,022	10,135	10,018	8,890	9,426
	2 Title XVIII-Medicare					
	3 Title XIX-Medicaid					
	4 Commissions and reinsurance expense allowance	1,687	1,717	1,993	1,681	1,971
	5 Total hospital and medical expenses	13,114	9,004	7,837	6,905	8,100
B.	BALANCE SHEET ITEMS					
	6 Premiums receivable					
	7 Claims payable	1,427	1,006	1,040		
	8 Reinsurance recoverable on paid losses	10,342	7,041	6,629	5,907	6,007
	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)					

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)	56,141		56,141
2	Accident and health premiums due and unpaid (Line 15)			
3	Amounts recoverable from reinsurers (Line 16.1)	10,342,344	(10,342,344)	–
4	Net credit for ceded reinsurance	XXX	10,342,344	10,342,344
5	All other admitted assets (Balance)	1,695,196		1,695,196
6	Total assets (Line 28)	12,093,681	–	12,093,681
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7	Claims unpaid (Line 1)	158,603		158,603
8	Accrued medical incentive pool and bonus payments (Line 2)			
9	Premiums received in advance (Line 8)	73,746		73,746
10	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11	Reinsurance in unauthorized companies(Line 20 minus inset amount)			
12	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14	All other liabilities (Balance)	10,346,657		10,346,657
15	Total liabilities (Line 24)	10,579,006		10,579,006
16	Total capital and surplus (Line 33)	1,514,675	XXX	1,514,675
17	Total liabilities, capital and surplus (Line 34)	12,093,681		12,093,681
NET CREDIT FOR CEDED REINSURANCE				
18	Claims unpaid		XXX	XXX
19	Accrued medical incentive pool		XXX	XXX
20	Premiums received in advance		XXX	XXX
21	Reinsurance recoverable on paid losses	10,342,344	XXX	XXX
22	Other ceded reinsurance recoverables		XXX	XXX
23	Total ceded reinsurance recoverables	10,342,344	XXX	XXX
24	Premiums receivable		XXX	XXX
25	Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26	Unauthorized reinsurance		XXX	XXX
27	Reinsurance with Certified Reinsurers		XXX	XXX
28	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29	Other ceded reinsurance payables/offsets		XXX	XXX
30	Total ceded reinsurance payables/offsets		XXX	XXX
31	Total net credit for ceded reinsurance	10,342,344	XXX	XXX

SCHEDULE T – PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

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

NONE

(41) Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

(41) Schedule Y - Part 1A - Explanations

NONE

(42) Schedule Y - Part 2

NONE

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

NONE

SUPPLEMENTAL EXHIBIT AND SCHEDULE 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.

		Response
	March Filing	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
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?	YES
	April Filing	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	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

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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	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
14.	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
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	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
17.	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
18.	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	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	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
22.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
	August Filing	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
1.		
2.		
3.		0 0 1 1 6 2 0 2 1 3 9 0 0 0 0 0 0
4.		
5.		
6.		
7.		
8.		
9.		
10.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 3 6 0 0 0 0 0 0
11.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 0 5 0 0 0 0 0
12.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 4 2 0 0 0 0 0 0
13.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 3 7 1 0 0 0 0 0
14.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 3 7 0 0 0 0 0 0
15.		0 0 1 1 6 2 0 2 1 3 6 5 0 0 0 0 0
16.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 2 4 0 0 0 0 0
17.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 2 5 0 0 0 0 0
18.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 2 6 0 0 0 0 0
19.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 3 0 6 0 0 0 0 0
20.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 1 1 0 0 0 0 0
21.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 1 6 0 0 0 0 0
22.	The data for this supplement is not required to be filed.	0 0 1 1 6 2 0 2 1 2 1 7 0 0 0 0 0
23.		0 0 1 1 6 2 0 2 1 2 9 0 0 0 0 0 0
24.	The data for this supplement is not required to be filed.	

OVERFLOW PAGE FOR WRITE-INS

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

On August 18, 2021 the Board of Trustees of the OSMA Health Benefit Plan adopted a motion to wind down operation of the Plan by 12/31/2021 and relinquish its Certificate of Authority to the Ohio Department of Insurance.

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 #	2021	2020
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ 802,376	$ (165,863)
(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	$ 802,376	$ (165,863)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$ 1,514,675	$ 766,083
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$ 1,514,675	$ 766,083

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.

Notes to the Financial Statements

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

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Arrangement has no pharmaceutical rebate receivables.

D. Going Concern

On August 18, 2021 the Board of Trustees of the OSMA Health Benefit Plan adopted a motion to wind down operation of the Plan by 12/31/2021 and relinquish its Certificate of Authority to the Ohio Department of Insurance.

2. **Accounting Changes and Corrections of Errors**
3. **Business Combinations and Goodwill** - None
4. **Discontinued Operations** - Not Applicable
5. **Investments** - None
6. **Joint Ventures, Partnerships and Limited Liability Companies** - None
7. **Investment Income** - Not Applicable
8. **Derivative Instruments** - None
9. **Income Taxes**

As of December 31, 2021 the Arrangement has a $0 liability for the calendar year 2021.

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, 2022 for these statutory financial statements which are to be issued on March 31, 2022.

23. **Reinsurance**

During 2021, the Arrangement was subject to a quota share reinsurance agreement with Medical Mutual of Ohio to cede 90% of the Arrangement's health business.

During 2021, the Arrangement was subject to a stop loss reinsurance agreement with Medical Mutual of Ohio for medical and prescription drug coverage. The premium is based upon the monthly funding rates and number of participants in each month of the contract. The specific stop loss threshold per covered person is $250,000 for 2021. The aggregate threshold is 125% of expected aggregate claims.

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)

Notes to the Financial Statements

23. Reinsurance (Continued)

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

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Not Applicable

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None

(4) Roll-forward of risk corridors asset and liability balances by program benefit year - None

(5) ACA risk corridors receivable as of reporting date - None

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

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? ..... NO

If yes, complete Schedule Y, Parts 1, 1A, 2, and 3.

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? .....

1.3. State Regulating? ..... OH

1.4. Is the reporting entity publicly traded or a member of a publicly traded group? ..... NO

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? ..... NO

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). 04/03/2020

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? ..... N/A

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

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

4.12. renewals? ..... YES

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? ..... NO

4.22. renewals? ..... NO

5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... NO

If yes, complete and file the merger history data file with the NAIC.

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

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

6.1. Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... NO

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? ..... NO

7.2. If yes,

7.21. State the percentage of foreign control ..... %

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

1 Nationality	2 Type of Entity

8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... NO

8.2. If response to 8.1 is yes, please identify the name of the DIHC. .....

8.3. Is the company affiliated with one or more banks, thrifts or securities firms? ..... NO

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? ..... NO

8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... NO

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? ..... NO

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 the 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? ..... NO

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

10.5. Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... NO

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? ..... NO

12.11 Name of real estate holding company

12.12 Number of parcels involved .....

12.13 Total book / adjusted carrying value ..... $

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? ..... N/A

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

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

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

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

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? ..... 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? ..... 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? ..... 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 subordinate committee thereof? ..... YES

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... YES

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... NO

20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers ..... $ –
- 20.12 To stockholders not officers ..... $ –
- 20.13 Trustees, supreme or grand (Fraternal only) ..... $ –

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 ..... $ –
- 20.22 To stockholders not officers ..... $ –
- 20.23 Trustees, supreme or grand (Fraternal only) ..... $ –

21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... NO

21.2. If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others ..... $
- 21.22 Borrowed from others ..... $
- 21.23 Leased from others ..... $
- 21.24 Other ..... $

22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? ..... NO

22.2. If answer is yes:
- 22.21 Amount paid as losses or risk adjustment ..... $
- 22.22 Amount paid as expenses ..... $
- 22.23 Other amounts paid ..... $

23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... NO

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

24.1. Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... NO

24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

25.01. 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 25.03) ..... N/A

25.02. If no, give full and complete information, relating thereto

25.03. 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)

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

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

25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... N/A

25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... N/A

25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... N/A

25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091. Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $
- 25.092. Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $
- 25.093. Total payable for securities lending reported on the liability page ..... $

26.1. 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 currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... NO

26.2. If yes, state the amount thereof at December 31 of the current year:
- 26.21. Subject to repurchase agreements ..... $
- 26.22. Subject to reverse repurchase agreements ..... $
- 26.23. Subject to dollar repurchase agreements ..... $
- 26.24. Subject to reverse dollar repurchase agreements ..... $
- 26.25. Placed under option agreements ..... $
- 26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... $
- 26.27. FHLB Capital Stock ..... $
- 26.28. On deposit with states ..... $
- 26.29. On deposit with other regulatory bodies ..... $
- 26.30. Pledged as collateral - excluding collateral pledged to an FHLB ..... $
- 26.31. Pledged as collateral to FHLB - including assets backing funding agreements ..... $
- 26.32. Other ..... $

26.3. For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB? NO

27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3. Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? NO

27.4. If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108

27.42 Permitted accounting practice

27.43 Other accounting guidance

27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- 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 Guideline 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 that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1. 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? NO

28.2. If yes, state the amount thereof at December 31 of the current year. $

29. 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

29.01. 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 Drive, Cincinnati, OH 45263

29.02. 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 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03. Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? YES

29.04. If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Fifth Third Bank		08/31/2021	Plan Termination

29.05. 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

29.0597. For those firms/individuals listed in the table for Question 29.05, 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? N/A

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? N/A

29.06. For those firms or individuals listed in the table for 29.05 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

30.1. 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)])? NO

30.2. If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		$

30.3. 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
		$	

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

31. 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 (+)
31.1. Bonds	$	$	$
31.2. Preferred Stocks			
31.3. Totals	$	$	$

31.4. Describe the sources or methods utilized in determining the fair values:

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

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? N/A

32.2. If the answer to 32.1 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?

32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1. Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? YES

33.2. If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 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? NO

35. 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? NO

36. 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.
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? NO

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
    a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
    b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
    c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
    d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

    Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? N/A

OTHER

38.1. Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ –

38.2. List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$

39.1. Amount of payments for legal expenses, if any? $

39.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	$

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

40.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? NO

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

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

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 $

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $

1.62 Total incurred claims $

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned $

1.65 Total incurred claims $

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned $

1.72 Total incurred claims $

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned $

1.75 Total incurred claims $

1.76 Number of covered lives

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 1,102,104	$ 2,290,746
2.2	Premium Denominator	$ 1,102,104	$ 2,290,746
2.3	Premium Ratio (2.1/2.2)	100.000	100.000
2.4	Reserve Numerator	$	$
2.5	Reserve Denominator	$ 158,603	$ 251,455
2.6	Reserve Ratio (2.4/2.5)		

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? NO

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

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? NO

5.1 Does the reporting entity have stop-loss reinsurance? YES

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $ 25,000

5.32 Medical Only $

5.33 Medicare Supplement $

5.34 Dental and Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

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:

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

7.2 If no, give details

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:
   8.1 Number of providers at start of reporting year
   8.2 Number of providers at end of reporting year
9.1 Does the reporting entity have business subject to premium rate guarantees? NO
9.2 If yes, direct premium earned:
   9.21 Business with rate guarantees between 15-36 months $
   9.22 Business with rate guarantees over 36 months $
10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? NO
10.2 If yes:
   10.21 Maximum amount payable bonuses $
   10.22 Amount actually paid for year bonuses $
   10.23 Maximum amount payable withholds $
   10.24 Amount actually paid for year withholds $
11.1 Is the reporting entity organized as:
   11.12 A Medical Group/Staff Model, NO
   11.13 An Individual Practice Association (IPA), or, NO
   11.14 A Mixed Model (combination of above)? NO
11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? YES
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? NO
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? NO
13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $
13.3 Do you act as an administrator for health savings accounts? NO
13.4 If yes, please provide the balance of the funds administered as of the reporting date $
14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? N/A
14.2. If the answer to 14.1 is yes, please provide the following:

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

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 $
   15.2 Total Incurred Claims $
   15.3 Number of Covered Lives

***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? NO
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? NO

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	12,093,681	10,085,421	10,775,350	10,002,634	11,013,050
2. Total liabilities (Page 3, Line 24)	10,579,006	9,319,338	9,843,403	9,125,673	10,119,556
3. Statutory minimum capital and surplus requirement	500,000	500,000	500,000	500,000	500,000
4. Total capital and surplus (Page 3, Line 33)	1,514,675	766,083	931,947	876,961	893,493
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,102,104	2,290,746	2,282,627	2,057,232	824,660
6. Total medical and hospital expenses (Line 18)	166,202	2,022,097	1,697,433	1,626,176	717,137
7. Claims adjustment expenses (Line 20)	58,625	143,760	202,307	172,688	
8. Total administrative expenses (Line 21)	73,557	294,048	364,714	275,931	51,375
9. Net underwriting gain (loss) (Line 24)	803,720	(169,159)	18,173	(17,563)	56,148
10. Net investment gain (loss) (Line 27)	(1,584)	3,858	36,813	1,032	(1,244)
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	802,376	(165,863)	54,986	(16,531)	54,904
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,143,833)	(756,888)	(321,948)	(671,987)	712,058
Risk-Based Capital Analysis					
14. Total adjusted capital	1,514,675	766,083	931,947	876,961	893,493
15. Authorized control level risk-based capital	39,781	144,234	122,761	115,886	51,948
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,979	2,184	2,349	2,078	1,870
17. Total members months (Column 6, Line 7)	23,855	26,190	27,087	24,176	22,660
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 (Lines 18 plus Line 19)	15.1	88.3	74.4	79.0	87.0
20. Cost containment expenses	3.0	3.6	2.8	2.7	
21. Other claims adjustment expenses	2.3	2.7	6.0	5.7	
22. Total underwriting deductions (Line 23)	27.1	107.4	99.2	100.9	93.2
23. Total underwriting gain (loss) (Line 24)	72.9	(7.4)	0.8	(0.9)	6.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	224,743	276,832	177,523	72,604	98,537
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	251,455	259,967	181,675	72,605	100,987
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, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
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*?
If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property / Casualty Premiums	9 Total Columns 2 Through 7	10 Deposit–Type Contracts
1. Alabama AL	N									
2. Alaska AK	N									
3. Arizona AZ	N									
4. Arkansas AR	N									
5. California CA	N									
6. Colorado CO	N									
7. Connecticut CT	N									
8. Delaware DE	N									
9. District of Columbia DC	N									
10. Florida FL	N									
11. Georgia GA	N									
12. Hawaii HI	N									
13. Idaho ID	N									
14. Illinois IL	N									
15. Indiana IN	N									
16. Iowa IA	N									
17. Kansas KS	N									
18. Kentucky KY	N									
19. Louisiana LA	N									
20. Maine ME	N									
21. Maryland MD	N									
22. Massachusetts MA	N									
23. Michigan MI	N									
24. Minnesota MN	N									
25. Mississippi MS	N									
26. Missouri MO	N									
27. Montana MT	N									
28. Nebraska NE	N									
29. Nevada NV	N									
30. New Hampshire NH	N									
31. New Jersey NJ	N									
32. New Mexico NM	N									
33. New York NY	N									
34. North Carolina NC	N									
35. North Dakota ND	N									
36. Ohio OH	L	12,124,238							12,124,238	
37. Oklahoma OK	N									
38. Oregon OR	N									
39. Pennsylvania PA	N									
40. Rhode Island RI	N									
41. South Carolina SC	N									
42. South Dakota SD	N									
43. Tennessee TN	N									
44. Texas TX	N									
45. Utah UT	N									
46. Vermont VT	N									
47. Virginia VA	N									
48. Washington WA	N									
49. West Virginia WV	N									
50. Wisconsin WI	N									
51. Wyoming WY	N									
52. American Samoa AS	N									
53. Guam GU	N									
54. Puerto Rico PR	N									
55. US Virgin Islands VI	N									
56. Northern Mariana Islands MP	N									
57. Canada CAN	N									
58. Aggregate Other Alien OT	XXX									
59. Subtotal	XXX	12,124,238							12,124,238	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	12,124,238							12,124,238	
Details of Write-Ins										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts

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

(b) Explanation of basis of allocation by states, premiums by state, etc

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

PART 1 - ORGANIZATIONAL CHART

Ohio State Medical Association Health Benefit Plan

Employer's ID Number: 37-6532551

NAIC Company Code: 116

State of Domicile: OH

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage of Column 5 Line 13
1. Long-term bonds (Schedule D, Part 1):						
1.01 U.S. governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Unaffiliated bank loans						
1.11 Total long-term bonds						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual funds						
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Total common stocks						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total valuation allowance						
4.06 Total mortgage loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	56,141	100.0	56,141		56,141	100.0
6.02 Cash equivalents (Schedule E, Part 2)						
6.03 Short-term investments (Schedule DA)						
6.04 Total cash, cash equivalents and short-term investments	56,141	100.0	56,141		56,141	100.0
7. Contract loans						
8. Derivatives (Schedule DB)						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities lending (Schedule DL, Part 1)				XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	56,141	100.0	56,141		56,141	100.0

(SI-02) Schedule A - Verification Between Years - Real Estate

NONE

(SI-02) Schedule B - Verification Between Years - Mortgage Loans

NONE

(SI-03) Schedule BA - Verification Between Years - Other Long-Term Invested Assets

NONE

(SI-03) Schedule D - Verification Between Years - Bonds and Stocks

NONE

(SI-04) Schedule D

NONE

(SI-05) Schedule D - Part 1A - Section 1 - 1 to 5

NONE

(SI-06) Schedule D - Part 1A - Section 1 - 6 to 10

NONE

(SI-07) Schedule D - Part 1A - Section 1 - 11 to 14

NONE

(SI-08) Schedule D - Part 1A - Section 2 - 1 to 8

NONE

(SI-09) Schedule D - Part 1A - Section 2 - 9 to 14

NONE

SCHEDULE DA - VERIFICATION BETWEEN YEARS

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

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

(SI-11) Schedule DB - Part A - Verification Between Years - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-11) Schedule DB - Part B - Verification Between Years - Futures Contracts

NONE

(SI-12) Schedule DB - Part C - Section 1

NONE

(SI-13) Schedule DB - Part C - Section 2

NONE

(SI-14) Schedule DB - Verification Between Years

NONE

(SI-15) Schedule E - Part 2 - Verification Between Years

NONE

(E-01) Schedule A - Part 1

NONE

(E-02) Schedule A - Part 2

NONE

(E-03) Schedule A - Part 3

NONE

(E-04) Schedule B - Part 1

NONE

(E-05) Schedule B - Part 2

NONE

(E-06) Schedule B - Part 3

NONE

(E-07) Schedule BA - Part 1

NONE

(E-08) Schedule BA - Part 2

NONE

(E-09) Schedule BA - Part 3

NONE

(E-10) Schedule D - Part 1

NONE

(E-11) Schedule D - Part 2 - Section 1

NONE

(E-12) Schedule D - Part 2 - Section 2

NONE

(E-13) Schedule D - Part 3

NONE

(E-14) Schedule D - Part 4

NONE

(E-15) Schedule D - Part 5

NONE

(E-16) Schedule D - Part 6 - Section 1

NONE

(E-16) Schedule D - Part 6 - Section 2

NONE

(E-17) Schedule DA - Part 1

NONE

(E-18) Schedule DB - Part A - Section 1

NONE

(E-18) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-18) Schedule DB - Part A - Section 1 - Financial or Economic Impact of the Hedge

NONE

(E-19) Schedule DB - Part A - Section 2

NONE

(E-19) Schedule DB - Part A - Section 2 - Description of Hedged Risk(s)

NONE

(E-19) Schedule DB - Part A - Section 2 - Financial or Economic Impact of the Hedge

NONE

(E-20) Schedule DB - Part B - Section 1

NONE

(E-20) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-20) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-20) Schedule DB - Part B - Section 1 - Financial or Economic Impact of the Hedge

NONE

(E-21) Schedule DB - Part B - Section 2

NONE

(E-21) Schedule DB - Part B - Section 2 - Description of Hedged Risk(s)

NONE

(E-21) Schedule DB - Part B - Section 2 - Financial or Economic Impact of the Hedge

NONE

(E-22) Schedule DB - Part D - Section 1

NONE

(E-23) Schedule DB - Part D - Section 2 - By Reporting Entity

NONE

(E-23) Schedule DB - Part D - Section 2 - To Reporting Entity

NONE

(E-24) Schedule DB - Part E

NONE

(E-25) Schedule DL - Part 1

NONE

(E-25) Schedule DL - Part 1 - General Interrogatories

NONE

(E-26) Schedule DL - Part 2

NONE

(E-26) Schedule DL - Part 2 - General Interrogatories

NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
Open Depositories						
PNC Bank 249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 1		0.030	253	–	56,141	XXX
0199998 – Deposits in depositories that do not exceed allowable limits in any one depository (See Instructions)-open depositories						XXX
0199999 – Totals – Open Depositories			253	–	56,141	XXX
0399999 – Total Cash on Deposit			253	–	56,141	XXX
0599999 – Total Cash			253	–	56,141	XXX

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

1. January	1,032,162	4. April	1,534,106	7. July	1,045,767	10. October	214,728
2. February	1,537,111	5. May	1,275,640	8. August	674,277	11. November	1,384,378
3. March	1,624,140	6. June	721,566	9. September	446,049	12. December	56,141

(E-28) Schedule E - Part 2

NONE

(E-29) Schedule E - Part 3

NONE

(E-29) Write-Ins for Line 58 - Alien and Other

NONE