

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>12/31/2009</u> and ending <u>12/30/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☒ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan OHIO STATE MEDICAL ASSOCIATION PENSION PLAN		1b Three-digit plan number (PN) ►	001
		1c Effective date of plan 12/31/1946	
2a Plan sponsor's name and address (employer, if for single-employer plan) OHIO STATE MEDICAL ASSOCIATION 3401 MILL RUN DRIVE HILLIARD, OH 43026		2b Employer Identification Number (EIN) <u>31-4364893</u> 2c Plan sponsor's telephone number <u>614-527-6762</u> 2d Business code (see instructions) <u>813000</u>	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") OHIO STATE MEDICAL ASSOCIATION		3b Administrator's EIN <u>31-4364893</u> 3c Administrator's telephone number <u>614-527-6762</u>	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		4b EIN 4c PN	
5a Total number of participants at the beginning of the plan year		5a	100
b Total number of participants at the end of the plan year		5b	102
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes ☐ No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III	Financial Information		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	8126150	8824523
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	8126150	8824523
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	320000	
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	932535	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1252535
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	469182	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g	84980	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		554162
i Net income (loss) (subtract line 8h from line 8c).....	8i		698373
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	JOSEPH CHURILLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>OHIO STATE MEDICAL ASSOCIATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OHIO STATE MEDICAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>31-4364893</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>8117203</u>
b Actuarial value	2b <u>8479004</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>23</u> <u>4297496</u>
b For terminated vested participants	3b <u>25</u> <u>967291</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>305387</u>
(2) Vested benefits	3c(2) <u>4521508</u>
(3) Total active	3c(3) <u>52</u> <u>4826895</u>
d Total	3d <u>100</u> <u>10091682</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.70</u> %
6 Target normal cost	6 <u>502716</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/11/2011</u>
Signature of actuary	Date
<u>LORI A. DEVORE</u>	<u>11-05257</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>614-486-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVENUE, SUITE 900</u> <u>COLUMBUS, OH 43235</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1247166	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	281072	0
9	Amount remaining (Item 7 minus item 8).....	966094	0
10	Interest on item 9 using prior year's actual return of <u>18.24</u> %	176216	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		289139
b	Interest on (a) using prior year's effective rate of <u>8.16</u> %		51926
c	Total available at beginning of current plan year to add to prefunding balance		341065
d	Portion of (c) to be added to prefunding balance.....		341065
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1142310	341065

Part III Funding percentages			
14	Funding target attainment percentage.....	14	69.32 %
15	Adjusted funding target attainment percentage.....	15	69.32 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	95.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/29/2010	64000				
10/29/2010	128000				
12/10/2010	64000				
12/14/2010	64000				
			Totals ►	18(b)	320000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	302662
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.12 %	2nd segment: 6.74 %	3rd segment: 6.83 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	502716
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2490553	419713
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	922429
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	619767	0
36 Additional cash requirement (item 34 minus item 35).....	36	302662
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	302662
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ohio State Medical Association Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ohio State Medical Association	D Employer Identification Number (EIN) 31-4364893	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	8,117,203	
b Actuarial value.....	2b	8,479,004	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	23	4,297,496
b For terminated vested participants	3b	25	967,291
c For active participants:			
(1) Non-vested benefits.....	3c(1)		305,387
(2) Vested benefits.....	3c(2)		4,521,508
(3) Total active	3c(3)	52	4,826,895
d Total.....	3d	100	10,091,682
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.70 %	
6 Target normal cost.....	6	502,716	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Lori A. DeVore Type or print name of actuary Aon Consulting, Inc. Firm name 445 Hutchinson Avenue, Suite 900 Columbus OH 43235 Address of the firm	10/11/2011 Date 11-05257 Most recent enrollment number (614) 486-8100 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,247,166	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	281,072	0
9 Amount remaining (Item 7 minus item 8)	966,094	0
10 Interest on item 9 using prior year's actual return of <u>18.24</u> %	176,216	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		289,139
b Interest on (a) using prior year's effective rate of <u>8.16</u> %		51,926
c Total available at beginning of current plan year to add to prefunding balance		341,065
d Portion of (c) to be added to prefunding balance		341,065
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	1,142,310	341,065

Part III Funding percentages

14 Funding target attainment percentage	14	69.32 %
15 Adjusted funding target attainment percentage	15	69.32 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.74 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/29/2010	64,000				
10/29/2010	128,000				
12/10/2010	64,000				
12/14/2010	64,000				
Totals ▶			18(b)	320,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	302,662

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.12 %	2nd segment: 6.74 %	3rd segment: 6.83 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	502,716
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,490,553	419,713
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	922,429
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	619,767	0
36 Additional cash requirement (item 34 minus item 35)	36	302,662
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	302,662
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

Schedule SB, line 22 – Description of Weighted Average Retirement Age

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * (5)
55	0.05	0.950000	1.000000	0.050000	55.0	2.750
56	0.05	0.950000	0.950000	0.047500	56.0	2.660
57	0.05	0.950000	0.902500	0.045125	57.0	2.572
58	0.05	0.950000	0.857375	0.042869	58.0	2.486
59	0.05	0.950000	0.814506	0.040725	59.0	2.403
60	0.1	0.900000	0.773781	0.077378	60.0	4.643
61	0.1	0.900000	0.696403	0.069640	61.0	4.248
62	0.25	0.750000	0.626763	0.156691	62.0	9.715
63	0.25	0.750000	0.470072	0.117518	63.0	7.404
64	0.25	0.750000	0.352554	0.088138	64.0	5.641
65	0.5	0.500000	0.264415	0.132208	65.0	8.594
66	0.5	0.500000	0.132208	0.066104	66.0	4.363
67	1	0.000000	0.066104	0.066104	67.0	4.429
Totals:				1.00000		61.908
Total of Column (6) / Total of Column (4), Rounded to nearest age:						62.000

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

Schedule SB, line 25 – Change in Method

The interest rates used for determining the funding target were changed from using the full yield curve with a one-month lookback to the segment rates with a four-month lookback.

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

Schedule SB, line 32-Schedule of Amortization Bases

The table below lists the Funding Target Shortfall amortization bases included in the calculation of the Plan's Minimum Required Contribution as of December 31, 2009.

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
Prior Years' Subtotal					
12/31/2009	7	5.933941	\$2,490,553	\$2,490,553	\$419,713
Total				\$2,490,553	\$419,713

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Cost Method

Funding: Traditional Unit Credit.

Asset Method

Funding: Based on average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no less than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Date of Calculations

Funding: The Valuation Date is on December 31, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Source of Data

Data is as of the valuation date and is supplied to us by the Employer. Financial information was supplied to us by the Trustee. Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Employees are assumed to work full-time in all future years.

Past salaries are based on actual salary history. Participant salaries are limited to the IRC Section 401(a)(17) limit that was in effect as of the beginning of this plan year. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the beginning of the year.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

**Schedule SB, Part V – Statement of Actuarial
Assumptions/Methods (Cont.)**

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the December 31, 2009 valuation.

Interest Rates	Assumption
(1) Funding Target	Segment rates, 4 th month preceding valuation date
(a) First Segment Rate	5.12%
(b) Second Segment Rate	6.74%
(c) Third Segment Rate	6.83%
(2) Funding Long-Term Rate of Return	8.00%

Other Rates	Assumption
(1) Social Security Wage Bases	4.50%
(2) CPI for Social Security	4.50%
(3) Future Salaries	
(a) Funding	6.50%
(4) Cost of Living Adjustment	None

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements		Description
(1)	Funding	
(a)	Healthy	IRS 2009 Annuitant and Non-Annuitant Mortality Tables for Males and Females
(b)	Disabled	Current Liability Disabled After 01/01/1995

—Retirement—		—Termination—			
Decrement		Decrement	Years of Service		
Age	Rates	Age	0	1	2 3+
55-59	0.05000				
60-61	0.10000	25	0.1000	0.1000	0.1000 0.0772
62-64	0.25000	35	0.1000	0.1000	0.1000 0.0628
65	0.50000	45	0.1000	0.1000	0.1000 0.0398
66	0.50000	55	0.1000	0.1000	0.1000 0.0094
67	1.00000				

The weighted average retirement age is 61.91. Sample Retirement and Termination rates are illustrated in the table above.

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

**Schedule SB, Part V – Statement of Actuarial
Assumptions/Methods (Cont.)**

Expenses

Funding: The normal cost for funding purposes includes assumed expenses equal to the actual general administrative expenses paid by the trust in the previous plan year. General administrative expenses include trustee, investment, and actuarial fees.

Form of Benefit Payment

100% of participants are assumed to elect the Normal Form.

Plan Sponsor: Ohio State Medical Association
Plan Name: Ohio State Medical Association Pension Plan
EIN: 31-4364893 PN : 001

Schedule SB, Part V – Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan:

General Information

Original Effective Date:	December 31, 1946
Effective Date of Last Amendment:	December 1, 2005
Plan Year:	December 31 to December 30
Employer Fiscal Year:	January 1 to December 31
Employer ID Number:	31-4364893
Plan Administrator's ID Number:	31-4364893
Plan Number:	001
Plan Administrator:	Ohio State Medical Association

Eligibility

Employees are eligible to participate in the plan on the June 30 or December 31 following the completion of one qualifying year of service (or 100 days of employment within an eligibility period) and the attainment of age 21.

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Service

Service equals total years of service while employed by the Ohio State Medical Association. A year of service is credited for each plan year in which an employee works at least 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 or fewer hours for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer, including maternity or paternity leave,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer,
- (4) A period of jury duty.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service.
- (2) The employee's period of absence was less than the greater of five years and his past Service.

Normal Retirement Date

Normal Retirement Date is the first of the month on or after a participant's 65th birthday.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for the participant's lifetime is the sum of:

- (1) 1.5% of Average Compensation under the Integration Level multiplied by all years of service, plus
- (2) 2.15% of Average Compensation in excess of the Integration Level multiplied by years of service (capped at 35).

The benefit above shall be rounded to the next higher multiple of \$10.

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Integration Level

The Integration Level is the average of the Social Security Taxable Wage Base for the 35-year period ending in the year the participant attains Social Security retirement age. The table of Integration Levels will be revised each year in order to reflect any increases in the Social Security Taxable Wage Base.

Average Compensation

The average of the highest five consecutive full calendar years of compensation during the last ten full calendar years.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit as calculated under Normal Retirement Benefit above, using Average Compensation and Service as of the date of determination.

Early Retirement Date

A participant who has attained the age of 55 and who has completed at least 10 years of eligibility service may retire any time on or after the effective date.

Early Retirement Benefit

The Early Retirement Benefit is calculated in the same manner as the Normal Retirement Benefit but reduced actuarially for each month by which the Early Retirement Date precedes the Normal Retirement Date if the participant has achieved age 55 and 10 years of service, and reduced by 2% for each year by which the Early Retirement Date precedes the Normal Retirement Date if the participant has achieved age 55 and 20 years of service.

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Disability Retirement

An active participant who is totally disabled is entitled to a disability benefit beginning at his Normal Retirement Date or his Early Retirement Date, if elected.

Disability Retirement Benefit

The monthly amount of the disability benefit is equal to the monthly amount of the participant's Accrued Benefit payable as of his retirement date. The Accrued Benefit will reflect additional years of service earned while the participant is on disability at the same rate of compensation applicable just prior to disability.

Pre-retirement Death Benefit

If a vested participant dies prior to retirement, his spouse will be eligible for a benefit equal to the survivor portion of the Joint & 50% Survivor Annuity benefit calculated as if the participant had separated from service on the date of his death, survived to his earliest retirement, and commenced receiving benefits.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 66 2/3%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) An adjusted benefit to be paid for the life of the participant with a guarantee of 120 payments.
- (3) If the lump sum value of a participant's benefit is less than \$5,000 then it shall be distributed in a single lump sum.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal plan document.