



NAIC Group Code	0000 (Current Period)	NAIC Company Code	11841	Employer's ID Number	41-2111662
Organized under the Laws of	Ohio			Ohio	
Country of Domicile	United States of America				
Incorporated	10/17/2003	Commenced Business	01/01/2004		
Statutory Home Office	155 EAST BROAD STREET FLOOR 2 (Street and Number)		COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)		
Main Administrative Office	155 EAST BROAD STREET FLOOR 2 (Street and Number)				
	COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)	614-255-4840-140 (Area Code) (Telephone Number)			
Mail Address	155 EAST BROAD STREET FLOOR 2 (Street and Number or P.O. Box)		COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)		
Primary Location of Books and Records	155 EAST BROAD STREET FLOOR 2 (Street and Number)				
	COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)	614-255-4840-140 (Area Code) (Telephone Number)			
Internet Website Address	WWW.OHAINSURANCE.COM				
Statutory Statement Contact	RALPH EDWARD BURNHEIMER (Name)		614-255-4840-140 (Area Code) (Telephone Number) (Extension)		
	RBURNHEIMER@OHAINSURANCE.COM (E-mail Address)		614-255-4839 (Fax Number)		
Policyowner Relations Contact	155 EAST BROAD STREET FLOOR 2 (Street and Number)				
	COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)	614-255-4840-140 (Area Code) (Telephone Number) (Extension)			

President	<u>Susan J. Stanfield #</u>	Secretary	<u>Mary Louise Gallagher #</u>
Treasurer	<u>Paul David Haas #</u>		

Mitch H. Melfi	DIRECTORS OR TRUSTEES	
Paul David Haas	Frank T. Pandora III	James R. Castle
	Mary Louise Gallagher	

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.

Susan J. Stanfield President	Mary L. Gallagher Secretary	Paul David Haas Treasurer
Subscribed and sworn to before me this _____ day of _____, 2004		a. Is this an original filing? Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] b. If no, 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____
Richard L. Sites Esquire None		

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 1

NONE

Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4
NONE

Schedule D - Part 5
NONE

Schedule D - Part 6 - Section 1
NONE

Schedule D - Part 6 - Section 2
NONE

Schedule DA - Part 1
NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part A - Section 2
NONE

Schedule DB - Part A - Section 3
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part B - Section 2
NONE

Schedule DB - Part B - Section 3
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Part C - Section 3
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DB - Part D - Section 3
NONE

Schedule DB - Part E - Section 1
NONE

Schedule DM
NONE

Schedule E - Part 2

NONE

Schedule E - Part 3

NONE