



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2003
 OF THE CONDITION AND AFFAIRS OF THE
OHA INSURANCE SOLUTIONS, INC.

NAIC Group Code	0000 (Current Period)	NAIC Company Code	11841	Employer's ID Number	41-2111662
Organized under the Laws of		Ohio	, State of Domicile or Port of Entry 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)		614-255-4840-140 (Area Code) (Telephone Number)		
COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)	COLUMBUS, OH 43215-3619 (Street and Number)		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)		614-255-4840-140 (Area Code) (Telephone Number)		
COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)	COLUMBUS, OH 43215-3619 (Street and Number)		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)		614-255-4840-140 (Area Code) (Telephone Number) (Extension)		
COLUMBUS, OH 43215-3619 (City or Town, State and Zip Code)					

OFFICERS

President	Susan J. Stanfield #	Secretary	Mary Louise Gallagher #
Treasurer	Paul David Haas #		

VICE PRESIDENTS**DIRECTORS OR TRUSTEES**

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

State of Ohio
 County of Franklin } 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.

Susan J. Stanfield President	Mary L. Gallagher Secretary	Paul David Haas Treasurer
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Subscribed and sworn to before me this
day of , 2004

Richard L. Sites
Esquire
None

a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

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

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE E - PART 1 - CASH

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

1. January	4. April	7. July	10. October
2. February	5. May	8. August	11. November
3. March	6. June	9. September	12. December

Schedule E - Part 2
NONE

Schedule E - Part 3
NONE