



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
OHA INSURANCE SOLUTIONS, INC

NAIC Group Code 0000, 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 Suite 302, COLUMBUS, OH, US 43215-3619
Main Administrative Office 155 EAST BROAD STREET Suite 302, COLUMBUS, OH, US 43215-3619
Mail Address 155 EAST BROAD STREET Suite 302, COLUMBUS, OH, US 43215-3619
Primary Location of Books and Records 155 EAST BROAD STREET Suite 302, COLUMBUS, OH, US 43215-3619
Internet Website Address WWW.OHAINSURANCE.COM
Statutory Statement Contact Ralph Burnheimer, 614-255-4840-140

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Susan J. Stanfield, President & CEO; Mary Louise Gallagher, Secretary; David Langley #, VP Claims; Ralph E Burnheimer, CFO.

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Frank T. Pandora III, James R. Castle, Mary Louise Gallagher, Susan S. Makos; D. Brent Mulgrew, Walter A. Reiling, Jr MD, Robert Krisowaty, Cindy Powell; Susan J Stanfield.

State of Ohio

County of Franklin ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon...

Susan J. Stanfield
President & CEO

Ralph E. Burnheimer
CFO

Mary Louise Gallagher
Secretary

Subscribed and sworn to before me this 20 day of February, 2013

- 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

Richard L Sites Esq



**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC**

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0000

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2012

NAIC Company Code 11841

Line of Business	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability	5,364,224	5,617,320		1,860,799	4,338,450	1,369,898	13,717,424	1,279,299	1,211,779	4,054,963	402,993	9,918
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - Occurrence	16,932	16,932			700,000	(13,600)	172,392		7,946	52,219		
17.2 Other Liability - Claims-Made	3,197,222	3,481,458		556,485	17,714	1,896,805	12,781,314	(25,288)	171,653	1,411,249	241,466	5,942
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	8,578,378	9,115,710	0	2,417,284	5,056,164	3,253,103	26,671,130	1,254,011	1,391,378	5,518,431	644,459	15,860
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2012

NAIC Company Code 11841

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal employees health benefits program premium (b), Workers' compensation, Other liability - Occurrence, Other Liability - Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), and DETAILS OF WRITE-INS.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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Schedule F - Part 1

**NONE**

Schedule F - Part 2

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	7 Reinsurance Recoverable On										8 Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis-sions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
0499999 - Total - Authorized - Affiliates																0		0		
47-0698507	23680	Odyssey American Reinsurance Corp.	CT		370			428	17	1,366	204		54		2,069	409		1,660		
52-1952955	10357	Platinum Underwriters Reinsurance Inc.	MD		435			263	11	1,625	179		73		2,151	145		2,006		
13-5616275	19453	Transatlantic Reinsurance Company	NY		305			253	10	775	139		35		1,211	363		848		
13-3031176	38636	Partner Reinsurance Company of the US	NY		0			80	4	157	26		0		267	49		218		
42-0635534	15865	NCMIC Insurance Company	IA		0			45	1	175	33		0		254	72		182		
75-1444207	30058	SCOR Reinsurance Company	NY		218			0	0	20	5		20		46	73		(27)		
0599998 - Other U.S. Unaffil Insurers (Under \$100,000)															0			0		
0599999 - Authorized - Other U.S. Unaffiliated Insurers						1,329	0	0	1,068	44	4,119	587		182		5,999	1,111		4,888	
AA-1120337		Aspen Insurance UK Ltd.	GBR		313			412	18	1,460	209		45		2,143	357		1,786		
AA-1126190		Lloyd's Syndicate # 190 (FRW)	GBR		0			0	0	18	2		0		20	13		7		
AA-1126435		Lloyd's Syndicate # 435 (FDY)	GBR		418			133	6	1,149	163		61		1,512	294		1,218		
AA-1126566		Lloyd's Syndicate # 566 (STN)	GBR		273			61	2	614	99		35		811	226		584		
AA-1127200		Lloyd's Syndicate # 1200 (HMA)	GBR		0			48	2	258	40		0		349	64		285		
AA-1128000		Lloyd's Syndicate # 1955 (BAR)	GBR		190			61	2	334	68		21		486	202		284		
AA-1120084		Lloyd's Syndicate # 2000 (HAR)	GBR		0			147	6	88	11		0		252	8		245		
AA-1128001		Lloyd's Syndicate # 2001 (AML)	GBR		130			41	1	238	43		15		337	114		222		
AA-1128003		Lloyd's Syndicate # 2003 (SJC)	GBR		432			238	9	1,003	164		54		1,468	388		1,080		
AA-1128488		Lloyd's Syndicate # 2488 (AGM)	GBR		0			51	2	19	3		0		75	15		60		
AA-1128791		Lloyd's Syndicate # 2791 (MAP)	GBR		0			57	3	397	45		0		501	39		462		
AA-1128987		Lloyd's Syndicate # 2987 (BRT)	GBR		100			0	0	220	25		17		262	28		234		
AA-1128020		Lloyd's Syndicate # 4020 (ARK)	GBR		384			122	4	811	151		44		1,132	406		726		
AA-1126006		Lloyd's Syndicate # 4472 (LIB)	GBR		467			346	14	1,306	203		59		1,927	424		1,503		
AA-1340125		Hanover Re.	DE		0			0	0	0	0		0		0	0		0		
AA-3194129		Montpelier Re.	GBR		0			77	3	67	8		0		154	6		148		
0899998 - Authorized - Other Non-U.S. Insurers (Under \$100,000)															0			0		
0899999 - Authorized - Other Non-U.S. Insurers						2,708				71	7,981	1,234		350		11,429	2,585		8,844	
0999999 - Total - Authorized						4,037	0	0	1,792	115	12,100	1,821		532		17,428	3,696		13,732	
1399999 - Total - Unauthorized - Affiliates																0			0	
1499998 - Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																0			0	
1499999 - Unauthorized - Other U.S. Unaffiliated Insurers								0	0							0			0	
AA-1320034		Paris Re.	FRA		0			0	0	135	26				160	61		99		
AA-1120146		Alea London Ltd.	GBR		0			0	0	71	9				79	9		70		
AA-3194161		Catlin Insurance Ltd.	BMU		360			263	11	1,095	165		47		1,581	336		1,246		
AA-1120481		QBE Reinsurance (Europe) Ltd.	GBR		0			0	0	53	7				60	9		51		
AA-3190795		American Safety Reinsurance Ltd.	BMU		106			27	1	157	27		13		224	72		152		
1799998 - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)															0			0		
1799999 - Unauthorized - Other Non-U.S. Insurers						466		290	11	1,511	232		60		2,105	487		1,618		
1899999 - Total - Unauthorized						466		290	11	1,511	232		60		2,105	487		1,618		
2299999 - Total Certified - Affiliates															0			0		
2399998 - Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)															0			0		
2699998 - Certified - Other Non-U.S. Insurers (Under \$100,000)															0			0		
2799999 - Total Certified															0			0		
2899999 - Total Authorized, Unauthorized and Certified						4,503	0	0	3,150	126	13,611	2,054		592		19,533	4,183		15,350	
2999999 - Total Protected Cells															0			0		
9999999 Totals						4,503	0	0	3,150	126	13,611	2,054		592		19,533	4,183		15,350	

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC**

NOTE: Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	<u>Name of Reinsurer</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>
1.	.....		
2.	.....		
3.	.....		
4.	.....		
5.	.....		

Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	<u>Name of Reinsurer</u>	<u>Total Recoverables</u>	<u>Ceded Premiums</u>	<u>Affiliated</u>
1.	Platium Underwriters Reinsurance Inc.....	2,151,091	72,853	Yes [ ] No [ X ]
2.	Aspen Insurance UK Ltd.....	2,098,095	45,130	Yes [ ] No [ X ]
3.	Odyssey American Reinsurance Corp.....	2,069,430	53,899	Yes [ ] No [ X ]
4.	Lloyd's Syndicate # 4472 (LIB).....	1,868,227	59,184	Yes [ ] No [ X ]
5.	Catlin Insurance Ltd.....	1,534,017	47,383	Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE F - PART 4**

**Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)**

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage more Than 120 Days Overdue Col. 9 / Col. 11	
				5 Current	Overdue				11 Total Due Cols. 5 + 10				
					6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days		10 Total Overdue Cols. 6 + 7 + 8 + 9			
<b>NONE</b>													
9999999 Totals										0	0	0.0	0.0

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE F - PART 5**

**Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)**

1	2	3	4	5	6	7	Letter of Credit Issuing or Confirming Bank (a)			11	12	13	14	15	16	17	18	19	20
							8	9	10										
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable All Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Ceded Balances Payable	Miscellaneous Balances	Other Allowed Offset Items	Cols. 6+7+11+12+13 but not in excess of Col. 5	Subtotal Col. 5 minus Col. 14	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 16	Smaller of Col. 14 or Col. 17	Smaller of Col. 14 or 20% of Amount in Dispute Included in Col. 5	Total Provision for Unauthorized Reinsurance Smaller of Col.5 or Cols. 15 +18 + 19
.AA-1320034		Paris Re	FRA	160		423				.61			160	.0	.0	.0	.0	.0	.0
.AA-1120146		Alea London Ltd	GBR	.79		.173				.9			.79	.0	.0	.0	.0	.0	.0
.AA-3194161		Catlin Insurance Co	BMU	1,581		1,949				336			1,581	.0	.0	.0	.0	.0	.0
.AA-1120481		QBE Reinsurance (Europe) LTD	GBR	.60		.117				.9			.60	.0	.0	.0	.0	.0	.0
.AA-3190795		American Safety Reinsurance Ltd	BMU	224		257				.72			224	.0	.0	.0	.0	.0	.0
0899999		Other Non-U.S. Insurers		2,105		2,918				487			2,105	.0	.0	.0	.0	.0	.0
0999999		Total - Affiliates and Others		2,105		2,918				487			2,105	.0	.0	.0	.0	.0	.0
1099999		Total - Protected Cells											.0	.0	.0	.0	.0	.0	.0
<b>9999999 Totals</b>				<b>2,105</b>		<b>2,918</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>487</b>			<b>2,105</b>	<b>0</b>					<b>0</b>

1. Amounts in dispute totaling \$ .....are included in Column 5.  
 2. Amounts in dispute totaling \$ .....are excluded from Column 16.

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

Schedule F - Part 6 SN 1

**NONE**

Schedule F - Part 6 SN1A Footnote Detail

**NONE**

Schedule F - Part 6 SN 2

**NONE**

Schedule F - Part 7

**NONE**

Schedule F - Part 8

**NONE**

**SCHEDULE F - PART 9**

**Restatement of Balance Sheet to Identify Net Credit for Reinsurance**

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<u>ASSETS</u> (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	43,107,387		43,107,387
2. Premiums and considerations (Line 15) .....	1,538,383		1,538,383
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	0		0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0		0
5. Other assets .....	668,224		668,224
6. Net amount recoverable from reinsurers .....		19,532,840	19,532,840
7. Protected cell assets (Line 27) .....	0		0
8. Totals (Line 28) .....	45,313,994	19,532,840	64,846,834
<u>LIABILITIES</u> (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	14,743,417	18,940,550	33,683,967
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	312,223		312,223
11. Unearned premiums (Line 9) .....	1,824,995	592,290	2,417,285
12. Advance premiums (Line 10) .....	199,051		199,051
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	4,183,114		4,183,114
15. Funds held by company under reinsurance treaties (Line 13) .....	0		0
16. Amounts withheld or retained by company for account of others (Line 14) .....	495,153		495,153
17. Provision for reinsurance (Line 16) .....	0		0
18. Other liabilities .....	163,000		163,000
19. Total liabilities excluding protected cell business (Line 26) .....	21,920,954	19,532,840	41,453,794
20. Protected cell liabilities (Line 27) .....	0		0
21. Surplus as regards policyholders (Line 37) .....	23,393,041	X X X	23,393,041
22. Totals (Line 38) .....	45,313,995	19,532,840	64,846,835

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [ ] No [ X ]

If yes, give full explanation:

Schedule H - Part 1

**NONE**

Schedule H - Part 2

**NONE**

Schedule H - Part 3

**NONE**

Schedule H - Part 4

**NONE**

Schedule H - Part 5

**NONE**

Schedule P - Part 1A - Home/Farm

**NONE**

Schedule P - Part 1B - Private Passenger

**NONE**

Schedule P - Part 1C - Comm Auto/Truck

**NONE**

Schedule P - Part 1D - Workers' Comp

**NONE**

Schedule P - Part 1E - Comm Multi Peril

**NONE**

**SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	98	26	72	0	0	0	0	0	0	0	0	0
4. 2005	290	87	203	0	0	0	0	0	0	0	0	0
5. 2006	615	161	454	0	0	1	0	12	0	0	13	1
6. 2007	291	22	269	0	0	0	0	0	0	0	0	0
7. 2008	240	19	221	0	0	0	0	0	0	0	0	0
8. 2009	155	36	120	0	0	3	0	0	0	0	3	0
9. 2010	600	48	552	1,025	500	148	55	32	0	0	651	3
10. 2011	316	25	290	0	0	0	0	4	0	0	4	1
11. 2012	352	28	323	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	1,025	500	152	55	48	0	0	671	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	3	1	0	0	1	0	0	0	0	3	0
5.	0	0	10	4	0	0	5	1	1	0	0	11	0
6.	0	0	9	3	0	0	4	1	1	0	0	9	0
7.	0	0	14	6	0	0	7	2	2	0	0	16	0
8.	0	0	19	7	0	0	9	2	3	0	0	21	0
9.	0	0	157	57	0	0	79	18	21	0	0	182	0
10.	0	0	117	40	0	0	58	12	16	0	0	139	0
11.	0	0	208	68	0	0	105	19	28	0	0	254	0
12.	0	0	537	188	0	0	268	55	72	0	0	635	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	1	0	0	0.7	0.9	0.7	0	0	0.0	0	0
4.	5	1	3	1.6	1.6	1.6	0	0	0.0	2	1
5.	30	5	24	4.8	3.4	5.3	0	0	0.0	6	5
6.	14	5	9	4.8	21.0	3.5	0	0	0.0	5	4
7.	23	7	16	9.6	38.3	7.1	0	0	0.0	9	7
8.	34	10	24	21.7	27.5	20.0	0	0	0.0	11	10
9.	1,462	630	832	243.5	1,311.0	150.7	0	0	0.0	100	82
10.	195	52	143	61.7	206.3	49.1	0	0	0.0	76	63
11.	341	87	254	97.0	309.0	78.6	0	0	0.0	140	114
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	349	286

**SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	1,873	531	1,342	0	0	17	0	315	0	0	332	1
4. 2005	6,179	1,557	4,622	1,849	500	646	137	364	0	0	2,222	37
5. 2006	8,396	2,032	6,364	3,017	760	948	49	609	0	0	3,766	35
6. 2007	8,234	2,130	6,104	2,731	800	1,368	133	552	0	0	3,718	47
7. 2008	8,262	1,150	7,112	1,635	500	1,747	11	499	0	0	3,370	38
8. 2009	7,770	1,772	5,998	2,396	500	1,336	55	646	0	0	3,823	61
9. 2010	7,166	1,789	5,377	805	25	564	3	545	0	0	1,886	57
10. 2011	5,984	1,546	4,438	555	0	510	0	433	0	0	1,498	43
11. 2012	5,266	1,500	3,765	0	0	52	0	196	0	0	247	17
12. Totals	XXX	XXX	XXX	12,989	3,085	7,187	388	4,159	0	0	20,862	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	125	0	45	26	43	0	21	11	11	0	0	208	2
6.	1,025	500	(50)	(37)	55	20	(14)	(18)	47	0	0	597	2
7.	1,925	500	44	61	324	24	60	23	109	0	0	1,854	7
8.	775	0	330	243	209	0	175	110	68	0	0	1,204	4
9.	1,640	0	730	445	305	0	390	186	140	0	0	2,574	12
10.	2,650	900	1,033	395	262	28	533	123	203	0	0	3,235	14
11.	445	0	2,464	955	179	0	1,244	309	196	0	0	3,264	12
12.	8,585	1,900	4,595	2,088	1,377	72	2,410	744	773	0	0	12,936	53

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	332	0	332	17.7	0.0	24.8	0	0	0.0	0	0
4.	2,860	637	2,222	46.3	40.9	48.1	0	0	0.0	0	0
5.	4,819	846	3,974	57.4	41.6	62.4	0	0	0.0	144	64
6.	5,713	1,398	4,315	69.4	65.6	70.7	0	0	0.0	512	85
7.	6,344	1,120	5,224	76.8	97.4	73.4	0	0	0.0	1,407	446
8.	5,934	908	5,027	76.4	51.2	83.8	0	0	0.0	862	342
9.	5,119	659	4,460	71.4	36.8	82.9	0	0	0.0	1,925	649
10.	6,179	1,446	4,733	103.3	93.5	106.6	0	0	0.0	2,389	847
11.	4,775	1,264	3,511	90.7	84.2	93.2	0	0	0.0	1,954	1,310
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	9,192	3,743

**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2005	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2006	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2007	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2008	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2009	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2010	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2011	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2012	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007	0	0	0	0	0	0	0	0	0	0	0	0
7. 2008	0	0	0	0	0	0	0	0	0	0	0	0
8. 2009	0	0	0	0	0	0	0	0	0	0	0	0
9. 2010	179	2	177	700	700	77	77	0	0	0	0	0
10. 2011	66	1	65	0	0	0	0	0	0	0	0	0
11. 2012	17	1	16	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	700	700	77	77	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	119	119	0	0	26	16	7	0	0	16	0
10.	0	0	53	53	0	0	11	6	3	0	0	8	0
11.	0	0	0	0	0	0	15	2	1	0	0	14	0
12.	0	0	172	172	0	0	52	23	10	0	0	39	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	928	912	16	519.0	50,435.3	9.2	0	0	0.0	0	16
10.	67	59	8	101.5	8,541.2	12.6	0	0	0.0	0	8
11.	16	2	14	95.3	131.4	92.2	0	0	0.0	0	14
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	39

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005	1,922	1,907	14	1	0	0	0	0	0	0	0	1
5. 2006	3,796	3,526	270	4	0	14	0	11	0	0	0	29
6. 2007	4,447	4,165	282	1,150	1,150	229	229	3	0	0	0	3
7. 2008	4,574	4,279	294	2,084	2,050	75	45	134	0	0	0	197
8. 2009	4,489	4,059	430	8	0	5	0	55	0	0	0	68
9. 2010	4,761	4,601	160	5	0	11	0	25	0	0	0	41
10. 2011	4,533	4,337	196	2	0	0	0	35	0	0	0	37
11. 2012	3,481	3,212	270	4	0	0	0	12	0	0	0	16
12. Totals	XXX	XXX	XXX	3,257	3,200	334	274	275	0	0	0	392

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	131	131	0	0	15	15	7	0	0	7	0
5.	0	0	395	395	0	0	44	44	20	0	0	20	0
6.	750	750	366	352	30	30	43	39	54	0	0	72	0
7.	500	500	822	798	24	24	96	88	65	0	0	97	0
8.	0	0	1,576	1,540	0	0	183	171	79	0	0	127	0
9.	0	0	2,430	2,367	0	0	283	262	122	0	0	207	0
10.	0	0	2,881	2,779	0	0	341	306	145	0	0	283	0
11.	0	0	2,931	2,802	0	0	352	307	148	0	0	322	0
12.	1,250	1,250	11,531	11,162	54	54	1,357	1,231	639	0	0	1,134	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	153	145	8	8.0	7.6	52.3	0	0	0.0	0	7
5.	487	438	49	12.8	12.4	18.0	0	0	0.0	0	20
6.	2,625	2,549	75	59.0	61.2	26.7	0	0	0.0	14	58
7.	3,799	3,505	294	83.1	81.9	99.8	0	0	0.0	24	73
8.	1,906	1,711	195	42.5	42.2	45.3	0	0	0.0	36	91
9.	2,877	2,629	248	60.4	57.1	154.8	0	0	0.0	63	144
10.	3,404	3,084	320	75.1	71.1	163.5	0	0	0.0	103	180
11.	3,446	3,109	338	99.0	96.8	125.1	0	0	0.0	130	192
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	369	765

Schedule P - Part 1I - Special Property

**NONE**

Schedule P - Part 1J - Auto Physical

**NONE**

Schedule P - Part 1K - Fidelity/Surety

**NONE**

Schedule P - Part 1L - Other

**NONE**

Schedule P - Part 1M - International

**NONE**

Schedule P - Part 1N - Reinsurance A

**NONE**

Schedule P - Part 1O - Reinsurance B

**NONE**

Schedule P - Part 1P - Reinsurance C

**NONE**

Schedule P - Part 1R - Prod Liab Occur

**NONE**

Schedule P - Part 1R - Prod Liab Claims

**NONE**

Schedule P - Part 1S-Fin./Mtg. Guaranty

**NONE**

Schedule P - Part 1T - Warranty

**NONE**

Schedule P - Part 2A

**NONE**

Schedule P - Part 2B

**NONE**

Schedule P - Part 2C

**NONE**

Schedule P - Part 2D

**NONE**

Schedule P - Part 2E

**NONE**

**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	One Year	Two Year
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	49	31	24	13	7	4	1	1	0	0	(1)
4. 2005	XXX	XXX	115	98	57	34	20	7	5	3	(2)	(5)
5. 2006	XXX	XXX	XXX	259	162	107	68	30	18	10	(7)	(19)
6. 2007	XXX	XXX	XXX	XXX	97	72	50	24	15	8	(6)	(16)
7. 2008	XXX	XXX	XXX	XXX	XXX	86	66	39	24	14	(10)	(25)
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	65	46	35	21	(14)	(25)
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	347	458	779	321	432
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169	123	(46)	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226	XXX	XXX
12. Totals											235	342

**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	886	525	343	167	15	15	17	17	17	0	0
4. 2005	XXX	XXX	2,977	2,806	2,758	2,297	2,137	1,962	1,970	1,858	(112)	(103)
5. 2006	XXX	XXX	XXX	4,159	3,996	3,986	3,474	3,451	3,401	3,354	(47)	(97)
6. 2007	XXX	XXX	XXX	XXX	4,122	3,774	4,387	3,685	3,498	3,716	218	31
7. 2008	XXX	XXX	XXX	XXX	XXX	4,324	4,109	4,607	4,952	4,615	(337)	8
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	4,977	5,155	4,773	4,313	(460)	(843)
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,435	4,088	3,775	(313)	(660)
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,205	4,098	(107)	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,120	XXX	XXX
12. Totals											(1,158)	(1,664)

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	13	10	(3)	(6)
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	5	(1)	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	XXX	XXX
12. Totals											(4)	(6)

**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	129	104	62	34	11	1	1	1	0	0
5. 2006	XXX	XXX	XXX	255	200	129	50	18	19	18	0	0
6. 2007	XXX	XXX	XXX	XXX	265	193	67	34	26	18	(8)	(15)
7. 2008	XXX	XXX	XXX	XXX	XXX	328	225	158	161	95	(66)	(62)
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	294	173	102	60	(42)	(112)
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232	213	100	(112)	(132)
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200	140	(60)	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178	XXX	XXX
12. Totals											(288)	(322)

Schedule P - Part 2I

**NONE**

Schedule P - Part 2J

**NONE**

Schedule P - Part 2K

**NONE**

Schedule P - Part 2L

**NONE**

Schedule P - Part 2M

**NONE**

Schedule P - Part 2N

**NONE**

Schedule P - Part 2O

**NONE**

Schedule P - Part 2P

**NONE**

Schedule P - Part 2R - Prod Liab Occur

**NONE**

Schedule P - Part 2R - Prod Liab Claims

**NONE**

Schedule P - Part 2S

**NONE**

Schedule P - Part 2T

**NONE**

Schedule P - Part 3A

**NONE**

Schedule P - Part 3B

**NONE**

Schedule P - Part 3C

**NONE**

Schedule P - Part 3D

**NONE**

Schedule P - Part 3E

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12	
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012			
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.1	.1	.1	.1	.1	.1	.1	.1	.0	.1
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.3	.3	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.69	.619	.0	.0	.1
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.1
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0

**SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.13	.15	.15	.15	.15	.17	.17	.17	.0	.1	.1
4. 2005	XXX	XXX	.121	.283	1,247	1,329	1,438	1,458	1,465	1,858	.7	.30	.30
5. 2006	XXX	XXX	XXX	.34	1,040	1,848	2,743	3,134	3,151	3,156	.11	.22	.22
6. 2007	XXX	XXX	XXX	XXX	.172	.594	1,943	2,982	3,100	3,165	.9	.36	.36
7. 2008	XXX	XXX	XXX	XXX	XXX	.154	.911	1,739	2,707	2,871	.9	.22	.22
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.385	.912	1,990	3,177	.12	.45	.45
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.100	.627	1,341	.6	.39	.39
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.428	1,065	.2	.27	.27
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.52	.0	.5	.5

**SCHEDULE P - PART 3G - SPECIAL LIABILITY  
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX

**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.1	.1	.1	.1	.1	.1	.1	.1	.1
5. 2006	XXX	XXX	XXX	.4	.18	.18	.18	.18	.18	.18	.4	.1
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.1
7. 2008	XXX	XXX	XXX	XXX	XXX	.23	.50	.56	.78	.63	.7	.3
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.3	.9	.12	.12	.5	.1
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.13	.16	.1	.2
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2	.2	.2	.2
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.4	.1	.0

Schedule P - Part 3I

**NONE**

Schedule P - Part 3J

**NONE**

Schedule P - Part 3K

**NONE**

Schedule P - Part 3L

**NONE**

Schedule P - Part 3M

**NONE**

Schedule P - Part 3N

**NONE**

Schedule P - Part 3O

**NONE**

Schedule P - Part 3P

**NONE**

Schedule P - Part 3R - Prod Liab Occur

**NONE**

Schedule P - Part 3R - Prod Liab Claims

**NONE**

Schedule P - Part 3S

**NONE**

Schedule P - Part 3T

**NONE**

Schedule P - Part 4A

**NONE**

Schedule P - Part 4B

**NONE**

Schedule P - Part 4C

**NONE**

Schedule P - Part 4D

**NONE**

Schedule P - Part 4E

**NONE**

**SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	49	31	24	13	7	4	1	1	0
4. 2005	XXX	XXX	115	98	57	34	20	7	4	3
5. 2006	XXX	XXX	XXX	258	162	107	68	29	17	10
6. 2007	XXX	XXX	XXX	XXX	97	72	50	24	15	8
7. 2008	XXX	XXX	XXX	XXX	XXX	86	66	39	24	14
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	65	46	32	18
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	254	66	161
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169	123
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226

**SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	842	444	329	152	0	0	0	0	0
4. 2005	XXX	XXX	1,658	658	545	189	188	0	0	0
5. 2006	XXX	XXX	XXX	3,025	1,042	429	235	101	52	29
6. 2007	XXX	XXX	XXX	XXX	2,236	936	193	244	269	(9)
7. 2008	XXX	XXX	XXX	XXX	XXX	2,370	736	166	(9)	19
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	2,333	313	239	152
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,381	1,266	489
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,892	1,048
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,444

**SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE**

**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	13	10
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	5
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	129	103	61	33	10	0	0	0
5. 2006	XXX	XXX	XXX	250	182	111	32	0	0	0
6. 2007	XXX	XXX	XXX	XXX	265	193	67	34	26	18
7. 2008	XXX	XXX	XXX	XXX	XXX	161	62	17	(8)	32
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	213	103	90	48
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169	51	84
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	198	138
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	174

**SCHEDULE P - PART 4I - SPECIAL PROPERTY  
(FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2003	2 2004	3 2005	4 2006	5 2007	5 2008	7 2009	8 2010	9 2011	10 2012
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	<b>NONE</b>			XXX	0	0	0
2. 2011	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	0	0
3. 2012	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	XXX	0

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	<b>NONE</b>			XXX	0	0	0
2. 2011	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	0	0
3. 2012	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	XXX	0

**SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	XXX	XXX	<b>NONE</b>			XXX	0	0	0
2. 2011	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	0	0
3. 2012	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	XXX	0

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	<b>NONE</b>			0	0	0	0
4. 2005	XXX	XXX	0	<b>NONE</b>			0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 4N

**NONE**

Schedule P - Part 4O

**NONE**

Schedule P - Part 4P

**NONE**

Schedule P - Part 4R - Prod Liab Occur

**NONE**

Schedule P - Part 4R - Prod Liab Claims

**NONE**

Schedule P - Part 4S

**NONE**

Schedule P - Part 4T

**NONE**

Schedule P - Part 5A- SN1

**NONE**

Schedule P - Part 5A- SN2

**NONE**

Schedule P - Part 5A- SN3

**NONE**

Schedule P - Part 5B- SN1

**NONE**

Schedule P - Part 5B- SN2

**NONE**

Schedule P - Part 5B- SN3

**NONE**

Schedule P - Part 5C- SN1

**NONE**

Schedule P - Part 5C- SN2

**NONE**

Schedule P - Part 5C- SN3

**NONE**

Schedule P - Part 5D- SN1

**NONE**

Schedule P - Part 5D- SN2

**NONE**

Schedule P - Part 5D- SN3

**NONE**

Schedule P - Part 5E- SN1

**NONE**

Schedule P - Part 5E- SN2

**NONE**

Schedule P - Part 5E- SN3

**NONE**

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	3
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	1	5	6	6	6	6	7
5. 2006	XXX	XXX	XXX	0	4	6	10	11	11	11
6. 2007	XXX	XXX	XXX	XXX	1	2	3	7	9	9
7. 2008	XXX	XXX	XXX	XXX	XXX	1	3	3	8	9
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	1	2	8	12
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4	6
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	1	1	0	0	0	0	0	0	0
4. 2005	XXX	XXX	19	11	7	6	2	1	1	0
5. 2006	XXX	XXX	XXX	23	18	13	4	2	2	2
6. 2007	XXX	XXX	XXX	XXX	32	27	14	5	3	2
7. 2008	XXX	XXX	XXX	XXX	XXX	20	20	18	12	7
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	34	34	19	4
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	24	12
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	14
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	1	1	1	1	1	1	1	1	1
4. 2005	XXX	XXX	26	34	37	37	37	37	37	37
5. 2006	XXX	XXX	XXX	22	35	35	35	35	35	35
6. 2007	XXX	XXX	XXX	XXX	35	46	46	46	47	47
7. 2008	XXX	XXX	XXX	XXX	XXX	22	37	38	38	38
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	41	59	61	61
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	55	57
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	43
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	1	1	1	1	1	1	1
5. 2006	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	4	6	6	6	7
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	4	5	5	5
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	6	3	1	1	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	2	1	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	2	2	2	2	2	2	2
5. 2006	XXX	XXX	XXX	4	5	5	5	5	5	5
6. 2007	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2008	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6	6
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	3
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

Schedule P - Part 5R- SN1A

**NONE**

Schedule P - Part 5R- SN2A

**NONE**

Schedule P - Part 5R- SN3A

**NONE**

Schedule P - Part 5R- SN1B

**NONE**

Schedule P - Part 5R- SN2B

**NONE**

Schedule P - Part 5R- SN3B

**NONE**

Schedule P - Part 5T- SN1

**NONE**

Schedule P - Part 5T- SN2

**NONE**

Schedule P - Part 5T- SN3

**NONE**

Schedule P - Part 6C - SN1

**NONE**

Schedule P - Part 6C - SN2

**NONE**

Schedule P - Part 6D - SN1

**NONE**

Schedule P - Part 6D - SN2

**NONE**

Schedule P - Part 6E - SN1

**NONE**

Schedule P - Part 6E - SN2

**NONE**

Schedule P - Part 6H - SN1A

**NONE**

Schedule P - Part 6H - SN2A

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC**

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	.0
5. 2006	XXX	XXX	XXX	3,796	3,796	3,796	3,796	3,796	3,796	3,796	.0
6. 2007	XXX	XXX	XXX	XXX	4,447	4,447	4,447	4,447	4,447	4,447	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	4,574	4,574	4,574	4,574	4,574	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	4,489	4,489	4,489	4,489	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,716	4,716	4,716	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,533	4,533	.0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,481	3,481
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,481
13. Earned Premiums (Sch P, Part 1)	0	0	1,922	3,796	4,447	4,574	4,489	4,761	4,533	3,481	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	1,907	1,907	1,907	1,907	1,907	1,907	1,907	1,907	.0
5. 2006	XXX	XXX	XXX	3,526	3,526	3,526	3,526	3,526	3,526	3,526	.0
6. 2007	XXX	XXX	XXX	XXX	4,165	4,165	4,165	4,165	4,165	4,165	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	4,279	4,279	4,279	4,279	4,279	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	4,059	4,059	4,059	4,059	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,601	4,601	4,601	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,337	4,337	.0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,212	3,212
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,212
13. Earned Premiums (Sch P, Part 1)	0	0	1,907	3,526	4,165	4,279	4,059	4,601	4,337	3,212	XXX

**SCHEDULE P - PART 6M - INTERNATIONAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P, Part 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P, Part 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 6N - SN1

**NONE**

Schedule P - Part 6N - SN2

**NONE**

Schedule P - Part 6O - SN1

**NONE**

Schedule P - Part 6O - SN2

**NONE**

Schedule P - Part 6R - SN1A

**NONE**

Schedule P - Part 6R - SN2A

**NONE**

Schedule P - Part 6R - SN1B

**NONE**

Schedule P - Part 6R - SN2B

**NONE**

Schedule P - Part 7A - Section 1

**NONE**

Schedule P - Part 7A - Section 2

**NONE**

Schedule P - Part 7A - Section 3

**NONE**

Schedule P - Part 7A - Section 4

**NONE**

Schedule P - Part 7A - Section 5

**NONE**

Schedule P - Part 7B - Section 1

**NONE**

Schedule P - Part 7B - Section 2

**NONE**

Schedule P - Part 7B - Section 3

**NONE**

Schedule P - Part 7B - Section 4

**NONE**

Schedule P - Part 7B - Section 5

**NONE**

Schedule P - Part 7B - Section 6

**NONE**

Schedule P - Part 7B - Section 7

**NONE**

**SCHEDULE P INTERROGATORIES**

- 1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [ X ] No [ ]  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? .....525,000
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [ X ] No [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [ X ] No [ ] N/A [ ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2003		
1.603	2004		
1.604	2005		
1.605	2006		
1.606	2007		
1.607	2008		
1.608	2009		
1.609	2010		
1.610	2011		
1.611	2012		
1.612	Totals	0	0

- 2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [ X ] No [ ]
- 3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Answer: Yes [ X ] No [ ]
- 4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [ ] No [ X ]  
  
If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.  
  
Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
  
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
- 5. What were the net premiums in force at the end of the year for:  
(in thousands of dollars)  
  
5.1 Fidelity .....  
5.2 Surety .....
- 6. Claim count information is reported per claim or per claimant (indicate which).....CLAIM  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [ ] No [ X ]
- 7.2 An extended statement may be attached.  
.....

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

**SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>NONE</b>														

**NONE**

**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11841	04-3776029	OHA Holdings		(25,690)							(25,690)	
	41-2111662	OHA Insurance Solutions		25,690			(27,844)				(2,154)	
		OHA					27,844				27,844	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

<b>MARCH FILING</b>	<b>RESPONSES</b>
1. Will an actuarial opinion be filed by March 1?	.....YES.....
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....YES.....
<b>APRIL FILING</b>	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
6. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....SEE EXPLANATION.....
<b>JUNE FILING</b>	
9. Will an audited financial report be filed by June 1?	.....YES.....
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
<b>AUGUST FILING</b>	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....
<p>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 <b>NO</b> 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 <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.</p>	
<b>MARCH FILING</b>	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....NO.....
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....YES.....
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....NO.....
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
<b>APRIL FILING</b>	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....NO.....
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
<b>AUGUST FILING</b>	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....SEE EXPLANATION.....

**Explanation:**

8. Not applicable

12. Not required

13.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.

16.

17.

18. Not Required

19.

22. No exceptions

23.

24.

25. N/A - No approval requested

26. N/A - No approval requested

27. N/A - No approval requested

28.

29.

30.

31.

32.

33. Not required

**Bar Code:**

13.   
1 1 8 4 1 2 0 1 2 2 4 0 0 0 0 0 0

14.   
1 1 8 4 1 2 0 1 2 3 6 0 5 9 0 0 0

16.   
1 1 8 4 1 2 0 1 2 4 9 0 0 0 0 0 0

17.   
1 1 8 4 1 2 0 1 2 3 8 5 0 0 0 0 0

19.   
1 1 8 4 1 2 0 1 2 3 6 5 0 0 0 0 0

23.   
1 1 8 4 1 2 0 1 2 5 0 0 0 0 0 0 0

24.   
1 1 8 4 1 2 0 1 2 5 0 5 5 9 0 0 0

30.   
1 1 8 4 1 2 0 1 2 2 1 0 0 0 0 0 0

31.   
1 1 8 4 1 2 0 1 2 2 1 6 5 9 0 0 0

32.   
1 1 8 4 1 2 0 1 2 2 1 7 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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SUPPLEMENT FOR DECEMBER 31, 2012 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	2,261,316	2,515,990	1,286,000	3	1,151,920	2,250,000	10	2,259,549
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 CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	2,261,316	2,515,990	1,286,000	3	1,151,920	2,250,000	10	2,259,549
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



**SUPPLEMENT FOR DECEMBER 31, 2012 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	3,102,908	3,101,330	3,052,450	5	17,978	6,335,005	43	2,872,870
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 CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	3,102,908	3,101,330	3,052,450	5	17,978	6,335,005	43	2,872,870
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR DECEMBER 31, 2012 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 CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

**NONE**



SUPPLEMENT FOR DECEMBER 31, 2012 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 CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

**NONE**

# ALPHABETICAL INDEX

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