



QUARTERLY STATEMENT

AS OF MARCH 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

OHA INSURANCE SOLUTIONS, INC

NAIC Group Code 0000, 0000 NAIC Company Code 11841 Employer's ID Number 41-2111662
(Current Period) (Prior Period)

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
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 155 EAST BROAD STREET Suite 302 COLUMBUS, OH, US 43215-3619 614-255-4840-140
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 155 EAST BROAD STREET Suite 302, COLUMBUS, OH, US 43215-3619
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 155 EAST BROAD STREET Suite 302 COLUMBUS, OH, US 43215-3619 614-255-4840-140
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.OHAINSURANCE.COM

Statutory Statement Contact Ralph E. Burnheimer 614-255-4840-140
(Name) (Area Code) (Telephone Number) (Extension)
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OFFICERS

Name	Title	Name	Title
<u>Gregg L. Hanson</u>	<u>Chair, Chief Executive Officer & President</u>	<u>Richard G. Hayes</u>	<u>Vice President, Treasurer</u>
<u>Amy T. Irish</u>	<u>Vice President, Assistant Treasurer & Secretary</u>	<u>Mary L. Ursul</u>	<u>Senior Vice President</u>

OTHER OFFICERS

<u>Wayne T Zack</u>	<u>Senior Vice President</u>	<u>Brad D. Lonsberry</u>	<u>Vice President</u>
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DIRECTORS OR TRUSTEES

<u>Gregg L. Hanson</u>	<u>Richard G. Hayes</u>	<u>Mary L Ursul</u>	<u>Wayne T. Zack</u>
<u>Bradley D. Lonsberry</u>			

State of MA

County of Suffolk **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.

Gregg L. Hanson
Chair, Chief Executive Officer & President

Richard G. Hayes
Treasurer, Vice President

Amy T. Irish
Vice President, Asst. Treasurer & Secretary

Subscribed and sworn to before me this 2 day of 5, 2014

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 _____

Catherine Gorman, Notary Public
2/26/2021

STATEMENT AS OF MARCH 31, 2014 OF THE OHA INSURANCE SOLUTIONS, INC

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	36,664,373		36,664,373	36,807,601
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,210,835		1,210,835	1,194,871
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$3,654,107), cash equivalents (\$0) and short-term investments (\$751,420)	4,405,527		4,405,527	3,167,365
6. Contract loans (including \$premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities	214,901		214,901	0
10. Securities lending reinvested collateral assets.....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	42,495,636	0	42,495,636	41,169,837
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	310,011		310,011	295,816
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	87,844		87,844	212,810
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	2,936,766		2,936,766	1,329,030
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,477		2,477	18,682
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	194,780		194,780	146,273
18.2 Net deferred tax asset.....	607,605	144,542	463,063	463,063
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	7,162	7,162	0	0
21. Furniture and equipment, including health care delivery assets (\$)	1,825	1,825	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable.....			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	46,644,106	153,529	46,490,577	43,635,511
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	46,644,106	153,529	46,490,577	43,635,511
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Insurance.....	0	0	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)	8,267,069	7,884,946
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	5,137,774	4,900,294
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	89,650	192,406
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$1,132,305 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	3,090,006	2,019,907
10. Advance premium		49,200
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	4,736,245	3,834,428
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	604,087	604,087
15. Remittances and items not allocated	37,981	0
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates		0
20. Derivatives		0
21. Payable for securities	249,063	0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	269,000	269,000
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	22,480,875	19,754,268
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	22,480,875	19,754,268
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	20,223,895	20,192,015
35. Unassigned funds (surplus)	2,785,807	2,689,228
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		0
36.2 shares preferred (value included in Line 31 \$)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	24,009,702	23,881,243
38. Totals (Page 2, Line 28, Col. 3)	46,490,577	43,635,511
DETAILS OF WRITE-INS		
2501. Premium Deficiency Reserve	269,000	269,000
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	269,000	269,000
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 3,392,449)	1,795,608	2,002,706	8,116,867
1.2 Assumed (written \$)		0	
1.3 Ceded (written \$ 1,433,408)	906,666	1,080,749	4,337,298
1.4 Net (written \$ 1,959,041)	888,942	921,957	3,779,569
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 559,996):			
2.1 Direct	1,140,608	1,294,410	(29,969)
2.2 Assumed		0	
2.3 Ceded	580,612	655,693	(894,094)
2.4 Net	559,996	638,717	864,125
3. Loss adjustment expenses incurred	301,536	343,925	1,373,670
4. Other underwriting expenses incurred	423,367	699,002	2,256,903
5. Aggregate write-ins for underwriting deductions	0	0	106,000
6. Total underwriting deductions (Lines 2 through 5)	1,284,899	1,681,644	4,600,698
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(395,957)	(759,687)	(821,129)
INVESTMENT INCOME			
9. Net investment income earned	226,227	235,482	897,322
10. Net realized capital gains (losses) less capital gains tax of \$	33,554	4,685	11,861
11. Net investment gain (loss) (Lines 9 + 10)	259,781	240,166	909,184
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ 2,415)	(2,415)	0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	(2,415)	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(138,592)	(519,521)	88,055
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(138,592)	(519,521)	88,055
19. Federal and foreign income taxes incurred	(48,507)	(181,833)	(131,387)
20. Net income (Line 18 minus Line 19)(to Line 22)	(90,084)	(337,688)	219,442
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	23,881,241	23,393,037	23,393,037
22. Net income (from Line 20)	(90,084)	(337,688)	219,442
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	15,963	9,272	126,666
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax		0	(80,131)
27. Change in nonadmitted assets	170,701	71,238	211,974
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in	31,880	0	10,252
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	128,460	(257,178)	488,204
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	24,009,701	23,135,859	23,881,241
DETAILS OF WRITE-INS			
0501. Premium Deficiency reserve	0	0	106,000
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	106,000
1401.		0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.		0	0
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	1,328,889	612,035	3,472,487
2. Net investment income	282,742	332,213	1,249,752
3. Miscellaneous income	(2,415)	0	0
4. Total (Lines 1 to 3)	1,609,216	944,249	4,722,239
5. Benefit and loss related payments	161,668	(343,994)	2,908,432
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	588,445	1,492,037	3,677,859
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	40	107,403	248,900
10. Total (Lines 5 through 9)	750,153	1,255,446	6,835,192
11. Net cash from operations (Line 4 minus Line 10)	859,063	(311,198)	(2,112,952)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,991,374	2,362,783	11,462,965
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	34,162	250,000	1
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,025,536	2,612,783	11,462,966
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,885,304	4,101,797	12,266,722
13.2 Stocks	0	1,000,000	1,000,000
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	4,993	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,885,304	5,106,790	13,266,722
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	140,232	(2,494,007)	(1,803,756)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	31,880	0	10,252
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	206,987	80,988	266,683
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	238,867	80,988	276,935
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)	1,238,163	(2,724,217)	(3,639,773)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,167,365	6,807,138	6,807,138
19.2 End of period (Line 18 plus Line 19.1)	4,405,527	4,082,921	3,167,365

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

No significant change

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

No significant change.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment Income

No significant change

8. Derivative Instruments

None

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant change

11. Debt

None

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

No significant change

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

No significant change

14. Contingencies

A. Contingent Commitments

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

B. Assessments

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

C. Gain Contingencies

None

NOTES TO FINANCIAL STATEMENTS

D. All other Contingencies

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

15. Leases

No significant change

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

None

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

None. There were no wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value measurements

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

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

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

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

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

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

1 Description	2 Level 1	3 Level 2	4 Level 3	5 Total
Assets at fair value				
Common Stocks				
Mutual Funds	\$1,210,835	-	-	\$1,210,835
Total assets at fair value	\$1,210,835	-	-	\$1,210,835
Total liabilities at fair value	0			0

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

2. Roll forward of Level 3 Items

NOTES TO FINANCIAL STATEMENTS

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

3. Policy on Transfers Into and Out of Level 3

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

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

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

5. Derivative Fair Values

Not applicable.

B. This Disclosure Removed by NAIC December, 2010

C. Other fair Value Disclosures

Not applicable

D. Reasons Not Practical to Estimate Fair Value

Not applicable

21. Other Items

None

22. Event Subsequent

Effective January 1, 2014, FinCor Holdings, Inc. acquired OHA Holdings, Inc., parent company of OHA Insurance Solutions, Inc. In a cash transaction, FinCor purchased all of the outstanding stock of OHA Holdings. The transaction was approved by the Ohio Department of Insurance.

Subsequent events have been considered thru May 12, 2014, the date of issuance of these financial statements.

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Changes in Incurred Losses and Loss Adjustment Expenses

No significant change

26. Intercompany Pooling Agreements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Accident and Health Policies

None

30. Premium Deficiency Reserves

No significant change.

NOTES TO FINANCIAL STATEMENTS

31. High Deductibles

None

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

None

33. Asbestos/Environmental Reserves

None

34. Subscriber Savings Accounts

None

35. Multiple Peril Crop Insurance

None

36. Financial Guaranty 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 []
- 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:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... Yes [X] No []
If Yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
OHAIS acquired by Fincor Holdings, Effective 1-1-2014.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [X] No []
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2008
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/09/2009
- 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 [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... Yes [X] No [] NA []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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 FDIC	6 SEC

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

.....

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

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

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

.....

FINANCIAL

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

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

INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

	1		2	
	Prior Year-End Book/Adjusted Carrying Value		Current Quarter Book/Adjusted Carrying Value	
14.21 Bonds	\$		\$	
14.22 Preferred Stock	\$		\$	
14.23 Common Stock	\$		\$	
14.24 Short-Term Investments	\$		\$	
14.25 Mortgage Loans on Real Estate	\$		\$	
14.26 All Other	\$		\$	
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0		\$0	
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$		\$	

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.3 Total payable for securities lending reported on the liability page..... \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Securities.....	Cincinnati, Ohio.....

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address
107680.....	Prime Advisors.....	22635 NE Marketplace Dr Redmond, WA 98053.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

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

PART 2

PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

- 5.1 A&H loss percent %
- 5.2 A&H cost containment percent %
- 5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

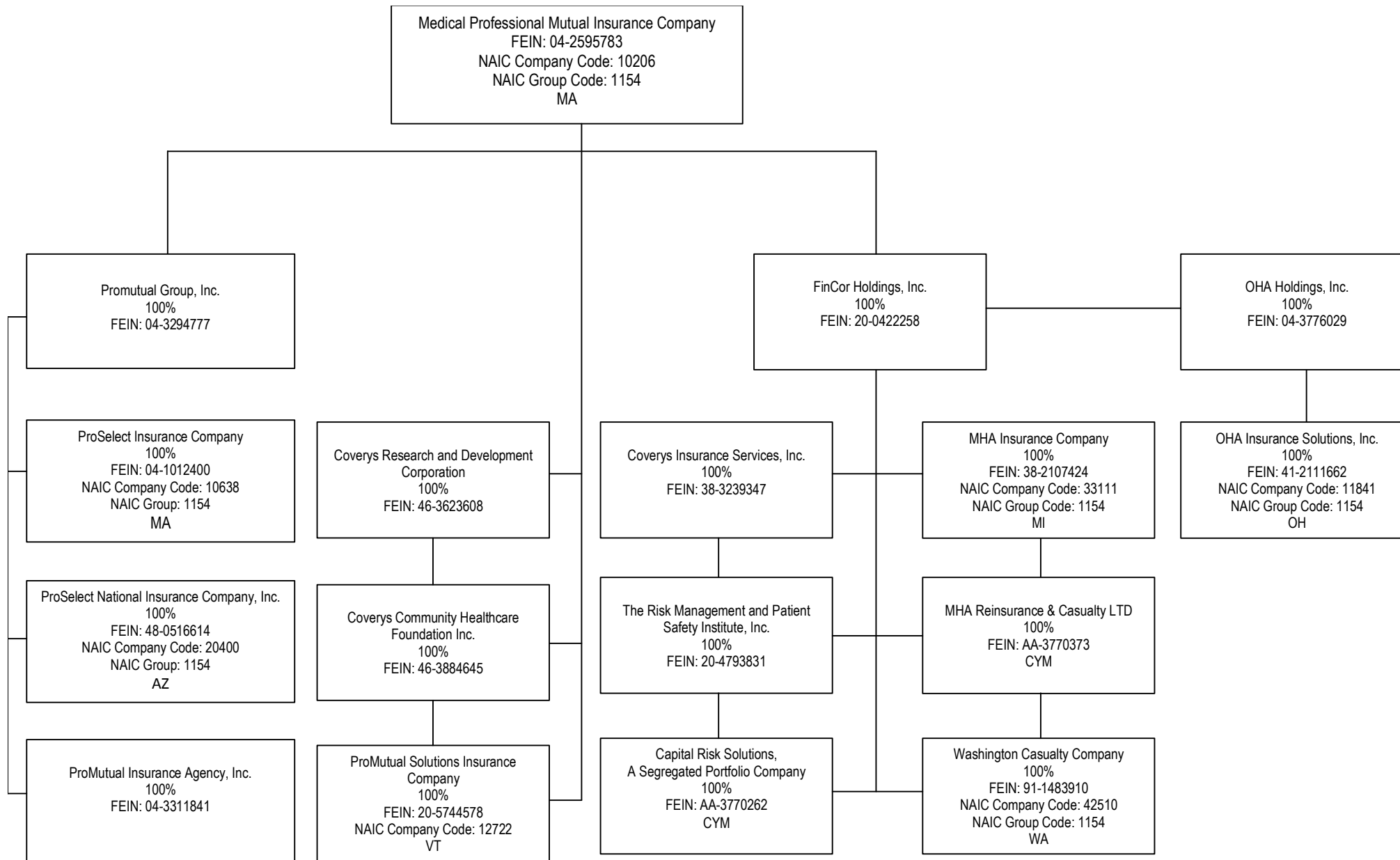
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL		0		0		0	
2. Alaska	AK		0		0		0	
3. Arizona	AZ		0		0		0	
4. Arkansas	AR		0		0		0	
5. California	CA		0		0		0	
6. Colorado	CO		0		0		0	
7. Connecticut	CT		0		0		0	
8. Delaware	DE		0		0		0	
9. Dist. Columbia	DC		0		0		0	
10. Florida	FL		0		0		0	
11. Georgia	GA		0		0		0	
12. Hawaii	HI		0		0		0	
13. Idaho	ID		0		0		0	
14. Illinois	IL		0		0		0	
15. Indiana	IN		0		0		0	
16. Iowa	IA		0		0		0	
17. Kansas	KS		0		0		0	
18. Kentucky	KY		0		0		0	
19. Louisiana	LA		0		0		0	
20. Maine	ME		0		0		0	
21. Maryland	MD		0		0		0	
22. Massachusetts	MA		0		0		0	
23. Michigan	MI		0		0		0	
24. Minnesota	MN		0		0		0	
25. Mississippi	MS		0		0		0	
26. Missouri	MO		0		0		0	
27. Montana	MT		0		0		0	
28. Nebraska	NE		0		0		0	
29. Nevada	NV		0		0		0	
30. New Hampshire	NH		0		0		0	
31. New Jersey	NJ		0		0		0	
32. New Mexico	NM		0		0		0	
33. New York	NY		0		0		0	
34. No. Carolina	NC		0		0		0	
35. No. Dakota	ND		0		0		0	
36. Ohio	OH	L	3,392,449	5,339,355	0	58,800	5,625,023	11,191,207
37. Oklahoma	OK		0		0		0	0
38. Oregon	OR		0		0		0	0
39. Pennsylvania	PA		0		0		0	0
40. Rhode Island	RI		0		0		0	0
41. So. Carolina	SC		0		0		0	0
42. So. Dakota	SD		0		0		0	0
43. Tennessee	TN		0		0		0	0
44. Texas	TX		0		0		0	0
45. Utah	UT		0		0		0	0
46. Vermont	VT		0		0		0	0
47. Virginia	VA		0		0		0	0
48. Washington	WA		0		0		0	0
49. West Virginia	WV		0		0		0	0
50. Wisconsin	WI		0		0		0	0
51. Wyoming	WY		0		0		0	0
52. American Samoa	AS		0		0		0	0
53. Guam	GU		0		0		0	0
54. Puerto Rico	PR		0		0		0	0
55. U.S. Virgin Islands	VI		0		0		0	0
56. Northern Mariana Islands	MP		0		0		0	0
57. Canada	CAN		0		0		0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Totals	(a) 1	3,392,449	5,339,355	0	58,800	5,625,023	11,191,207	
DETAILS OF WRITE-INS								
58001.	XXX		0		0		0	0
58002.	XXX		0		0		0	0
58003.	XXX		0		0		0	0
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0

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

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

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



PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire			.0	.0
2. Allied lines			.0	.0
3. Farmowners multiple peril			.0	.0
4. Homeowners multiple peril			.0	.0
5. Commercial multiple peril			.0	.0
6. Mortgage guaranty			.0	.0
8. Ocean marine			.0	.0
9. Inland marine			.0	.0
10. Financial guaranty			.0	.0
11.1 Medical professional liability - occurrence			.0	.0
11.2 Medical professional liability – claims made	1,164,701	711,990	61.1	61.9
12. Earthquake			.0	.0
13. Group accident and health			.0	.0
14. Credit accident and health			.0	.0
15. Other accident and health			.0	.0
16. Workers' compensation			.0	.0
17.1 Other liability occurrence			.0	.0
17.2 Other liability – claims made	630,907	428,618	67.9	69.8
17.3 Excess Workers' Compensation			.0	.0
18.1 Products liability - occurrence			.0	.0
18.2 Products liability – claims made			.0	.0
19.1,19.2 Private passenger auto liability			.0	.0
19.3,19.4 Commercial auto liability			.0	.0
21. Auto physical damage			.0	.0
22. Aircraft (all perils)			.0	.0
23. Fidelity			.0	.0
24. Surety			.0	.0
26. Burglary and theft			.0	.0
27. Boiler and machinery			.0	.0
28. Credit			.0	.0
29. International			.0	.0
30. Warranty			.0	.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	.0	.0
35. TOTALS	1,795,608	1,140,608	63.5	64.6
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	.0	.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	0		0
2. Allied lines	0		0
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	0		0
5. Commercial multiple peril	0		0
6. Mortgage guaranty	0		0
8. Ocean marine	0		0
9. Inland marine	0		0
10. Financial guaranty	0		0
11.1 Medical professional liability - occurrence	0		0
11.2 Medical professional liability – claims made	2,014,846	2,014,846	3,297,969
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	0		0
17.1 Other liability-occurrence	0		0
17.2 Other liability – claims made	1,377,603	1,377,603	2,041,386
17.3 Excess Workers' Compensation	0		0
18.1 Products liability - occurrence	0		0
18.2 Products liability – claims made	0		0
19.1,19.2 Private passenger auto liability	0		0
19.3,19.4 Commercial auto liability	0		0
21. Auto physical damage	0		0
22. Aircraft (all perils)	0		0
23. Fidelity	0		0
24. Surety	0		0
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		0
29. International	0		0
30. Warranty	0		0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. TOTALS	3,392,449	3,392,449	5,339,355
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

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)	2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2014 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 Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2011 + Prior	3,185	2,196	5,381	79		79	3,107		2,195	5,302	2	(2)	0
2. 2012	886	2,258	3,144	70		70	1,111		1,963	3,074	295	(295)	0
3. Subtotals 2012 + prior	4,071	4,455	8,525	150	0	150	4,218	0	4,158	8,376	297	(297)	0
4. 2013	670	3,590	4,260	89		89	997		3,174	4,171	416	(416)	0
5. Subtotals 2013 + prior	4,740	8,045	12,785	239	0	239	5,215	0	7,332	12,546	713	(713)	0
6. 2014	XXX	XXX	XXX	XXX	3	3	XXX	134	724	858	XXX	XXX	XXX
7. Totals	4,740	8,045	12,785	239	3	242	5,215	134	8,056	13,405	713	(713)	0
8. Prior Year-End Surplus As Regards Policyholders	23,881										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. 15.0	2. (8.9)	3. 0.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

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

Explanation:

- 1.
- 3.
- 4.

Bar Code:

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

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other than temporary impairment recognized	0	0
8. Deduct current year's depreciation	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION**Mortgage Loans**

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION**Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	38,002,472	36,300,249
2. Cost of bonds and stocks acquired	3,885,304	13,266,722
3. Accrual of discount	2,219	10,185
4. Unrealized valuation increase (decrease)	15,963	194,871
5. Total gain (loss) on disposals	33,554	18,248
6. Deduct consideration for bonds and stocks disposed of	3,991,374	11,462,965
7. Deduct amortization of premium	72,931	324,838
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	37,875,208	38,002,472
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	37,875,208	38,002,472

STATEMENT AS OF MARCH 31, 2014 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	33,862,518	6,886,293	6,050,653	(66,172)	34,631,986	0	0	33,862,518
2. NAIC 2 (a).....	3,239,190	0	450,843	(4,540)	2,783,808	0	0	3,239,190
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	37,101,708	6,886,293	6,501,496	(70,712)	37,415,793	0	0	37,101,708
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	37,101,708	6,886,293	6,501,496	(70,712)	37,415,793	0	0	37,101,708

(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

S102

SCHEDULE DA - PART 1**Short-Term Investments**

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	751,420	XXX	751,420	13	0

SCHEDULE DA - VERIFICATION**Short-Term Investments**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	294,107	1,523,640
2. Cost of short-term investments acquired	3,000,989	10,847,161
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	2,543,676	12,076,694
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	751,420	294,107
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	751,420	294,107

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B- Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2014 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
64966K-YU-1	NEW YORK NY		03/19/2014	WELLSMUNI		295,785	250,000	1,840	1FE
2499999 - Total	Bonds - U.S. Political Subdivisions of States, Territories and Possessions					295,785	250,000	1,840	XXX
167593-BU-5	CHICAGO IL O'HARE INTL ARPT REV		03/14/2014	GEORGE K. BAUM		274,773	250,000	2,844	1FE
19648A-P6-6	COLORADO HEALTH FACS AUTH REV		01/22/2014	GOLDMAN SACHS		263,598	250,000	2,604	1FE
3137EA-DB-2	FHLMC		03/19/2014	WELLSCORP		490,815	500,000	2,243	1
31418B-BA-3	FNMA #1832		02/13/2014	KEY MCDONNALD		924,469	900,000	1,125	1
544525-SL-3	LOS ANGELES CA DEPT WTR & PWR		03/26/2014	WELLSMUNI		274,220	250,000	3,125	1FE
3199999 - Total	Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of ...					2,227,874	2,150,000	11,941	XXX
06051G-FF-1	BANK OF AMERICA CORP		03/27/2014	BANK OF AMERICA		249,063	250,000	0	1FE
254683-AC-9	DCENT 2007-A1 A1		01/09/2014	JPM-MTGS		572,910	500,000	2,276	1FE
26875P-AG-6	EOG RESOURCES INC		01/14/2014	MILLENNIUM		266,203	250,000	4,726	1FE
808513-AD-7	CHARLES SCHWAB CORP		01/14/2014	JEFFERIES & COMPANY		273,470	250,000	5,408	1FE
3899999 - Total	Bonds - Industrial, Misc.					1,361,645	1,250,000	12,410	XXX
8399997 - Total	Bonds - Part 3					3,885,304	3,650,000	26,191	XXX
8399999 - Total	Bonds					3,885,304	3,650,000	26,191	XXX
8999999 - Total	Preferred Stocks					0	XXX	0	XXX
9799999 - Total	Common Stocks					0	XXX	0	XXX
9899999 - Total	Preferred and Common Stocks					0	XXX	0	XXX
9999999 Totals						3,885,304	XXX	26,191	XXX

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

E04

STATEMENT AS OF MARCH 31, 2014 OF THE OHA INSURANCE SOLUTIONS, INC

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
383746-JH-6.	GNMA 2004-27 VD		03/01/2014	MBS PMT		33,857	33,857	36,058	33,963	0	(107)	0	(107)	0	33,857	0	0	0	269	07/16/2023	1	
38376P-R5-1.	GNMA 2009-116 KC		03/01/2014	MBS PMT		14,403	14,403	14,979	14,418	0	(15)	0	(15)	0	14,403	0	0	0	69	08/20/2037	1	
38377L-OV-3.	GNMA 2010-12 KH		03/01/2014	MBS PMT		15,555	15,555	16,211	15,570	0	(14)	0	(14)	0	15,555	0	0	0	65	12/20/2037	1	
38378B-2T-5.	GNMA 2012-150 A		03/01/2014	MBS PMT		2,840	2,840	2,886	2,841	0	0	0	0	0	2,840	0	0	0	10	11/16/2052	1	
38378B-5S-4.	GNMA 2013-15 AC		03/01/2014	MBS PMT		2,358	2,358	2,358	2,358	0	0	0	0	0	2,358	0	0	0	7	08/16/2051	1	
38378K-DB-2.	GNMA 2013-43 B		03/01/2014	MBS PMT		4,700	4,700	4,777	4,702	0	(1)	0	(1)	0	4,700	0	0	0	15	04/16/2039	1	
0599999	- Bonds - U.S. Governments					73,713	73,713	77,281	73,851	0	(138)	0	(138)	0	73,713	0	0	0	435	XXX	XXX	
04048R-HQ-2.	ARIZONA BRD REGENTS UNIV AZ		02/12/2014	RAJA		249,833	250,000	250,000	250,000	0	0	0	0	0	250,000	0	(168)	(168)	2,004	07/01/2017	1FE	
130534-B3-3.	CALIFORNIA POLLUTN CTL FING AUTH		03/27/2014	WH MELL		211,734	200,000	201,676	201,566	0	(107)	0	(107)	0	201,459	0	10,275	10,275	3,167	12/01/2023	2FE	
207758-KJ-1.	CONNECTICUT SPL TAX OBLIG		03/18/2014	EMO		268,998	250,000	278,185	273,068	0	(687)	0	(687)	0	272,381	0	(3,384)	(3,384)	4,011	11/01/2020	1FE	
3128K4-OX-6.	FHLMC A44070		03/01/2014	MBS PMT		3,230	3,230	3,012	3,228	0	2	0	2	0	3,230	0	0	0	25	04/01/2036	1	
3128KK-GC-7.	FHLMC A56495		03/01/2014	MBS PMT		1,248	1,248	1,229	1,248	0	0	0	0	0	1,248	0	0	0	13	01/01/2037	1	
3128M7-NY-8.	FHLMC 605507		03/01/2014	MBS PMT		8,600	8,600	9,106	8,611	0	(11)	0	(11)	0	8,600	0	0	0	63	02/01/2039	1	
3128MC-YR-0.	FHLMC 614120		03/01/2014	MBS PMT		12,804	12,804	13,321	12,813	0	(9)	0	(9)	0	12,804	0	0	0	83	04/01/2026	1	
3128MJ-D4-9.	FHLMC 608122		03/01/2014	MBS PMT		3,562	3,562	3,479	3,559	0	3	0	3	0	3,562	0	0	0	30	04/01/2036	1	
3128MJ-O7-8.	FHLMC 608477		03/01/2014	MBS PMT		5,458	5,458	5,603	5,459	0	(1)	0	(1)	0	5,458	0	0	0	31	02/01/2042	1	
3128PT-7B-5.	FHLMC J14490		03/01/2014	MBS PMT		10,840	10,840	11,147	10,845	0	(5)	0	(5)	0	10,840	0	0	0	58	02/01/2026	1	
31331G-JT-7.	FFCB		01/15/2014	WELLSCORP		266,265	250,000	266,755	256,405	0	(128)	0	(128)	0	256,277	0	9,988	9,988	4,702	01/12/2016	1	
31331G-LB-0.	FFCB		01/15/2014	SC		305,862	300,000	324,451	304,651	0	(267)	0	(267)	0	304,385	0	1,477	2,850	2,850	09/22/2014	1	
31344A-UU-6.	FHLMC		01/10/2014	CITIGROUP/ELECTRONIC		512,325	500,000	537,455	512,831	0	(793)	0	(793)	0	512,038	0	287	287	12,361	07/15/2014	1	
31368H-NM-1.	FNMA #190396		03/01/2014	MBS PMT		4,098	4,098	4,250	4,100	0	(2)	0	(2)	0	4,098	0	0	0	28	06/01/2039	1	
3138A2-BQ-1.	FNMA #AH0946		03/01/2014	MBS PMT		10,553	10,553	10,580	10,553	0	0	0	0	0	10,553	0	0	0	64	12/01/2040	1	
31393R-KV-1.	FHLMC 2629 BN		03/01/2014	MBS PMT		10,780	10,780	11,194	10,793	0	(13)	0	(13)	0	10,780	0	0	0	59	03/15/2018	1	
31397N-2X-2.	FNMA 2009-44 AC		03/01/2014	MBS PMT		6,017	6,017	6,195	6,023	0	(5)	0	(5)	0	6,017	0	0	0	38	12/25/2023	1	
31398W-5T-7.	FHLMC 3626 ED		03/01/2014	MBS PMT		20,277	20,277	20,910	20,303	0	(26)	0	(26)	0	20,277	0	0	0	100	06/15/2037	1	
31398W-LZ-5.	FHLMC 3636 EB		03/01/2014	MBS PMT		12,062	12,062	12,280	12,070	0	(8)	0	(8)	0	12,062	0	0	0	40	11/15/2018	1	
31407H-ZH-2.	FNMA #831544		03/01/2014	MBS PMT		10,421	10,421	10,346	10,418	0	3	0	3	0	10,421	0	0	0	87	06/01/2036	1	
31409X-HP-7.	FNMA #881438		03/01/2014	MBS PMT		1,951	1,951	1,965	1,951	0	0	0	0	0	1,951	0	0	0	31	07/01/2036	1	
31413Y-N7-2.	FNMA #959514		03/01/2014	MBS PMT		4,738	4,738	4,785	4,739	0	(1)	0	(1)	0	4,738	0	0	0	37	12/01/2037	1	
31416B-TA-6.	FNMA #995245		03/01/2014	MBS PMT		10,901	10,901	11,794	10,924	0	(23)	0	(23)	0	10,901	0	0	0	86	01/01/2039	1	
31416C-CH-7.	FNMA #995672		03/01/2014	MBS PMT		5,276	5,276	5,458	5,278	0	(3)	0	(3)	0	5,276	0	0	0	35	04/01/2039	1	
31417Y-EZ-6.	FNMA #MA0151		03/01/2014	MBS PMT		13,761	13,761	14,296	13,774	0	(14)	0	(14)	0	13,761	0	0	0	102	08/01/2019	1	
31418A-EH-7.	FNMA #MA1035		03/01/2014	MBS PMT		5,972	5,972	6,192	5,975	0	(3)	0	(3)	0	5,972	0	0	0	28	04/01/2027	1	
31418B-BA-3.	FNMA #1832		03/01/2014	MBS PMT		7,615	7,615	7,822	7,615	0	0	0	0	0	7,615	0	0	0	16	03/01/2024	1	
31418N-XY-3.	FNMA #AD1593		03/01/2014	MBS PMT		6,624	6,624	6,871	6,628	0	(4)	0	(4)	0	6,624	0	0	0	47	02/01/2040	1	
735389-OJ-5.	PORT SEATTLE WA		03/20/2014	PIPER, JAFFRAY & HOPWOOD		304,965	300,000	300,462	300,293	0	(24)	0	(24)	0	300,269	0	4,696	4,696	2,114	11/01/2016	1FE	
914692-L2-2.	UNIVERSITY NM UNIV REVS		03/18/2014	EMO		563,395	500,000	581,485	563,063	0	(4,012)	0	(4,012)	0	559,051	0	4,344	8,006	8,006	06/01/2017	1FE	
914760-R9-6.	UNIVERSITY OK REV		02/12/2014	DUNCAN		554,240	500,000	574,475	553,056	0	(2,738)	0	(2,738)	0	550,318	0	3,922	3,922	17,340	07/01/2018	1FE	
3199999	- Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of...					3,414,402	3,226,786	3,496,778	3,384,223	0	(8,874)	0	(8,874)	0	3,382,964	0	31,438	31,438	57,656	XXX	XXX	
225458-DW-7.	CSFB 2005-C1 A4		03/01/2014	MBS PMT		1,759	1,759	1,903	1,763	0	(4)	0	(4)	0	1,759	0	0	0	17	02/15/2038	1FM	
585055-AP-1.	MEDTRONIC INC		03/15/2014	MATURITY		250,000	250,000	261,115	250,513	0	(513)	0	(513)	0	250,000	0	0	0	5,625	03/15/2014	1FE	
786514-BS-7.	SAFEMAY INC		03/05/2014	CANTOR FITZGERALD & CO.		251,500	250,000	249,099	249,368	0	16	0	16	0	249,384	0	2,116	2,116	5,623	08/15/2020	2FE	
3899999	- Bonds - Industrial and Miscellaneous					503,259	501,759	512,116	501,644	0	(500)	0	(500)	0	501,143	0	2,116	2,116	11,265	XXX	XXX	
8399997	- Bonds - Part 4					3,991,374	3,802,258	4,086,175	3,959,717	0	(9,513)	0	(9,513)	0	3,957,820	0	33,554	33,554	69,357	XXX	XXX	
8399999	- Total - Bonds					3,991,374	3,802,258	4,086,175	3,959,717	0	(9,513)	0	(9,513)	0	3,957,820	0	33,554	33,554	69,357	XXX	XXX	
8999999	- Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999	- Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	- Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					3,991,374	XXX	4,086,175	3,959,717	0	(9,513)	0	(9,513)	0	3,957,820	0	33,554	33,554	69,357	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0

E05

Schedule DB - Part A - Section 1

NONE

Sch. DB - Pt. A - Sn. 1 - Footnotes

NONE

Schedule DB - Part B - Section 1

NONE

Sch. DB - Pt. B - Sn. 1 - Footnotes

NONE

Schedule DB - Part D Section 1

NONE

Schedule DB - Part D Section 2

NONE

Schedule DB - Part D Section 2 [Cont.]

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

Schedule E - Part 2 - Cash Equivalents

NONE



SUPPLEMENT FOR MARCH 31, 2014 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	968,276	574,350	0	0	452,903	1,560,010	13	2,907,045
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	968,276	574,350	0	0	452,903	1,560,010	13	2,907,045
DETAILS OF WRITE-INS								
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 MARCH 31, 2014 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	2,424,173	1,221,258	0	0	1,754,781	3,935,013	36	5,376,106
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	2,424,173	1,221,258	0	0	1,754,781	3,935,013	36	5,376,106
DETAILS OF WRITE-INS								
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 MARCH 31, 2014 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
DETAILS OF WRITE-INS								
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 MARCH 31, 2014 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
DETAILS OF WRITE-INS								
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