



QUARTERLY STATEMENT
AS OF JUNE 30, 2011
OF THE CONDITION AND AFFAIRS OF THE
OHIC Insurance Company

NAIC Group Code	0831	, 0831	NAIC Company Code	35602	Employer's ID Number	31-0926059
	(current period)	(prior period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Incorporated/Organized	02/09/1978		Commenced Business	03/01/1978		
Statutory Home Office	155 E. Broad St., 4th Floor			Columbus, OH 43215-3614		
	(Street and Number)			(City, or Town, State and Zip Code)		
Main Administrative Office			185 Greenwood Road			
			(Street and Number)			
	Napa, CA 94558			(707)226-0100		
	(City, or Town, State and Zip Code)			(Area Code)(Telephone Number)		
Mail Address	185 Greenwood Road			Napa, CA 94558		
	(Street and Number)			(City, or Town, State and Zip Code)		
Primary Location of Books and Records			185 Greenwood Road			
			(Street and Number)			
	Napa, CA 94558			(707)226-0100		
	(City, or Town, State and Zip Code)			(Area Code)(Telephone Number)		
Internet Website Address	www.ohic.com					
Statutory Statement Contact	Douglas Will			(707)226-0100		
	(Name)			(Area Code)(Telephone Number)		
	statefilingohic@thedoctors.com			(707)226-0180		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title
Richard Elliott Anderson MD	President, Chief Executive Officer
Robert David Francis	Chief Operating Officer
Thomas George Luffy	Treasurer, Vice President
David Armand McHale	Secretary

OTHERS

David Gerard Preimesberger, Chief Financial Officer	Darrell Blair Ranum, Vice President
Nancy Carol Libke, Vice President	Douglas Charles Will, Vice President
Thomas George Luffy, Vice President	Douglas William Boltz, Assistant Vice President
David Armand McHale, Secretary	Robert David Francis, Chief Operating Officer

DIRECTORS OR TRUSTEES

Richard Elliott Anderson MD	Robert David Francis
David Gerard Preimesberger	Dennis Bryan Lawton PhD
David Armand McHale	

State of California

County of Napa ss

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

(Signature)	(Signature)	(Signature)
Robert David Francis	David Armand McHale	David Gerard Preimesberger
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Operating Officer	Secretary	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

day of 2011, by Robert David Francis, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Armand McHale, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and David Gerard Preimesberger, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Notary Public Signature)	a. Is this an original filing?	Yes[X] No[]
	b. If no:	
	1. State the amendment number	0
	2. Date filed	
	3. Number of pages attached	0

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	159,723,457		159,723,457	180,857,949
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....824,446), cash equivalents (\$.....0) and short-term investments (\$.....2,464,374)	3,288,820		3,288,820	8,323,674
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities	7,457,583		7,457,583	
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	170,469,860		170,469,860	189,181,624
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,856,746		1,856,746	2,083,945
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	656,280		656,280	94,232
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)	2,045,108		2,045,108	1,046,045
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	5,128,507		5,128,507	5,227,132
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon	290,564		290,564	
18.2	Net deferred tax asset	4,149,610	2,156,660	1,992,950	1,865,860
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	9,683		9,683	57,529
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	2,825,607	2,625,743	199,864	1,265,158
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	187,431,964	4,782,403	182,649,561	200,821,525
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	187,431,964	4,782,403	182,649,561	200,821,525
DETAILS OF WRITE-INS					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Miscellaneous Assets	199,864		199,864	1,265,158
2502.	Prepaid Pension Costs	2,625,743	2,625,743		
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,825,607	2,625,743	199,864	1,265,158

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Statement Date	December 31 Prior Year
1.	Losses (current accident year \$.....164,920)	30,435,688	31,490,521
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	5,209,108	5,474,711
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	2,919,961	2,915,747
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	67,771	231,870
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		10,211,920
7.2	Net deferred tax liability		
8.	Borrowed money \$.....0 and interest thereon \$.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0)	3,021,541	1,250,703
10.	Advance premium		
11.	Dividends declared and unpaid:		
11.1	Stockholders		9,600,000
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	1,456,800	5,416,260
13.	Funds held by company under reinsurance treaties	32,974,819	29,914,564
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance	1,124,062	1,124,062
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	12,623	421,961
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities	5,539	
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	77,227,911	98,052,318
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	77,227,911	98,052,318
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	3,591,990	3,591,990
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	58,000,000	58,000,000
35.	Unassigned funds (surplus)	43,829,659	41,177,217
36.	Less treasury stock, at cost:		
36.1	0 shares common (value included in Line 30 \$.....0)		
36.2	0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	105,421,649	102,769,207
38.	Totals (Page 2, Line 28, Col. 3)	182,649,561	200,821,525
DETAILS OF WRITE-INS			
2501.	Misc. Liability	5,539	
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,539	
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....4,840,754)	3,284,157	4,468,815	8,140,720
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....2,991,927)	3,206,167	4,236,608	11,861,600
1.4	Net (written \$.....1,848,827)	77,989	232,207	(3,720,880)
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....164,920)			
2.1	Direct	1,849,785	1,116,058	(32,752,035)
2.2	Assumed			
2.3	Ceded	2,875,950	1,871,682	10,482,177
2.4	Net	(1,026,165)	(755,624)	(43,234,211)
3.	Loss adjustment expenses incurred	1,522,016	(72,752)	5,111,006
4.	Other underwriting expenses incurred	434,048	797,872	1,734,400
5.	Aggregate write-ins for underwriting deductions			
6.	Total underwriting deductions (Lines 2 through 5)	929,899	(30,504)	(36,388,805)
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(851,910)	262,711	32,667,926
INVESTMENT INCOME				
9.	Net investment income earned	3,523,090	3,927,358	7,706,271
10.	Net realized capital gains (losses) less capital gains tax of \$.....245,634	441,398	772,912	1,666,337
11.	Net investment gain (loss) (Lines 9 + 10)	3,964,488	4,700,270	9,372,609
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income	(1,123,425)	(765,986)	(1,567,743)
15.	Total other income (Lines 12 through 14)	(1,123,425)	(765,986)	(1,567,743)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,989,154	4,196,996	40,472,792
17.	Dividends to policyholders			319
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)	1,989,154	4,196,996	40,472,473
19.	Federal and foreign income taxes incurred	(536,199)	59,771	9,712,355
20.	Net income (Line 18 minus Line 19) (to Line 22)	2,525,353	4,137,224	30,760,118
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	102,769,207	80,380,423	80,380,422
22.	Net income (from Line 20)	2,525,353	4,137,224	30,760,118
23.	Net transfers (to) or from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(1,297,334)	(3,150,177)	(4,434,093)
27.	Change in nonadmitted assets	1,424,423	3,203,647	3,558,559
28.	Change in provision for reinsurance		0	2,104,201
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in			
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			(9,600,000)
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	2,652,443	4,190,694	22,388,785
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	105,421,649	84,571,117	102,769,207
DETAILS OF WRITE-INS				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.	Interest on FWA	(1,123,425)	(765,986)	(1,567,743)
1402.	Misc. Expenses Net of Misc. Income			
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	(1,123,425)	(765,986)	(1,567,743)
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	(3,671,744)	(202,746)	1,508,199
2.	Net investment income	4,205,526	4,484,085	8,527,503
3.	Miscellaneous income	(1,123,425)	(765,986)	(1,567,743)
4.	Total (Lines 1 to 3)	(589,643)	3,515,353	8,467,960
5.	Benefit and loss related payments	(1,135,251)	1,722,821	(3,882,126)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,381,553	1,790,373	10,683,911
8.	Dividends paid to policyholders			319
9.	Federal and foreign income taxes paid (recovered) net of \$.....245,634 tax on capital gains (losses)	10,211,917	0	(2,664,576)
10.	Total (Lines 5 through 9)	11,458,218	3,513,194	4,137,528
11.	Net cash from operations (Line 4 minus Line 10)	(12,047,861)	2,159	4,330,432
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	49,345,624	48,889,195	86,209,832
12.2	Stocks			25,000
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds		511,421	1,143,341
12.8	Total investment proceeds (Lines 12.1 to 12.7)	49,345,624	49,400,616	87,378,173
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	27,979,336	27,226,906	67,593,171
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	7,457,583	18,642	
13.7	Total investments acquired (Lines 13.1 to 13.6)	35,436,919	27,245,548	67,593,171
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	13,908,705	22,155,068	19,785,002
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders	9,600,000	18,700,000	18,700,000
16.6	Other cash provided (applied)	2,704,302	(7,187)	698,451
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(6,895,698)	(18,707,187)	(18,001,549)
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)	(5,034,854)	3,450,040	6,113,885
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	8,323,674	2,209,790	2,209,789
19.2	End of period (Line 18 plus Line 19.1)	3,288,820	5,659,830	8,323,674

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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Notes to Financial Statement

1. Summary of Significant Accounting Policies

Accounting Practices

- A.

The accompanying financial statements of OHIC Insurance Company (OHIC or The Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The State of Ohio requires insurance companies domiciled in the State of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) subject to any deviations prescribed or permitted by the Ohio Department of Insurance. OHIC has no prescribed or permitted practices exceptions.
- B.

Use of Estimates in the Preparation of the Financial Statements

No significant change
- C.

Accounting Policies

No significant change

2. Accounting Changes and Correction of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

Not applicable.

5. Investments

- A.

Mortgage Loans

None
- B.

Troubled Debt Restructuring for Creditors

None
- C.

Reverse Mortgages

None
- D.

Loan-backed Securities

1.)

Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.

2.)

Securities within the scope of SSAP No. 43R with a recognized other-than-temporary impairment

None

3)

Security with a recognized other-than-temporary impairment, currently held by the reporting entity, as the present value of cash flows expected to be collected is less than the amortized cost basis of the securities:

None

4)

Securities with fair value less than amortized cost for which an other-than-temporary impairment has not been recognized in earnings as realized loss.

Unrealized loss for	Amort Cost	Fair Value	Unrealized Loss
Less than 12 months	\$5,325,473	\$5,315,538	(\$ 9,935)
Greater than 12 months	\$ 226,605	\$ 210,557	(\$16,048)

- 5)

The company also considers broker estimates of expected redemption value in reaching the conclusion that the impairments are not other-than-temporary.

Notes to Financial Statement

6. Joint Ventures, Partnerships and Limited Liability Corporations

None

7. Investment Income

A. Accrued Investment Income

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

None

8. Derivative Instruments

None

9. Income Taxes

A. The components of the Deferred Tax Asset (DTA) and the Deferred Tax Liability (DTL) at June 30, 2011 and December 31, 2010 are as follows

Description	June 30, 2011		
	Ordinary	Capital	Total
Total Gross Deferred Tax Assets	4,193,407	-	4,193,407
Statutory Valuation Allowance	-	-	-
Adjusted Gross Deferred Tax Assets	4,193,407	-	4,193,407
Total Gross Deferred Tax Liabilities	(43,797)	-	(43,797)
Net Deferred Tax Assets	4,149,610	-	4,149,610
Non-Admitted Deferred Tax Assets	(2,156,660)	-	(2,156,660)
Net Admitted Deferred Tax Assets	1,992,950	-	1,992,950

Description	December 31, 2010		
	Ordinary	Capital	Ordinary
Total Gross Deferred Tax Assets	5,527,737	-	5,527,737
Statutory Valuation Allowance	-	-	-
Adjusted Gross Deferred Tax Assets	5,527,737	-	5,527,737
Total Gross Deferred Tax Liabilities	(80,794)	-	(80,794)
Net Deferred Tax Assets	5,446,943	-	5,446,943
Non-Admitted Deferred Tax Assets	(3,581,083)	-	(3,581,083)
Net Admitted Deferred Tax Assets	1,865,860	-	1,865,860

Description	Change		
	Ordinary	Capital	Total
Total Gross Deferred Tax Assets	(1,334,330)	-	(1,334,330)
Statutory Valuation Allowance	-	-	-
Adjusted Gross Deferred Tax Assets	(1,334,330)	-	(1,334,330)
Total Gross Deferred Tax Liabilities	36,997	-	36,997
Net Deferred Tax Assets	(1,297,333)	-	(1,297,333)
Non-Admitted Deferred Tax Assets	1,424,423	-	1,424,423
Net Admitted Deferred Tax Assets	127,090	-	127,090

The Company has not elected to admit additional DTAs pursuant to SSAP 10R, paragraph 10(e). The current period election does not differ from the prior reporting period.

Notes to Financial Statement

The amount of each result or component of the calculation by tax character, of SSAP 10R, paragraphs 10.a, 10.b.i., 10.b.ii., 10.c.

Description	June 30, 2011		
	Ordinary	Capital	Total
Can be recovered through loss carrybacks (10.a.)	1,992,950	-	1,992,950
Lesser of:			
Expected to be recognized within one year (10.b.i.)	-	-	-
Ten percent of adjusted capital and surplus (10.b.ii.)	10,090,335	-	10,090,335
Adjusted gross DTAs offset against existing DTLs (10.c.)	43,798	-	43,798
Risk-based capital level used in paragraph 10.d.			
Total adjusted capital			105,421,649
Authorized control level			3,720,182

Description	December 31, 2010		
	Ordinary	Capital	Total
Can be recovered through loss carrybacks (10.a.)	1,865,860	-	1,865,860
Lesser of:			
Expected to be recognized within one year (10.b.i.)	-	-	-
Ten percent of adjusted capital and surplus (10.b.ii.)	7,789,171	-	7,789,171
Adjusted gross DTAs offset against existing DTLs (10.c.)	80,794	-	80,794
Risk-based capital level used in paragraph 10.d.			
Total adjusted capital			102,769,207
Authorized control level			3,720,182

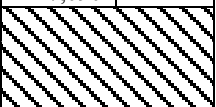
Description	Change		
	Ordinary	Capital	Total
Can be recovered through loss carrybacks (10.a.)	127,090	-	127,090
Lesser of:			
Expected to be recognized within one year (10.b.i.)	-	-	-
Ten percent of adjusted capital and surplus (10.b.ii.)	2,301,164	-	2,301,164
Adjusted gross DTAs offset against existing DTLs (10.c.)	(36,996)	-	(36,996)
Risk-based capital level used in paragraph 10.d.			
Total adjusted capital			2,652,442
Authorized control level			-

The following amounts result from the calculation in SSAP 10R, paragraphs 10.a., 10.b., and 10.c.

	June 30, 2011		
	Ordinary	Capital	Total
Admitted Deferred Tax Assets	1,992,950	-	1,992,950
Admitted Assets			182,649,561
Adjusted Statutory Surplus*			103,428,700
Total Adjusted Capital from DTAs			1,992,950
Increases due to SSAP No. 10R, Paragraph 10e			
Admitted Deferred Tax Assets	-	-	-
Admitted Assets	-	-	-
Statutory Surplus	-	-	-

	December 31, 2010		
	Ordinary	Capital	Total
Admitted Deferred Tax Assets	1,865,860	-	1,865,860
Admitted Assets			200,821,525
Adjusted Statutory Surplus*			100,903,347
Total Adjusted Capital from DTAs			1,865,860
Increases due to SSAP No. 10R, Paragraph 10e			
Admitted Deferred Tax Assets	-	-	-
Admitted Assets	-	-	-
Statutory Surplus	-	-	-

Notes to Financial Statement

	Change		
	Ordinary	Capital	Total
Admitted Deferred Tax Assets	127,090	-	127,090
Admitted Assets			(18,171,964)
Adjusted Statutory Surplus*			2,525,353
Total Adjusted Capital from DTAs			127,090
Increases due to SSAP No. 10R, Paragraph 10e			
Admitted Deferred Tax Assets	-	-	-
Admitted Assets	-	-	-
Statutory Surplus	-	-	-

*As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, paragraph 10bii.

B. Deferred tax liabilities have all been recognized.

C. Current Tax and Change in Deferred Tax

The provisions for income taxes incurred on earnings are as follow:

	2011	2010	Change
Federal	(536,199)	9,712,355	(10,248,554)
Foreign	-	-	-
Realized Capital Gains Tax	245,634	871,139	(625,505)
Federal and foreign income taxes incurred	(290,565)	10,583,494	(10,874,059)

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

Deferred Tax Assets	June 30, 2011	Dec. 31, 2010	Change	Character
Discounting of unpaid losses and LAE	1,131,369	1,120,931	10,438	Ordinary
Unearned Premium Reserve	211,508	87,549	123,959	Ordinary
OTTI	-	-	-	Capital
Unrealized Loss	-	-	-	Capital
Net Operating Loss	1,934,213	3,376,245	(1,442,032)	Ordinary
Other	916,317	943,012	(26,695)	Ordinary
Gross Deferred Tax Assets	4,193,407	5,527,737	(1,334,330)	
Non-Admitted Deferred Tax Assets	2,156,660	3,581,083	(1,424,423)	
Admitted Deferred Tax Assets	2,036,747	1,946,654	90,093	
Deferred Tax Liabilities			-	
Unrealized Gain	-	-	-	Capital
Advanced Premium Addback	-	-	-	Ordinary
Bond Discount Accretion	43,797	80,794	(36,997)	Ordinary
Other	-	-	-	Ordinary
Gross Deferred Tax Liabilities	43,797	80,794	(36,997)	
Net Admitted Deferred Tax Asset	1,992,950	1,865,860	127,090	

The change in Net Deferred Income Taxes is comprised of the following:

	June 30, 2011	Dec. 31, 2010	Change
Total Gross Deferred Tax Assets	4,193,407	5,527,737	(1,334,330)
Total Gross Deferred Tax Liabilities	43,797	80,794	(36,997)
Net Deferred Tax Asset	4,149,610	5,446,943	(1,297,333)
Deferred Tax on Change in Unrealized Capital Gains			-
Change in Net Deferred Income Tax			(1,297,333)

Notes to Financial Statement

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The significant items that cause the difference between statutory federal income tax rate of 35% and the Company's effective income tax rate are as follows:

	June 30, 2011	Effective Tax Rate
Provision Computed at Statutory Rate	782,176	35%
Increase/(Decrease) in taxes resulting from:		
Tax-exempt Interest	(516,465)	-23%
Loss and LAE Reserves	10,438	%
Accrued Market Discount	37,015	2%
Unearned Premium Reserves	123,959	6%
OTTI	-	%
Capital Gains	-	%
Net Operating Loss	(721,016)	-32%
Other	(6,672)	%
Total Current Provision	(290,565)	-12%
Current Provision excluding Capital Gains/(Losses)	(290,565)	-12%
Provision for Capital Gain/(Losses)	245,634	11%
Subtotal Current Provision	(44,931)	-1%
Provision for Realized Capital Gains/(Losses)	(245,634)	-11%
Total Current Provision	(290,565)	-12%

E. At June 30, 2011, the Company had

Net operating loss carryforward	\$	5,526,324
Capital loss carryforward		-
AMT credit carryforward of		-

The following is income tax expense for 2011 and 2010 that is available for recoupment in the event of future net losses.

Year	Amount
2011	-
2010	10,211,919

F. The Company’s Federal Income Tax Return are consolidated with The Doctors Company ("TDC") and its subsidiaries. See Schedule Y for a complete list of the entities with which the Federal Tax Return is consolidated for the current year. The method of allocation between the companies is subject to a written agreement approved by the Board of Directors. Tax payments are made to, or refunds received from TDC in amounts which would result from filing separate tax returns with federal taxing authorities.

10. **Information Concerning Parent, Subsidiaries and Affiliates**

D. Amounts Due to or from Related Parties:

	(Due To)	Due From
TDC	\$ 0	\$ 9,628
TDCIS	\$ 0	\$ 55
TDMC	\$ 11,693	\$ 0
SCPIE	\$ 930	\$ 0
Total Due (To/From)	\$ 12,623	\$ 9,683

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, Shareholders' Dividend Restrictions and Quasi-Reorganizations –**

No significant change

Notes to Financial Statement

14.

Contingencies

No significant change
15.

Leases

None
16.

Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None
17.

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

A.

Transfers of Receivables Reported as Sales

None

B.

Transfers and Servicing of Financial Assets

None

C.

Wash Sales

None
18.

Gain or Loss to the Reporting Entity from Uninsured A & H 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 Measurement

None
21.

Other Items

No significant change
22.

Events Subsequent

None
23.

Reinsurance

No significant change
24.

Retrospectively Rated Contracts and Contracts Subject to Redetermination

None
25.

Change in Incurred Losses and Loss Adjustment Expenses

Incurred losses and loss adjustment expenses attributable to insured events of prior years has increased by \$212,503 from \$737,795,251 in 2010 to \$738,007,754 in 2011 as a result of reestimation of unpaid losses and loss adjustment expenses on medical malpractice lines of insurance. This increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.
26.

Intercompany Pooling Arrangements

None
27.

Structured Settlements

OHIC has no structured settlements where it is contingently liable.
28.

Health Care Receivables

None

Notes to Financial Statement

29. Participating Policies

None

30. Premium Deficiency Reserves

- 1) Liability carried for premium deficiency reserves\$0
- 2) Date of the most recent evaluation of this liabilityDecember 31, 2010
- 3) Was anticipated investment income utilized in the calculation?No

31. High Deductibles

None

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

OHIC does not discount reserves.

33. Asbestos / Environmental Reserves

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

36. Financial Guarantee Insurance

None

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[] N/A[X]
- 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?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[] No[X]
- 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?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 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).

12/04/2009
- 6.4 By what department or departments?
OHIO
- 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[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 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[X] No[]
- 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
Alpha Advisors, Inc	Chicago, IL	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[X] No[]

- 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?
(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.

Yes[X] No[]
- 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[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....9,628

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:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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 Mortgages 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?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.
- Yes[] No[X]
Yes[] No[] N/A[X]
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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
Union Bank	350 California Street, Flr 6, San Francisco, CA 94104

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?
16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....			

16.5 Identify all investment advisors, brokers/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
104518	Deutsche Investment Management Americas Inc	345 Park Avenue, New York, NY 10154

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
17.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES

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?
If yes, attach an explanation.

Yes[] No[] N/A[X]
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?
If yes, attach an explanation.

Yes[] No[X]
- 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			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
04.2999 Total										

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

.....0.000%

.....0.000%

.....0.000%
- 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.

\$.....0
- 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.

\$.....0

SCHEDULE F - CEDED REINSURANCE
Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
U.S. insurers				
38636 ...	13-3031176 ..	PARTNER REINS CO OF THE US	NY	.. Yes[X] No[] .
30058 ...	75-1444207 ..	SCOR REINS CO	NY	.. Yes[X] No[] .

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama (AL)	N						
2. Alaska (AK)	L						
3. Arizona (AZ)	L						
4. Arkansas (AR)	L						
5. California (CA)	N				(49,975)		
6. Colorado (CO)	L						
7. Connecticut (CT)	N						
8. Delaware (DE)	N						
9. District of Columbia (DC)	N						
10. Florida (FL)	N						
11. Georgia (GA)	L						
12. Hawaii (HI)	N						
13. Idaho (ID)	L						
14. Illinois (IL)	L				45,000	5,070,350	14,111,963
15. Indiana (IN)	L				132,251	1,338,436	8,676,769
16. Iowa (IA)	L						
17. Kansas (KS)	L			5,000			
18. Kentucky (KY)	L				100,000	4,000,000	5,227,604
19. Louisiana (LA)	N						
20. Maine (ME)	N						
21. Maryland (MD)	L				1,197,500	5,252,005	3,047,013
22. Massachusetts (MA)	N						
23. Michigan (MI)	L						382,773
24. Minnesota (MN)	L						
25. Mississippi (MS)	N						
26. Missouri (MO)	L						
27. Montana (MT)	L						
28. Nebraska (NE)	L						
29. Nevada (NV)	L						
30. New Hampshire (NH)	N						
31. New Jersey (NJ)	E						
32. New Mexico (NM)	L						
33. New York (NY)	L						
34. North Carolina (NC)	N						
35. North Dakota (ND)	L						
36. Ohio (OH)	L	4,840,754	5,786,265	175,000	6,065,433	43,984,764	60,141,808
37. Oklahoma (OK)	L						
38. Oregon (OR)	L						
39. Pennsylvania (PA)	L				60,000	750,000	2,433,381
40. Rhode Island (RI)	N						
41. South Carolina (SC)	N						
42. South Dakota (SD)	L						
43. Tennessee (TN)	L						
44. Texas (TX)	L						
45. Utah (UT)	L						
46. Vermont (VT)	N						
47. Virginia (VA)	N						
48. Washington (WA)	L					150,000	150,000
49. West Virginia (WV)	L			30,000			436,062
50. Wisconsin (WI)	L		288,581	33,333	(100,000)	1,830,836	2,451,633
51. Wyoming (WY)	L					150,000	150,000
52. American Samoa (AS)	N						
53. Guam (GU)	N						
54. Puerto Rico (PR)	N						
55. U.S. Virgin Islands (VI)	N						
56. Northern Mariana Islands (MP)	N						
57. Canada (CN)	N						
58. Aggregate other alien (OT)	X X X						
59. Totals	(a) 33	4,840,754	6,074,846	243,333	7,450,209	62,526,391	97,209,007

DETAILS OF WRITE-INS							
5801.	X X X						
5802.	X X X						
5803.	X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X						
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X						

(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.

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

Q11

N O N E

STATEMENT AS OF **June 30, 2011** OF THE **OHIC Insurance Company**

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				
2.	Allied lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	274,010	483,440	176.431	224.371
11.2	Medical professional liability - claims made	3,010,146	1,366,345	45.391	5.676
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability - occurrence				
17.2	Other liability - claims made				
17.3	Excess Workers' Compensation				
18.1	Products liability - occurrence				
18.2	Products liability - claims made				
19.1	19.2 Private passenger auto liability				
19.3	19.4 Commercial auto liability				
21.	Auto physical damage				
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business				
35.	TOTALS	3,284,157	1,849,785	56.325	24.974
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.	Allied lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	96,566	442,114	339,026
11.2	Medical professional liability - claims made	1,208,112	4,398,640	5,735,820
12.	Earthquake			
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation			
17.1	Other liability - occurrence			
17.2	Other liability - claims made			
17.3	Excess Workers' Compensation			
18.1	Products liability - occurrence			
18.2	Products liability - claims made			
19.1	19.2 Private passenger auto liability			
19.3	19.4 Commercial auto liability			
21.	Auto physical damage			
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business			
35.	TOTALS	1,304,678	4,840,754	6,074,846
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)			

PART 3 (000 omitted)
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

		1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred		Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2011 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1.	2008 + Prior	20,457	15,584	36,041	1,801		1,801	20,317		14,120	34,437	1,661	(1,464)	197
2.	2009	27	229	256	6		6	170		95	265	149	(134)	15
3.	Subtotals 2009 + Prior	20,484	15,813	36,297	1,807		1,807	20,487		14,215	34,702	1,810	(1,598)	212
4.	2010	231	437	668	4		4	137		528	665	(90)	91	1
5.	Subtotals 2010 + Prior	20,715	16,250	36,965	1,811		1,811	20,624		14,743	35,367	1,720	(1,507)	213
6.	2011	X X X	X X X	X X X	X X X	5	5	X X X	72	206	278	X X X	X X X	X X X
7.	Totals	20,715	16,250	36,965	1,811	5	1,816	20,624	72	14,949	35,645	1,720	(1,507)	213
8.	Prior Year-End's Surplus As Regards Policyholders	102,769										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..... 8.303	2..... (9.274)	3..... 0.576
														Col. 13, Line 7 Line 8
														4..... 0.207

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 a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSES
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

Explanations:

Bar Codes:

Trusted Surplus Statement



Medicare Part D Coverage Supplement



Director and Officer Supplement



OVERFLOW PAGE FOR WRITE-INS

N O N E

STATEMENT AS OF **June 30, 2011** OF THE **OHIC Insurance Company**

SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	180,857,949	197,588,965
2. Cost of bonds and stocks acquired	27,979,336	67,593,171
3. Accrual of discount	(731)	234,501
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	687,032	2,537,476
6. Deduct consideration for bonds and stocks disposed of	49,345,624	86,234,832
7. Deduct amortization of premium	454,505	861,332
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	159,723,457	180,857,949
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	159,723,457	180,857,949

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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	154,125,198	11,432,152	19,775,645	1,046,477	154,125,198	146,828,182		174,825,881
2. Class 2 (a)	15,724,641	4,464,455	3,554,460	(1,274,987)	15,724,641	15,359,649		13,180,729
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	169,849,839	15,896,607	23,330,105	(228,510)	169,849,839	162,187,831		188,006,610
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	169,849,839	15,896,607	23,330,105	(228,510)	169,849,839	162,187,831		188,006,610

(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

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. Totals	2,464,374	X X X	2,464,374	621	

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	7,148,661	603,936
2.	Cost of short-term investments acquired	2,633,059	39,363,421
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	7,317,346	32,818,696
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	2,464,374	7,148,661
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	2,464,374	7,148,661

SI04	Schedule DB - Part B Verification	NONE
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SI05	Schedule DB Part C Section 1	NONE
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SI06	Schedule DB Part C Section 2	NONE
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SI07	Schedule DB - Verification	NONE
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SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828QN3	UNITED STATES TREAS NTS		06/23/2011	SOLOMON BROS	X X X	1,527,018	1,500,000.00	5,605	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,527,018	1,500,000.00	5,605	X X X
Bonds - U.S. Special Revenue, Special Assessment									
3128M8AW4	FHLMC PC GOLD COMB 30 5.500 204001		06/21/2011	Various	X X X	2,140,714	1,976,138.80	6,944	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	2,140,714	1,976,138.80	6,944	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
802815AQ3	SANTANDER US DEBT S A SR NT 144A 1	R	04/20/2011	Citigroup	X X X	998,440	1,000,000.00	9,931	1FE
039483BC5	ARCHER DANIELS MIDLAND CO		04/14/2011	Various	X X X	513,410	500,000.00	3,355	1FE
06849RAD4	BARRICK NORTH AMERICA FIN LLC		05/24/2011	Citigroup	X X X	399,744	400,000.00		1FE
09247XAH4	BLACKROCK INC		05/19/2011	BEAR STEARNS	X X X	497,140	500,000.00		1FE
12189LAE1	BURLINGTON NORTHN NT 5.400% 6/01/		05/16/2011	JP Morgan Chase	X X X	249,220	250,000.00		2FE
20030NAY7	COMCAST CORP NEW SR NT 6.55%39		04/14/2011	Various	X X X	528,235	500,000.00	9,825	2FE
25470DAD1	DISCOVERY COMMUNICATIONS LLC		04/14/2011	SOLOMON BROS	X X X	258,130	250,000.00	6,085	2FE
302583AD1	FPL RECOVERY FDG 2007-A		06/10/2011	Various	X X X	1,139,766	1,000,000.00	19,562	1FE
472319AK8	JEFFERIES GROUP INC NEW		04/14/2011	BEAR STEARNS	X X X	499,530	500,000.00	427	2FE
59022HNC2	ML MTG TRUST 2005-LC1 20440112 FLT		04/15/2011	VARIOUS	X X X	1,066,056	980,000.00	2,737	1Z*
760759AM2	REPUBLIC SVCS INC		05/02/2011	BEAR STEARNS	X X X	997,360	1,000,000.00		2FE
80282KAA4	SANTANDER HLDGS USA INC		04/14/2011	Goldman Sachs	X X X	199,118	200,000.00		1FE
907818DH8	UNION PAC CORP NT 144A 22		06/23/2011	Exchange	X X X	437,500	437,500.00		2FE
92343VAW4	VERIZON COMMUNICATIONS INC		04/14/2011	Various	X X X	506,185	500,000.00	1,750	1FE
03938LAU8	ARCELORMITTAL SA LUXEMBOURG	R	04/14/2011	Wachovia Securities Marke	X X X	494,730	500,000.00	3,208	2FE
69353UAA9	PPL WEM HOLDINGS PLC SR NT 144A 21	R	04/18/2011	Various	X X X	999,750	1,000,000.00		2FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	9,784,314	9,517,500.00	56,880	X X X
8399997 Subtotal - Bonds - Part 3					X X X	13,452,046	12,993,638.80	69,429	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	13,452,046	12,993,638.80	69,429	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	13,452,046	X X X	69,429	X X X

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

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
Wells Fargo - Operating	175 S. Third St, Suite 150, Columbus, OH			0.010			1,387,982	1,001,377	824,446	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	X X X ..						X X X
0199999 Totals - Open Depositories			X X X	X X X ..			1,387,982	1,001,377	824,446	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository - suspended depositories			X X X	X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	X X X ..						X X X
0399999 Total Cash On Deposit			X X X	X X X ..			1,387,982	1,001,377	824,446	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X ..			1,387,982	1,001,377	824,446	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							



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

Physicians, including surgeons and osteopaths

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
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)						325,000	2	
15.	Indiana (IN)					(100,000)	1,024,310	7	
16.	Iowa (IA)								
17.	Kansas (KS)								
18.	Kentucky (KY)						3,000,000	2	
19.	Louisiana (LA)								
20.	Maine (ME)								
21.	Maryland (MD)					1,000,000	3,001,000	3	
22.	Massachusetts (MA)								
23.	Michigan (MI)					(143,400)			
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)	431,123	519,548			1,573,735	8,174,596	33	14,743,699
37.	Oklahoma (OK)								
38.	Oregon (OR)								
39.	Pennsylvania (PA)						750,000	1	
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)			30,000	1	(1,974,039)			
50.	Wisconsin (WI)			33,333	1	93,333	655,000	3	
51.	Wyoming (WY)						150,000	2	
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)								
59.	Totals	431,123	519,548	63,333	2	449,629	17,079,906	53	14,743,699
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								



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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
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)					(848,601)	4,240,003	9	505,347
15.	Indiana (IN)					(100,000)	389,126	6	(75,000)
16.	Iowa (IA)								
17.	Kansas (KS)			5,000	1	5,000			
18.	Kentucky (KY)						1,000,000	1	
19.	Louisiana (LA)								
20.	Maine (ME)								
21.	Maryland (MD)					1,749,001	2,251,005	8	
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)	3,916,626	2,340,603	175,000	2	220,127	14,260,921	58	6,576,754
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)					145,836	1,030,000	3	145,836
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)								
59.	Totals	3,916,626	2,340,603	180,000	3	1,171,362	23,171,055	85	7,152,936
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								



Designate the type of health care providers reported on this page:
Other health care professionals, including dentists

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
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)	865	1,573						
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)								
59.	Totals	865	1,573						
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) ..								



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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred but not Reported
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)	492,140	422,431			228,794	105,000	1	123,794
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)								
59.	Totals	492,140	422,431			228,794	105,000	1	123,794
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)								



MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance

NAIC Group Code: 0831

NAIC Company Code: 35602

		Individual Coverage		Group Coverage		5
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1.	Premiums Collected		 X X X		 X X X	
2.	Earned Premiums		 X X X		 X X X	 X X X
3.	Claims Paid		 X X X		 X X X	
4.	Claims Incurred		 X X X		 X X X	 X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	 X X X		 X X X		
6.	Aggregate Policy Reserves - change		 X X X		 X X X	 X X X
7.	Expenses Paid		 X X X		 X X X	
8.	Expenses Incurred		 X X X		 X X X	 X X X
9.	Underwriting Gain or Loss		 X X X		 X X X	 X X X
10.	Cash Flow Results	 X X X	 X X X	 X X X	 X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS



DIRECTOR AND OFFICER SUPPLEMENT

Year to Date For the Period Ended June 30
NAIC Group Code: 0831 NAIC Company Code: 35602

Company Name: OHIC Insurance Company

If the reporting entity writes any director and officer (D&O) business, please provide the following:

Description	1	2	3
	Direct Written Premium	Direct Earned Premium	Direct Losses Incurred
1. Monoline Policies			

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

2.32 Amount estimated using reasonable assumptions:

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.
- Yes[] No[X]

Yes[] No[X]

\$ 0

\$ 0

\$ 0

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