

**QUARTERLY STATEMENT**AS OF JUNE 30, 2011
OF THE CONDITION AND AFFAIRS OF THE**OHA INSURANCE SOLUTIONS, INC**

| | | | | | | | |
|---------------------------------------|--|------------------------|--------------------|--|----------------------|------------|--|
| NAIC Group Code | 0000 (Current Period) | 0000 (Prior 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 | | | |
| Incorporated/Organized | | 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 Web Site Address | WWW.OHAINSURANCE.COM | | | | | | |
| Statutory Statement Contact | Ralph Burnheimer (Name) | | | 614-255-4840-140 (Area Code) (Telephone Number) (Extension) | | | |
| | rburnheimer@ohainsurance.com (E-Mail Address) | | | 614-255-4839 (Fax Number) | | | |

OFFICERS

| | | | |
|-----------------------|-----------------|--------------------|--------------|
| Name | Title | Name | Title |
| Susan J. Stanfield | President & CEO | Ron D Wade | Executive VP |
| Mary Louise Gallagher | Secretary | Ralph E Burnheimer | CFO |

OTHER OFFICERS

| | | | |
|----------------------|--------------------------|-----------------------|---------------------|
| Frank T. Pandora III | James R. Castle | Mary Louise Gallagher | Susan S. Makos |
| D. Brent Mulgrew | Walter A. Reiling, Jr MD | Robert Krisowaty | Gregory Morrison MD |
| Cynthia Powell # | | | |

State of OH.....

ss

County of Franklin.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|--|---------------------------|------------------------------------|
| Susan J. Stanfield President & CEO | Ralph E Burnheimer CFO | Mary Louise Gallagher Secretary |
| 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 _____ | | |
| Subscribed and sworn to before me this day of _____, | | |
| Richard L Sites, | | |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 35,090,950 | | 35,090,950 | 34,025,117 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 3,271,345 | | 3,271,345 | 3,115,071 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ 3,531,427), cash equivalents (\$ 0) and short-term investments (\$ 312,457) | | 3,843,884 | 3,843,884 | 4,365,795 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | .0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 42,206,180 | .0 | 42,206,180 | 41,505,983 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 355,397 | | 355,397 | 634,048 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 500,713 | | 500,713 | 90,138 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 3,404,348 | | 3,404,348 | 1,979,605 |
| 15.3 Accrued retrospective premiums | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 256,983 | | 256,983 | 121,983 |
| 18.2 Net deferred tax asset | 765,563 | 478,338 | 287,225 | 287,225 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | 9,320 | 9,320 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | 41,060 | .41,060 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 0 | .0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 47,539,564 | 528,718 | 47,010,846 | 44,618,982 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 47,539,564 | 528,718 | 47,010,846 | 44,618,982 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | 0 | 0 |
| 1103. | | | 0 | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | .0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Insurance | | | 0 | 0 |
| 2502. | | | 0 | 0 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|---|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$ 1,424,900) | 11,117,070 | 11,043,526 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | 0 | 0 |
| 3. Loss adjustment expenses | 4,540,775 | 4,408,562 |
| 4. Commissions payable, contingent commissions and other similar charges | 5,761 | 5,761 |
| 5. Other expenses (excluding taxes, licenses and fees) | 98,561 | 154,223 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 0 | 0 |
| 7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)) | 0 | 0 |
| 7.2 Net deferred tax liability | 0 | 0 |
| 8. Borrowed money \$ and interest thereon \$ | 0 | 0 |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 2,206,547 and including warranty reserves of \$) | 3,721,425 | 2,468,798 |
| 10. Advance premium | | 252,956 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | 0 | 0 |
| 11.2 Policyholders | 0 | 0 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 4,424,555 | 3,295,577 |
| 13. Funds held by company under reinsurance treaties | 0 | 0 |
| 14. Amounts withheld or retained by company for account of others | 301,517 | 280,517 |
| 15. Remittances and items not allocated | 0 | 0 |
| 16. Provision for reinsurance | 0 | 0 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | 0 | 0 |
| 18. Drafts outstanding | 0 | 0 |
| 19. Payable to parent, subsidiaries and affiliates | 0 | 0 |
| 20. Derivatives | 0 | 0 |
| 21. Payable for securities | 0 | 0 |
| 22. Payable for securities lending | 0 | 0 |
| 23. Liability for amounts held under uninsured plans | 0 | 0 |
| 24. Capital notes \$ and interest thereon \$ | 0 | 0 |
| 25. Aggregate write-ins for liabilities | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 24,203,904 | 21,909,921 |
| 27. Protected cell liabilities | 0 | 0 |
| 28. Total liabilities (Lines 26 and 27) | 24,203,904 | 21,909,921 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 1,000,000 | 1,000,000 |
| 31. Preferred capital stock | 0 | 0 |
| 32. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 33. Surplus notes | 0 | 0 |
| 34. Gross paid in and contributed surplus | 20,144,171 | 20,123,211 |
| 35. Unassigned funds (surplus) | 1,662,771 | 1,585,849 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 30 \$) | 0 | 0 |
| 36.2 shares preferred (value included in Line 31 \$) | 0 | 0 |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 22,806,942 | 22,709,060 |
| 38. Totals (Page 2, Line 28, Col. 3) | 47,010,846 | 44,618,981 |
| DETAILS OF WRITE-INS | | |
| 2501. | 0 | 0 |
| 2502. | 0 | 0 |
| 2503. | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 |
| 2901. | 0 | 0 |
| 2902. | 0 | 0 |
| 2903. | 0 | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 |
| 3201. | 0 | 0 |
| 3202. | 0 | 0 |
| 3203. | 0 | 0 |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | 0 | 0 |
| 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) | 0 | 0 |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 8,041,614) | 5,553,135 | 6,410,908 | 12,706,304 |
| 1.2 Assumed (written \$ 3,591,150) | 0 | 0 | 0 |
| 1.3 Ceded (written \$ 4,450,464) | 3,214,611 | 3,530,111 | 6,439,733 |
| 1.4 Net (written \$ 4,450,464) | 2,338,524 | 2,880,797 | 6,266,571 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$ 1,424,900): | | | |
| 2.1 Direct | 3,470,136 | 3,815,498 | 5,693,781 |
| 2.2 Assumed | 0 | 0 | 0 |
| 2.3 Ceded | 2,045,236 | 2,104,170 | 2,772,668 |
| 2.4 Net | 1,424,900 | 1,711,328 | 2,921,113 |
| 3. Loss adjustment expenses incurred | 767,254 | 921,484 | 2,254,165 |
| 4. Other underwriting expenses incurred | 1,359,342 | 1,333,625 | 2,237,745 |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 3,551,496 | 3,966,437 | 7,413,024 |
| 7. Net income of protected cells | 0 | 0 | 0 |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | (1,212,972) | (1,085,640) | (1,146,453) |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 610,826 | 633,695 | 1,229,633 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ | 314,859 | 56,112 | 140,462 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 925,685 | 689,807 | 1,370,095 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ 2,744) | (2,744) | 0 | 0 |
| 13. Finance and service charges not included in premiums | 0 | 0 | 0 |
| 14. Aggregate write-ins for miscellaneous income | 0 | 3,750 | 3,750 |
| 15. Total other income (Lines 12 through 14) | (2,744) | 3,750 | 3,750 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | (290,031) | (392,083) | 227,393 |
| 17. Dividends to policyholders | 0 | 0 | 0 |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | (290,031) | (392,083) | 227,393 |
| 19. Federal and foreign income taxes incurred | (135,000) | 0 | 4,367 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | (155,031) | (392,083) | 223,026 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 22,709,060 | 22,004,046 | 22,004,042 |
| 22. Net income (from Line 20) | (155,031) | (392,083) | 223,026 |
| 23. Net transfers (to) from Protected Cell accounts | 0 | 0 | 0 |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ | 156,274 | (135,692) | 230,033 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | 0 | 0 | 0 |
| 26. Change in net deferred income tax | 75,680 | (42,800) | 59,144 |
| 27. Change in nonadmitted assets | 0 | 82,858 | 56,991 |
| 28. Change in provision for reinsurance | 0 | 0 | 0 |
| 29. Change in surplus notes | 0 | 0 | 0 |
| 30. Surplus (contributed to) withdrawn from protected cells | 0 | 0 | 0 |
| 31. Cumulative effect of changes in accounting principles | 0 | 0 | 0 |
| 32. Capital changes: | | | |
| 32.1 Paid in | 0 | 0 | 0 |
| 32.2 Transferred from surplus (Stock Dividend) | 0 | 0 | 0 |
| 32.3 Transferred to surplus | 0 | 0 | 0 |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | 20,960 | 118,052 | 135,824 |
| 33.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 33.3 Transferred from capital | 0 | 0 | 0 |
| 34. Net remittances from or (to) Home Office | 0 | 0 | 0 |
| 35. Dividends to stockholders | 0 | 0 | 0 |
| 36. Change in treasury stock | 0 | 0 | 0 |
| 37. Aggregate write-ins for gains and losses in surplus | 0 | 0 | 0 |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 97,883 | (369,664) | 705,017 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 22,806,942 | 21,634,382 | 22,709,060 |
| DETAILS OF WRITE-INS | | | |
| 0501. Misc Adjustment | 0 | 0 | 0 |
| 0502. | 0 | 0 | 0 |
| 0503. | 0 | 0 | 0 |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 |
| 0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 |
| 1401. Claim and RM Service Income | 0 | 3,750 | 3,750 |
| 1402. | 0 | 0 | 0 |
| 1403. | 0 | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 3,750 | 3,750 |
| 3701. Misc Adj. | 0 | 0 | 0 |
| 3702. | 0 | 0 | 0 |
| 3703. | 0 | 0 | 0 |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | 0 | 0 | 0 |
| 3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|-------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 2,631,854 | 3,672,547 | 5,450,088 |
| 2. Net investment income..... | 1,008,962 | 723,112 | 1,362,936 |
| 3. Miscellaneous income | (2,744) | 3,750 | 3,750 |
| 4. Total (Lines 1 to 3) | 3,638,073 | 4,399,408 | 6,816,773 |
| 5. Benefit and loss related payments | 1,351,356 | 868,055 | 1,687,515 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 2,055,806 | 2,023,479 | 4,139,417 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 0 | (85,600) | 0 |
| 10. Total (Lines 5 through 9) | 3,407,163 | 2,805,934 | 5,826,932 |
| 11. Net cash from operations (Line 4 minus Line 10) | 230,910 | 1,593,474 | 989,841 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 8,891,541 | 6,971,929 | 10,892,724 |
| 12.2 Stocks | 0 | 0 | 1 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | (1) |
| 12.7 Miscellaneous proceeds | 0 | 274,485 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 8,891,541 | 7,246,414 | 10,892,724 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 9,762,000 | 7,726,783 | 12,259,492 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 9,762,000 | 7,726,783 | 12,259,492 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (870,459) | (480,369) | (1,366,768) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 20,960 | 118,052 | 135,824 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied)..... | 96,679 | 10,758 | 117,794 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 117,639 | 128,810 | 253,618 |
| 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) | (521,910) | 1,241,915 | (123,308) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 4,365,795 | 4,489,103 | 4,489,103 |
| 19.2 End of period (Line 18 plus Line 19.1) | 3,843,884 | 5,731,018 | 4,365,795 |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

No significant change

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

No significant change.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment Income

No significant change

8. Derivative Instruments

None

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant change

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant change

14. Contingencies

A. Contingent Commitments

The Company has no commitments or contingent commitments to affiliates or other entities.

B. Assessments

The Company has not received any notice of an assessment due to the insolvency of an insurance company.

C. Gain Contingencies

None

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

NOTES TO FINANCIAL STATEMENTS

D. All other Contingencies

Various lawsuits against the Company may arise in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no asset that it considers to be impaired.

15. Leases

No significant change

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentration of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None. There were no wash sales.

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

A. Inputs Used for Assets and Liabilities Measured at Fair Value

1. Fair Value Measurements by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 – Quoted Prices in Active markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 – Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 – Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

| 1 Description | 2 Level 1 | 3 Level 2 | 4 Level 3 | 5 Total |
|---------------------------------|--------------|--------------|--------------|-------------|
| Assets at fair value | | | | |
| Common Stocks | | | | |
| Mutual Funds | \$3,271,345 | - | - | \$3,271,345 |
| Total assets at fair value | \$3,271,345 | - | - | \$3,271,345 |
| Total liabilities at fair value | 0 | | | 0 |

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

2. Roll forward of Level 3 Items

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

NOTES TO FINANCIAL STATEMENTS

The Company has no assets or liabilities measured at fair value in the Level 3 category.

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company has no assets or liabilities measured at fair value in the Level 2 or Level 3 category.

5. Derivative Fair Values

Not applicable.

B. This Disclosure Removed by NAIC December, 2010

C. Other fair Value Disclosures

Not applicable

D. Reasons Not Practical to Estimate Fair Value

Not applicable

21. Other Items

None

22. Event Subsequent

There have been no events subsequent to December 31, 2010 through the date of this filing meriting disclosure.

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Changes in Incurred Losses and Loss Adjustment Expenses

No significant change

26. Intercompany Pooling Agreements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Accident and Health Policies

None

30. Premium Deficiency Reserves

None

31. High Deductibles

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

NOTES TO FINANCIAL STATEMENTS

None

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

None

33. Asbestos/Environmental Reserves

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

- 2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

- 6.2 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. 12/31/2008

- 6.3 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). 08/07/2009

- 6.4 By what department or departments?

OH.....

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

- 7.2 If yes, give full information:

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), 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 OTS | 6 FDIC | 7 SEC |
|---------------------|--------------------------------|----------|----------|----------|-----------|----------|
| | | | | | | |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC**GENERAL INTERROGATORIES**

9.1 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 [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:.....

9.2 Has the code of ethics for senior managers been amended?..... Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s)......

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s)......

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [] No [X]

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$

13. Amount of real estate and mortgages held in short-term investments:..... \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... Yes [] No [X]

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)..... | \$ | \$ |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

GENERAL INTERROGATORIES

16. 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 No

- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|------------------------|
| Fifth Third Bank..... | Cincinnati, OH..... |

- 16.2 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) |
|--------------|------------------|------------------------------|
| | | |

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?.....

Yes No

- 16.4 If yes, give full and complete information relating thereto:

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

- 16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?.....

Yes No

- 17.2 If no, list exceptions:

.....

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC**GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

**PART 2
PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] NA []

If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]

If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

| 1 Line of Business | 2 Maximum Interest | 3 Discount Rate | TOTAL DISCOUNT | | | DISCOUNT TAKEN DURING PERIOD | | | 10 IBNR | 11 TOTAL |
|-----------------------|--------------------------|-----------------------|-----------------------|--------------------|-----------|------------------------------|-----------------------|--------------------|------------|-------------|
| | | | 4 Unpaid Losses | 5 Unpaid LAE | 6 IBNR | 7 TOTAL | 8 Unpaid Losses | 9 Unpaid LAE | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5. Operating Percentages:

5.1 A&H loss percent..... %

5.2 A&H cost containment percent..... %

5.3 A&H expense percent excluding cost containment expenses..... %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

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

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE F—CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Active Status | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|---|--------------------|---------------------------|-------------------------|--|-------------------------|---------------------------|-------------------------|
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. Alabama | AL | | 0 | | 0 | | 0 |
| 2. Alaska | AK | | 0 | | 0 | | 0 |
| 3. Arizona | AZ | | 0 | | 0 | | 0 |
| 4. Arkansas | AR | | 0 | | 0 | | 0 |
| 5. California | CA | | 0 | | 0 | | 0 |
| 6. Colorado | CO | | 0 | | 0 | | 0 |
| 7. Connecticut | CT | | 0 | | 0 | | 0 |
| 8. Delaware | DE | | 0 | | 0 | | 0 |
| 9. District of Columbia | DC | | 0 | | 0 | | 0 |
| 10. Florida | FL | | 0 | | 0 | | 0 |
| 11. Georgia | GA | | 0 | | 0 | | 0 |
| 12. Hawaii | HI | | 0 | | 0 | | 0 |
| 13. Idaho | ID | | 0 | | 0 | | 0 |
| 14. Illinois | IL | | 0 | | 0 | | 0 |
| 15. Indiana | IN | | 0 | | 0 | | 0 |
| 16. Iowa | IA | | 0 | | 0 | | 0 |
| 17. Kansas | KS | | 0 | | 0 | | 0 |
| 18. Kentucky | KY | | 0 | | 0 | | 0 |
| 19. Louisiana | LA | | 0 | | 0 | | 0 |
| 20. Maine | ME | | 0 | | 0 | | 0 |
| 21. Maryland | MD | | 0 | | 0 | | 0 |
| 22. Massachusetts | MA | | 0 | | 0 | | 0 |
| 23. Michigan | MI | | 0 | | 0 | | 0 |
| 24. Minnesota | MN | | 0 | | 0 | | 0 |
| 25. Mississippi | MS | | 0 | | 0 | | 0 |
| 26. Missouri | MO | | 0 | | 0 | | 0 |
| 27. Montana | MT | | 0 | | 0 | | 0 |
| 28. Nebraska | NE | | 0 | | 0 | | 0 |
| 29. Nevada | NV | | 0 | | 0 | | 0 |
| 30. New Hampshire | NH | | 0 | | 0 | | 0 |
| 31. New Jersey | NJ | | 0 | | 0 | | 0 |
| 32. New Mexico | NM | | 0 | | 0 | | 0 |
| 33. New York | NY | | 0 | | 0 | | 0 |
| 34. No. Carolina | NC | | 0 | | 0 | | 0 |
| 35. No. Dakota | ND | | 0 | | 0 | | 0 |
| 36. Ohio | OH | L 8,041,614 | 9,875,799 | 4,055,225 | 2,840,015 | 12,235,010 | 29,936,824 |
| 37. Oklahoma | OK | | 0 | | 0 | | 0 |
| 38. Oregon | OR | | 0 | | 0 | | 0 |
| 39. Pennsylvania | PA | | 0 | | 0 | | 0 |
| 40. Rhode Island | RI | | 0 | | 0 | | 0 |
| 41. So. Carolina | SC | | 0 | | 0 | | 0 |
| 42. So. Dakota | SD | | 0 | | 0 | | 0 |
| 43. Tennessee | TN | | 0 | | 0 | | 0 |
| 44. Texas | TX | | 0 | | 0 | | 0 |
| 45. Utah | UT | | 0 | | 0 | | 0 |
| 46. Vermont | VT | | 0 | | 0 | | 0 |
| 47. Virginia | VA | | 0 | | 0 | | 0 |
| 48. Washington | WA | | 0 | | 0 | | 0 |
| 49. West Virginia | WV | | 0 | | 0 | | 0 |
| 50. Wisconsin | WI | | 0 | | 0 | | 0 |
| 51. Wyoming | WY | | 0 | | 0 | | 0 |
| 52. American Samoa | AS | | 0 | | 0 | | 0 |
| 53. Guam | GU | | 0 | | 0 | | 0 |
| 54. Puerto Rico | PR | | 0 | | 0 | | 0 |
| 55. U.S. Virgin Islands | VI | | 0 | | 0 | | 0 |
| 56. Northern Mariana Islands | MP | | 0 | | 0 | | 0 |
| 57. Canada | CN | | 0 | | 0 | | 0 |
| 58. Aggregate Other Alien | OT | XXX 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | (a) 1 | 8,041,614 | 9,875,799 | 4,055,225 | 2,840,015 | 12,235,010 | 29,936,824 |
| DETAILS OF WRITE-INS | | | | | | | |
| 5801. | | XXX | | | | | |
| 5802. | | XXX | | | | | |
| 5803. | | XXX | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | | XXX 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | | XXX 0 | 0 | 0 | 0 | 0 | 0 |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

PART 1 - LOSS EXPERIENCE

| Line of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|--|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire | | | 0.0 | 0.0 |
| 2. Allied lines | | | 0.0 | 0.0 |
| 3. Farmowners multiple peril | | | 0.0 | 0.0 |
| 4. Homeowners multiple peril | | | 0.0 | 0.0 |
| 5. Commercial multiple peril | | | 0.0 | 0.0 |
| 6. Mortgage guaranty | | | 0.0 | 0.0 |
| 8. Ocean marine | | | 0.0 | 0.0 |
| 9. Inland marine | | | 0.0 | 0.0 |
| 10. Financial guaranty | | | 0.0 | 0.0 |
| 11.1 Medical professional liability - occurrence | | | 0.0 | 101.8 |
| 11.2 Medical professional liability - claims made | 3,142,793 | 1,787,477 | 56.9 | 49.0 |
| 12. Earthquake | | | 0.0 | 0.0 |
| 13. Group accident and health | | | 0.0 | 0.0 |
| 14. Credit accident and health | | | 0.0 | 0.0 |
| 15. Other accident and health | | | 0.0 | 0.0 |
| 16. Workers' compensation | | | 0.0 | 0.0 |
| 17.1 Other liability occurrence | | | 0.0 | 0.0 |
| 17.2 Other liability - claims made | 2,410,342 | 1,682,659 | 69.8 | 67.4 |
| 17.3 Excess Workers' Compensation | | | 0.0 | 0.0 |
| 18.1 Products liability - occurrence | | | 0.0 | 0.0 |
| 18.2 Products liability - claims made | | | 0.0 | 0.0 |
| 19.1,19.2 Private passenger auto liability | | | 0.0 | 0.0 |
| 19.3,19.4 Commercial auto liability | | | 0.0 | 0.0 |
| 21. Auto physical damage | | | 0.0 | 0.0 |
| 22. Aircraft (all perils) | | | 0.0 | 0.0 |
| 23. Fidelity | | | 0.0 | 0.0 |
| 24. Surety | | | 0.0 | 0.0 |
| 26. Burglary and theft | | | 0.0 | 0.0 |
| 27. Boiler and machinery | | | 0.0 | 0.0 |
| 28. Credit | | | 0.0 | 0.0 |
| 29. International | | | 0.0 | 0.0 |
| 30. Warranty | | | 0.0 | 0.0 |
| 31. Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX | XXX |
| 32. Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX | XXX |
| 33. Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 34. Aggregate write-ins for other lines of business | 0 | 0 | 0.0 | 0.0 |
| 35. TOTALS | 5,553,135 | 3,470,136 | 62.5 | 59.5 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0.0 | 0.0 |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34) | 0 | 0 | 0.0 | 0.0 |

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|--|-------------------------|------------------------------|---------------------------------|-------------------------|------------------------------|---------------------------------|
| | | | | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
| 1. Fire | | 0 | 0 | | | 0 |
| 2. Allied lines | | 0 | 0 | | | 0 |
| 3. Farmowners multiple peril | | 0 | 0 | | | 0 |
| 4. Homeowners multiple peril | | 0 | 0 | | | 0 |
| 5. Commercial multiple peril | | 0 | 0 | | | 0 |
| 6. Mortgage guaranty | | 0 | 0 | | | 0 |
| 8. Ocean marine | | 0 | 0 | | | 0 |
| 9. Inland marine | | 0 | 0 | | | 0 |
| 10. Financial guaranty | | 0 | 0 | | | 0 |
| 11.1 Medical professional liability - occurrence | | 0 | 0 | | | 441,851 |
| 11.2 Medical professional liability - claims made | | 643,815 | 4,454,905 | | | 5,463,118 |
| 12. Earthquake | | 0 | 0 | | | 0 |
| 13. Group accident and health | | 0 | 0 | | | 0 |
| 14. Credit accident and health | | 0 | 0 | | | 0 |
| 15. Other accident and health | | 0 | 0 | | | 0 |
| 16. Workers' compensation | | 0 | 0 | | | 0 |
| 17.1 Other liability-occurrence | | 0 | 0 | | | 0 |
| 17.2 Other liability - claims made | | 220,430 | 3,586,709 | | | 3,970,830 |
| 17.3 Excess Workers' Compensation | | 0 | 0 | | | 0 |
| 18.1 Products liability - occurrence | | 0 | 0 | | | 0 |
| 18.2 Products liability - claims made | | 0 | 0 | | | 0 |
| 19.1,19.2 Private passenger auto liability | | 0 | 0 | | | 0 |
| 19.3,19.4 Commercial auto liability | | 0 | 0 | | | 0 |
| 21. Auto physical damage | | 0 | 0 | | | 0 |
| 22. Aircraft (all perils) | | 0 | 0 | | | 0 |
| 23. Fidelity | | 0 | 0 | | | 0 |
| 24. Surety | | 0 | 0 | | | 0 |
| 26. Burglary and theft | | 0 | 0 | | | 0 |
| 27. Boiler and machinery | | 0 | 0 | | | 0 |
| 28. Credit | | 0 | 0 | | | 0 |
| 29. International | | 0 | 0 | | | 0 |
| 30. Warranty | | 0 | 0 | | | 0 |
| 31. Reinsurance - Nonproportional Assumed Property | | XXX | XXX | | | XXX |
| 32. Reinsurance - Nonproportional Assumed Liability | | XXX | XXX | | | XXX |
| 33. Reinsurance - Nonproportional Assumed Financial Lines | | XXX | XXX | | | XXX |
| 34. Aggregate write-ins for other lines of business | | 0 | 0 | | | 0 |
| 35. TOTALS | | 864,245 | 8,041,614 | | | 9,875,799 |
| DETAILS OF WRITE-INS | | | | | | |
| 3401. | | | | | | |
| 3402. | | | | | | |
| 3403. | | | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | 0 | 0 | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34) | | 0 | 0 | | | |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| Years in Which Losses Occurred | 1 Prior Year-End Known Case Loss and LAE Reserves | 2 Prior Year-End IBNR Loss and LAE Reserves | 3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 4 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End | 6 Total 2011 Loss and LAE Payments (Cols. 4 + 5) | 7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End | 8 Q.S. Date IBNR Loss and LAE Reserves | 9 | 10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) | 11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1) | 12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | 13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12) |
|---|--|--|---|---|---|---|---|---|-------|--|--|--|---|
| 1. 2008 + Prior | 3,965 | 1,208 | 5,173 | 923 | | 923 | 3,720 | | 531 | 4,250 | .677 | (677) | 0 |
| 2. 2009 | 3,992 | 853 | 4,845 | 908 | | 908 | 2,544 | | 1,394 | 3,938 | (541) | 541 | 0 |
| 3. Subtotals 2009 + prior | 7,958 | 2,061 | 10,018 | 1,830 | 0 | 1,830 | 6,263 | 0 | 1,925 | 8,188 | .136 | (136) | 0 |
| 4. 2010 | 2,111 | 3,323 | 5,434 | 136 | | 136 | 2,771 | | 2,527 | 5,298 | .796 | (796) | 0 |
| 5. Subtotals 2010 + prior | 10,068 | 5,384 | 15,452 | 1,966 | 0 | 1,966 | 9,034 | 0 | 4,452 | 13,486 | .932 | (932) | 0 |
| 6. 2011 | XXX | XXX | XXX | XXX | 20 | 20 | XXX | 1,453 | .718 | 2,172 | XXX | XXX | XXX |
| 7. Totals | 10,068 | 5,384 | 15,452 | 1,966 | 20 | 1,986 | 9,034 | 1,453 | 5,170 | 15,658 | 932 | (932) | 0 |
| 8. Prior Year-End Surplus As Regards Policy-holders | | 22,709 | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 | Col. 12, Line 7 As % of Col. 2 Line 7 | Col. 13, Line 7 As % of Col. 3 Line 7 |
| | | | | | | | | | | | 1. | 9.3 | 2. (17.3) 3. 0.0 |
| | | | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | 4. 0.0 |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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 on "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

- | | |
|---|---------------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? |NO..... |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? |YES..... |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? |NO..... |
| 4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement? |NO..... |

Explanation:

- 1.
- 3.
- 4.

Bar Code:

- | | | |
|----|---|-------------------------------------|
| 1. |  | 1 1 8 4 1 2 0 1 1 4 9 0 0 0 0 0 2 |
| 3. |  | 1 1 8 4 1 2 0 1 1 3 6 5 0 0 0 0 0 2 |
| 4. |  | 1 1 8 4 1 2 0 1 1 5 0 5 0 0 0 0 0 2 |

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE A - VERIFICATION

Real Estate

NONE

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Current year change in encumbrances | 0 | 0 |
| 4. Total gain (loss) on disposals | 0 | 0 |
| 5. Deduct amounts received on disposals | 0 | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 7. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 8. Deduct current year's depreciation | 0 | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Capitalized deferred interest and other | 0 | 0 |
| 4. Accrual of discount | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | 0 | 0 |
| 6. Total gain (loss) on disposals | 0 | 0 |
| 7. Deduct amounts received on disposals | 0 | 0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | 0 | 0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | 0 | 0 |
| 10. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Total valuation allowance | 0 | 0 |
| 13. Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. Deduct total nonadmitted amounts | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

NONE

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Capitalized deferred interest and other | 0 | 0 |
| 4. Accrual of discount | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | 0 | 0 |
| 6. Total gain (loss) on disposals | 0 | 0 |
| 7. Deduct amounts received on disposals | 0 | 0 |
| 8. Deduct amortization of premium and depreciation | 0 | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 10. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

SCHEDULE D – VERIFICATION

Bonds and Stocks

NONE

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 37,140,188 | 35,383,064 |
| 2. Cost of bonds and stocks acquired | 9,762,000 | 12,259,492 |
| 3. Accrual of discount | 6,800 | 19,356 |
| 4. Unrealized valuation increase (decrease) | 156,274 | 353,897 |
| 5. Total gain (loss) on disposals | 314,859 | 216,095 |
| 6. Deduct consideration for bonds and stocks disposed of | 8,891,541 | 10,892,724 |
| 7. Deduct amortization of premium | 126,285 | 198,992 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9) | 38,362,295 | 37,140,188 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 38,362,295 | 37,140,188 |

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. Class 1 (a)..... | 31,668,069 | 7,237,876 | 7,581,101 | 217,264 | 31,668,069 | 31,542,108 | 0 | 30,953,703 |
| 2. Class 2 (a)..... | 3,100,464 | 1,552,807 | 513,726 | (278,245) | 3,100,464 | 3,861,299 | 0 | 3,089,242 |
| 3. Class 3 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Class 4 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Class 5 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Class 6 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds..... | 34,768,533 | 8,790,683 | 8,094,827 | (60,981) | 34,768,533 | 35,403,407 | 0 | 34,042,945 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Class 2..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Class 3..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Class 4..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Class 5..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Class 6..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock..... | 34,768,533 | 8,790,683 | 8,094,827 | (60,981) | 34,768,533 | 35,403,407 | 0 | 34,042,945 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|---------|--------------------------------------|----------------|------------------|---|---|
| 9199999 | 312,457 | XXX | 312,457 | 17 | 0 |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 17,828 | 186,250 |
| 2. Cost of short-term investments acquired | 2,333,454 | 3,043,154 |
| 3. Accrual of discount..... | 0 | 0 |
| 4. Unrealized valuation increase (decrease)..... | 0 | 0 |
| 5. Total gain (loss) on disposals..... | 0 | 0 |
| 6. Deduct consideration received on disposals..... | 2,038,825 | 3,211,576 |
| 7. Deduct amortization of premium..... | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized..... | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 312,457 | 17,828 |
| 11. Deduct total nonadmitted amounts..... | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 312,457 | 17,828 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation or Market Indicator ^(a) |
|------------------------------|--|--------------|--------------------|-------------------------|-----------------------------------|---------------------|----------------|---|--|
| .050589-HV-5. | AUBURN UNIV AL GEN FEE REV. | | .04/21/2011 | MC-AUBUR. | | .270,520 | .250,000 | .382 | .1FE |
| 3128M7-NY-8. | FHLMC G05507. | | .05/12/2011 | BNP. | .534,509 | .504,774 | .1,122 | .1 | |
| 3128MC-YR-0. | FHLMC G14120. | | .05/12/2011 | BNP. | .540,233 | .519,259 | .923 | .1 | |
| 3128PT-7B-5. | FHLMC J14490. | | .06/08/2011 | CANTOR FITZGERALD & CO. | .502,793 | .488,965 | .713 | .1 | |
| 31368H-NM-1. | FNMA #190396. | | .05/17/2011 | BNP. | .375,128 | .361,679 | .859 | .1 | |
| 3138A2-BQ-1. | FNMA #AH0946. | | .05/18/2011 | BNP. | .988,371 | .985,828 | .1,534 | .1 | |
| 31416C-CH-7. | FNMA #995672. | | .05/12/2011 | GX CLARK. | .531,830 | .514,078 | .1,028 | .1 | |
| 31418N-XX-3. | FNMA #AD1593. | | .05/17/2011 | BNP. | .395,851 | .381,658 | .906 | .1 | |
| .45884A-WY-5. | INTERMOUNTAIN PWR AGY UT. | | .04/07/2011 | DAD. | .269,943 | .250,000 | .3,368 | .1FE | |
| 650014-UT-8. | NEW YORK ST TWY AUTH SVC. | | .06/15/2011 | CITICORP/SMITHBARNEY. | .268,368 | .250,000 | .0 | .1FE | |
| 686543-QX-0. | ORLANDO & ORANGE CNTY EXPWY AUTH. | | .05/23/2011 | RAMIREZ. | .261,708 | .250,000 | .5,035 | .1FE | |
| 812702-BQ-0. | SEATTLE WA SOLID WASTE REV. | | .06/09/2011 | JP MORGAN. | .272,563 | .250,000 | .0 | .1FE | |
| 3199999 - Total | - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of... | | | | 5,211,815 | 5,006,241 | 15,870 | XXX | |
| 039483-BB-7. | ARCHER-DANIELS-MIDLAND. | | .06/02/2011 | US BANK. | .263,815 | .250,000 | .3,037 | .1FE | |
| 120568-AU-4. | BUNGE LIMITED FINANCE CO. | | .05/23/2011 | BANK OF AMERICA. | .260,090 | .250,000 | .2,135 | .2FE | |
| 126650-BU-3. | CVS CAREMARK CORP. | | .05/23/2011 | GOLDMAN SACHS. | .261,173 | .250,000 | .264 | .2FE | |
| 14912L-3U-3. | CATERPILLAR FIN SERV CRP. | | .06/01/2011 | CORT. | .285,010 | .250,000 | .1,930 | .1FE | |
| 260543-CD-3. | DOW CHEMICAL CO. | | .05/13/2011 | RBCCM. | .247,323 | .250,000 | .1,615 | .2FE | |
| 370334-BL-7. | GENERAL MILLS INC. | | .05/11/2011 | BRCLY/CORP. | .224,987 | .225,000 | .0 | .2FE | |
| 91913Y-AM-2. | VALERO ENERGY CORP. | | .05/13/2011 | MILLENNIUM. | .283,215 | .250,000 | .6,508 | .2FE | |
| 73755L-AE-7. | POTASH CORP-SASKATCHEWAN. | I | .05/13/2011 | BONDSIRECT. | .276,020 | .250,000 | .109 | .2FE | |
| 3899999 - Total | - Bonds - Industrial, Misc. | | | | 2,101,632 | 1,975,000 | 15,598 | XXX | |
| 8399997 - Total | - Bonds - Part 3 | | | | 7,313,447 | 6,981,241 | 31,468 | XXX | |
| 8399999 - Total | - Bonds | | | | 7,313,447 | 6,981,241 | 31,468 | XXX | |
| 8999999 - Total | - Preferred Stocks | | | | 0 | XXX | 0 | XXX | |
| 9799999 - Total | - Common Stocks | | | | 0 | XXX | 0 | XXX | |
| 9899999 - Total | - Preferred and Common Stocks | | | | 0 | XXX | 0 | XXX | |
| 9999999 Totals | | | | | 7,313,447 | XXX | 31,468 | XXX | |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0 .

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

| 1 CUSIP Identifi- cation | 2 Description | 3 For eign | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consideration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/Stock Dividends Received During Year | 21 Maturity Date | 22 NAIC Design- ation or Market Indicator (a) | | |
|--|--------------------------|------------------|-----------------------|-----------------------------|--------------------------------------|--------------------|----------------|------------------|--|--|---|---|--|---|--|---|--|---|--|------------------------|--|--------------|---|
| | | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's Temporary Impairment Recognized | 13 Current Year's Other Than Temporary Impairment Recognized | 14 Total Change in B./A.C.V. (11 + 12 + 13) | 15 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | | |
| 658256-WT-5.. | NORTH CAROLINA ST. | | 05/12/2011.. | ZIEGLER. | | 402,815 | .350,000 | .398,374 | 0 | .0 | -(3,476) | 0 | -(3,476) | 0 | .394,898 | .0 | .7,917 | .7,917 | .8,069 | 06/01/2015.. | 1FE | | |
| 882721-B9-3.. | TEXAS ST. | | 05/24/2011.. | BARCLAYS AMERICAN | | 287,898 | .250,000 | .271,630 | .266,726 | .0 | 0 | -(915) | 0 | -(915) | 0 | .265,812 | .0 | .22,086 | .22,086 | .10,278 | 08/01/2019.. | 1FE | |
| 93974A-GE-8.. | WASHINGTON ST. | | 05/11/2011.. | STIFEL NICHOLAS & CO., INC. | | 256,940 | .250,000 | .254,083 | .251,330 | .0 | 0 | -(493) | 0 | -(493) | 0 | .250,837 | .0 | .6,103 | .6,103 | .10,938 | 01/01/2012.. | 1FE | |
| 956653-TG-6.. | WEST VIRGINIA ST. | | 05/19/2011.. | STONE&YN | | 284,740 | .250,000 | .269,290 | .262,505 | .0 | 0 | -(1,041) | 0 | -(1,041) | 0 | .261,464 | .0 | .23,276 | .23,276 | .6,007 | 06/01/2016.. | 1FE | |
| 1799999 - Bonds - U.S. States, Territories and Possessions | | | | | 1,232,393 | 1,100,000 | 1,193,376 | 780,561 | | 0 | 0 | (5,925) | 0 | (5,925) | 0 | 1,173,009 | 0 | 59,383 | 59,383 | 35,292 | XXX | XXX | |
| 419722-XH-1.. | HAWAII CNTY HI. | | 04/07/2011.. | VINING SPARKS.. | | 283,198 | .250,000 | .272,813 | .264,339 | .0 | 0 | -(632) | 0 | -(632) | 0 | .263,707 | .0 | .19,491 | .19,491 | .9,132 | 07/15/2016.. | 1FE | |
| 438670-PT-8.. | 438670-PT-8.. | | 04/21/2011.. | BRCLY/MUNI | | 270,515 | .250,000 | .267,370 | .264,185 | .0 | 0 | -(623) | 0 | -(623) | 0 | .263,562 | .0 | .6,953 | .6,953 | .10,278 | 07/01/2022.. | 1FE | |
| 513877-AP-8.. | FACILITY | | 05/13/2011.. | FIRST SOUTHWEST COMPANY | | 285,488 | .250,000 | .277,460 | .274,643 | .0 | 0 | -(1,033) | 0 | -(1,033) | 0 | .273,610 | .0 | .11,878 | .11,878 | .5,799 | 12/01/2022.. | 1FE | |
| 718814-RH-1.. | PHOENIX AZ. | | 06/09/2011.. | STIFEL NICHOLAS & CO., INC. | | 262,565 | .250,000 | .269,480 | .257,632 | .0 | 0 | -(2,268) | 0 | -(2,268) | 0 | .255,365 | .0 | .7,200 | .7,200 | .12,505 | 07/01/2012.. | 1FE | |
| 796237-UR-4.. | SAN ANTONIO TX. | | 05/11/2011.. | ZIEGLER | | 174,905 | .150,000 | .158,348 | .157,406 | .0 | 0 | -(499) | 0 | -(499) | 0 | .156,907 | .0 | .17,997 | .17,997 | .5,938 | 02/01/2016.. | 1FE | |
| 796237-UT-0.. | SAN ANTONIO TX. | | 05/11/2011.. | FIRST SOUTHWEST COMPANY | | 110,750 | .100,000 | .105,565 | .104,937 | .0 | 0 | -(332) | 0 | -(332) | 0 | .104,605 | .0 | .6,145 | .6,145 | .3,958 | 02/01/2016.. | 1FE | |
| 886172-LA-1.. | DIST NO 011.. | | 06/15/2011.. | ZIEGLER | | 288,693 | .250,000 | .264,753 | .259,281 | .0 | 0 | -(807) | 0 | -(807) | 0 | .258,474 | .0 | .30,219 | .30,219 | .6,910 | 12/01/2015.. | 1FE | |
| 2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions | | | | | 1,676,112 | 1,500,000 | 1,615,788 | 1,582,423 | | 0 | 0 | (6,193) | 0 | (6,193) | 0 | 1,576,230 | 0 | 99,882 | 99,882 | 54,519 | XXX | XXX | |
| 011842-SB-8.. | ALASKA ST INT'L ARPTS | | 05/13/2011.. | PIPER, JAFFRAY & HOPWOOD | | 332,331 | .300,000 | .340,920 | .338,376 | .0 | 0 | -(3,798) | 0 | -(3,798) | 0 | .334,579 | .0 | -(2,248) | -(2,248) | .9,542 | 10/01/2014.. | 1FE | |
| 038141-JN-8.. | REVS. | | 05/24/2011.. | APPLETON WI WTRWKS REV. | | 280,713 | .250,000 | .269,068 | .260,366 | .0 | 0 | -(982) | 0 | -(982) | 0 | .259,384 | .0 | .21,328 | .21,328 | .11,319 | 01/01/2015.. | 1FE | |
| 25477G-AM-7.. | TAX | | 05/12/2011.. | STERL BRO | | 575,640 | .500,000 | .568,140 | .564,368 | .0 | 0 | -(2,359) | 0 | -(2,359) | 0 | .562,008 | .0 | .13,632 | .13,632 | .11,528 | 12/01/2021.. | 1FE | |
| 3128K4-QX-6.. | FHLMC A44070.. | | 06/01/2011.. | MBS PMT | | 17,906 | .17,906 | .16,697 | .17,834 | .0 | 0 | .72 | 0 | .72 | 0 | .17,906 | .0 | .0 | .0 | .360 | 04/01/2036.. | 1 | |
| 3128KK-GC-7.. | FHLMC A56495.. | | 06/01/2011.. | MBS PMT | | 12,553 | .12,553 | .12,539 | .12,533 | .0 | 0 | .20 | 0 | .20 | 0 | .12,553 | .0 | .0 | .0 | .280 | 01/01/2037.. | 1 | |
| 3128M7-NY-8.. | FHLMC G05507.. | | 06/01/2011.. | MBS PMT | | 9,740 | .9,740 | .10,314 | .0 | .0 | 0 | 0 | 0 | 0 | .9,740 | .0 | .0 | .0 | .0 | .41 | 02/01/2039.. | 1 | |
| 3128MJ-D4-9.. | FHLMC G14120.. | | 06/01/2011.. | MBS PMT | | 3,967 | .3,967 | .4,127 | .0 | .0 | 0 | 0 | 0 | 0 | .3,967 | .0 | .0 | .0 | .0 | .13 | 04/01/2026.. | 1 | |
| 3128MH-D4-9.. | FHLMC G08122.. | | 06/01/2011.. | MBS PMT | | 6,548 | .6,548 | .6,396 | .6,538 | .0 | 0 | .10 | 0 | .10 | 0 | .6,548 | .0 | .0 | .0 | .0 | .148 | 04/01/2036.. | 1 |
| 31368H-GN-2.. | FNMA #190396.. | | 06/01/2011.. | MBS PMT | | 2,753 | .2,753 | .2,855 | .0 | .0 | 0 | 0 | 0 | 0 | .2,753 | .0 | .0 | .0 | .0 | .10 | 06/01/2039.. | 1 | |
| 3138A2-BO-1.. | FNMA #A09496.. | | 06/01/2011.. | MBS PMT | | 1,752 | .1,752 | .1,758 | .0 | .0 | 0 | 0 | 0 | 0 | .1,752 | .0 | .0 | .0 | .0 | .6 | 12/01/2040.. | 1 | |
| 31393R-KV-1.. | FHLMC 2629 BN.. | | 06/01/2011.. | MBS PMT | | 29,367 | .29,367 | .30,496 | .29,558 | .0 | 0 | -(191) | 0 | -(191) | 0 | .29,367 | .0 | .0 | .0 | .0 | .415 | 11/01/2015.. | 1 |
| 31394E-GN-2.. | FNMA 2005-63 HA.. | | 06/01/2011.. | MBS PMT | | 28,909 | .28,909 | .29,777 | .29,099 | .0 | 0 | -(190) | 0 | -(190) | 0 | .28,909 | .0 | .0 | .0 | .0 | .589 | 01/01/2013.. | 1 |
| 31397N-2X-2.. | FNMA 2009-44 AC.. | | 06/01/2011.. | MBS PMT | | 24,299 | .24,299 | .25,016 | .24,424 | .0 | 0 | -(125) | 0 | -(125) | 0 | .24,299 | .0 | .0 | .0 | .0 | .406 | 08/01/2017.. | 1 |
| 31407H-ZH-2.. | FNMA #831544.. | | 06/01/2011.. | MBS PMT | | 20,044 | .20,044 | .19,900 | .20,032 | .0 | 0 | .12 | 0 | .12 | 0 | .20,044 | .0 | .0 | .0 | .0 | .503 | 06/01/2036.. | 1 |
| 31409X-HP-7.. | FNMA #881438.. | | 06/01/2011.. | MBS PMT | | 12,395 | .12,395 | .12,480 | .12,399 | .0 | 0 | -(5) | 0 | -(5) | 0 | .12,395 | .0 | .0 | .0 | .0 | .350 | 07/01/2036.. | 1 |
| 31413Y-N7-2.. | FNMA #959514.. | | 06/01/2011.. | MBS PMT | | 9,930 | .9,930 | .10,029 | .9,935 | .0 | 0 | -(5) | 0 | -(5) | 0 | .9,930 | .0 | .0 | .0 | .0 | .211 | 12/01/2037.. | 1 |
| 31416C-CH-7.. | FNMA #995672.. | | 06/01/2011.. | MBS PMT | | 4,964 | .4,964 | 5,135 | .0 | .0 | 0 | 0 | 0 | 0 | 4,964 | .0 | .0 | .0 | .0 | .19 | 04/01/2039.. | 1 | |
| 31417Y-EZ-6.. | FNMA #MA0151.. | | 06/01/2011.. | MBS PMT | | 33,514 | .33,514 | .34,818 | .33,712 | .0 | 0 | -(198) | 0 | -(198) | 0 | .33,514 | .0 | .0 | .0 | .0 | .613 | 08/01/2019.. | 1 |
| 31418N-XX-3.. | FNMA #AD1593.. | | 06/01/2011.. | MBS PMT | | 2,160 | .2,160 | 2,240 | .0 | .0 | 0 | 0 | 0 | 0 | .2,160 | .0 | .0 | .0 | .0 | .8 | 02/01/2040.. | 1 | |
| 38373M-HU-7.. | FNMA 2003-87 C.. | | 06/01/2011.. | MBS PMT | | 24,447 | .24,447 | .25,419 | .24,516 | .0 | 0 | -(68) | 0 | -(68) | 0 | .24,447 | .0 | .0 | .0 | .0 | .464 | 11/01/2013.. | 1 |
| 447154-CF-0.. | HUNTSVILLE AL PUB BLDG | | 05/19/2011.. | UBS FIN | | 280,065 | .250,000 | .269,038 | .263,278 | .0 | 0 | -(749) | 0 | -(749) | 0 | .262,529 | .0 | .17,536 | .17,536 | .8,090 | 10/01/2017.. | 1FE | |
| 455057-KX-6.. | INDIANA ST FIN AUTH REV | | 05/24/2011.. | STONE&YN | | 289,558 | .250,000 | .270,653 | .265,921 | .0 | 0 | -(793) | 0 | -(793) | 0 | .265,129 | .0 | .24,429 | .24,429 | .10,243 | 02/01/2019.. | 1FE | |
| 455066-HQ-6.. | COMM | | 05/12/2011.. | OPPENHEIMER | | 282,060 | .250,000 | .270,248 | .264,923 | .0 | 0 | -(645) | 0 | -(645) | 0 | .264,278 | .0 | .17,782 | .17,782 | .11,521 | 07/01/2018.. | 2FE | |
| 59455R-HG-6.. | MICHIGAN MUN BD AUTH REV | | 05/11/2011.. | FIRST SOUTHWEST COMPANY | | 263,750 | .250,000 | .261,065 | .254,550 | .0 | 0 | -(948) | 0 | -(948) | 0 | .253,603 | .0 | .10,147 | .10,147 | .10,147 | 10/01/2021.. | 1FE | |
| 797669-TV-0.. | AREA RAPID TRAN.. | | 05/12/2011.. | STONE&YN | | 582,830 | .500,000 | .570,275 | .566,662 | .0 | 0 | -(2,273) | 0 | -(2,273) | 0 | .564,388 | .0 | .18,442 | .18,442 | .24,861 | 07/01/2021.. | 1FE | |
| 900190-EH-8.. | TURLOCK CA IRS DIST REV | | 05/13/2011.. | WEBDUSH | | 275,330 | .250,000 | .279,165 | .275,656 | .0 | 0 | -(2,344) | 0 | | | | | | | | | | |

Schedule DB - Part A - Section 1
NONE

Sch. DB - Pt. A - Sn. 1 - Footnote (a)
NONE

Schedule DB - Part B - Section 1
NONE

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

Schedule DB - Part D
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE E - PART 1 - CASH

| Month End Depository Balances | | | | | | | | |
|--|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Fifth Third Bank - Operating.....Columbus, OH | | 0.000 | 0 | 0 | 4,567,708 | 2,531,319 | 3,229,909 | XXX |
| Fifth Third Bank - Custodial.....Columbus, OH | | | | 0 | 0 | 1 | 2 | XXX |
| Wells Fargo.....Charlotte, NC | | | | 291,267 | 291,267 | 301,517 | | XXX |
| 0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999 Totals - Open Depositories | XXX | XXX | 0 | 0 | 4,858,975 | 2,822,587 | 3,531,427 | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | | | 4,858,975 | 2,822,587 | 3,531,427 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| 0599999 Total | XXX | XXX | 0 | 0 | 4,858,975 | 2,822,587 | 3,531,427 | XXX |

Schedule E - Part 2 - Cash Equivalents
NONE



SUPPLEMENT FOR JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

Designate the type of health care providers
reported on this page
Physicians

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported | |
|------------------------------|---|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|-----------|
| | | | 3 Amount | 4 Number of Claims | | 6 Amount Reported | 7 Number of Claims | | |
| 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 | 1,728,102 | 1,500,514 | 510,000 | 2 | 976,099 | 2,375,000 | 20 | 2,831,444 |
| 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. U.S. Virgin Islands | VI | | | | | | | | |
| 56. Northern Mariana Islands | MP | | | | | | | | |
| 57. Canada | CN | | | | | | | | |
| 58. Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 59. Totals | | 1,728,102 | 1,500,514 | 510,000 | 2 | 976,099 | 2,375,000 | 20 | 2,831,444 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | | | | | | | | | |
| 5802. | | | | | | | | | |
| 5803. | | | | | | | | | |
| 5898. | Sum. of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5899. | Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |



SUPPLEMENT FOR JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

Designate the type of health care providers
reported on this page
Hospitals

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported | |
|------------------------------|---|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|-----------|
| | | | 3 Amount | 4 Number of Claims | | 6 Amount Reported | 7 Number of Claims | | |
| 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 | 6,313,512 | 4,052,621 | 3,536,754 | 8 | 4,362,572 | 9,657,506 | 77 | 4,305,700 |
| 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. U.S. Virgin Islands | VI | | | | | | | | |
| 56. Northern Mariana Islands | MP | | | | | | | | |
| 57. Canada | CN | | | | | | | | |
| 58. Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 59. Totals | | 6,313,512 | 4,052,621 | 3,536,754 | 8 | 4,362,572 | 9,657,506 | 77 | 4,305,700 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | | | | | | | | | |
| 5802. | | | | | | | | | |
| 5803. | | | | | | | | | |
| 5898. | Sum. of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5899. | Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |



SUPPLEMENT FOR JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

Designate the type of health care providers reported on this page

Other Health Care Professionals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|--|------------------------------------|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|
| | | | 3 Amount | 4 Number of Claims | | 6 Amount Reported | 7 Number of Claims | |
| 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. U.S. Virgin Islands | VI | | | | | | | |
| 56. Northern Mariana Islands | MP | | | | | | | |
| 57. Canada | CN | | | | | | | |
| 58. Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5801. | | | | | | | | |
| 5802. | | | | | | | | |
| 5803. | | | | | | | | |
| 5898. Sum. of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



SUPPLEMENT FOR JUNE 30, 2011 OF THE OHA INSURANCE SOLUTIONS, INC

Designate the type of health care providers
reported on this page

Other Health Care Facilities

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|---|------------------------------------|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|
| | | | 3 Amount | 4 Number of Claims | | 6 Amount Reported | 7 Number of Claims | |
| 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. U.S. Virgin Islands | VI | | | | | | | |
| 56. Northern Mariana Islands | MP | | | | | | | |
| 57. Canada | CN | | | | | | | |
| 58. Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5801 | | | | | | | | |
| 5802 | | | | | | | | |
| 5803 | | | | | | | | |
| 5898. Sum. of remaining write-ins for Line 58 from overflow page | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |