

To correct errors found within the statement during NAIC review as well as some additional ones found by the Company.



ANNUAL STATEMENT  
For the Year Ended December 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE  
OHA INSURANCE SOLUTIONS, INC

NAIC Group Code	01154	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	Amy Terese Irish			517-886-8339		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	airish@coverys.com			517-327-2772		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
Gregg Lee Hanson	Chair, Chief Executive Officer & President	Richard Gordon Hayes	Vice President, Treasurer
Amy Terese Irish	Vice President, Assistant Treasurer & Secretary	Mary Lynn Ursul	Senior Vice President

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Gregg Lee Hanson	Richard Gordon Hayes	Mary Lynn Ursul	Wayne Thomas Zack
Bradley Dean Lonsberry			

State of .....  
County of .....  
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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 Lee Hanson Chair, Chief Executive Officer & President	Richard Gordon Hayes Vice President, Treasurer	Amy Terese Irish Vice President, Assistant Treasurer & Secretary
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [ ] No [ X ] b. If no: 1. State the amendment number 1 2. Date filed 04/09/2015 3. Number of pages attached 24

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	8,032,882	7,884,946
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	4,789,801	4,900,294
4. Commissions payable, contingent commissions and other similar charges .....		0
5. Other expenses (excluding taxes, licenses and fees) .....	159,480	192,406
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	0	0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	1,374,745	0
7.2 Net deferred tax liability .....	0	0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....242,580 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) .....	1,333,190	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) .....	538,157	3,834,428
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....		0
14. Amounts withheld or retained by company for account of others .....		604,087
15. Remittances and items not allocated .....		0
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 8) .....	0	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 .....	237,108	0
20. Derivatives .....		0
21. Payable for securities .....		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 .....	0	269,000
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	16,465,363	19,754,268
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	16,465,363	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) .....	5,885,195	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) (Page 4, Line 39) .....	27,109,090	23,881,243
38. Totals (Page 2, Line 28, Col. 3)	43,574,453	43,635,511
DETAILS OF WRITE-INS		
2501. Premium Deficiency Reserve.....		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)	0	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	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4) .....	8,063,415	3,779,569
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....	643,378	864,125
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	899,915	1,373,670
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	3,151,562	2,256,903
5. Aggregate write-ins for underwriting deductions .....	0	106,000
6. Total underwriting deductions (Lines 2 through 5) .....	4,694,855	4,600,698
7. Net income of protected cells .....		0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	3,368,560	(821,129)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	909,227	897,322
10. Net realized capital gains (losses) less capital gains tax of \$ ..... 4,115 (Exhibit of Capital Gains (Losses)).....	7,642	11,861
11. Net investment gain (loss) (Lines 9 + 10) .....	916,869	909,184
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ) .....	(2,415)	0
13. Finance and service charges not included in premiums .....		0
14. Aggregate write-ins for miscellaneous income .....	199,861	0
15. Total other income (Lines 12 through 14) .....	197,446	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) .....	4,482,876	88,055
17. Dividends to policyholders .....		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) .....	4,482,876	88,055
19. Federal and foreign income taxes incurred .....	1,280,509	(131,387)
20. Net income (Line 18 minus Line 19) (to Line 22) .....	3,202,367	219,442
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	23,881,241	23,393,037
22. Net income (from Line 20) .....	3,202,367	219,442
23. Net transfers (to) from Protected Cell accounts .....		0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ ..... 137,065 .....	137,065	126,666
25. Change in net unrealized foreign exchange capital gain (loss) .....		0
26. Change in net deferred income tax .....	(234,715)	(80,131)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	91,252	211,974
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....		0
30. Surplus (contributed to) withdrawn from protected cells .....		0
31. Cumulative effect of changes in accounting principles .....		0
32. Capital changes:		
32.1 Paid in .....		0
32.2 Transferred from surplus (Stock Dividend) .....		0
32.3 Transferred to surplus .....		0
33. Surplus adjustments:		
33.1 Paid in .....	31,880	10,252
33.2 Transferred to capital (Stock Dividend) .....		0
33.3 Transferred from capital .....		0
34. Net remittances from or (to) Home Office .....		0
35. Dividends to stockholders .....		0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	3,227,848	488,204
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	27,109,089	23,881,241
DETAILS OF WRITE-INS		
0501. Premium Deficiency reserve.....		106,000
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	106,000
1401. Miscellaneous Income.....	269,000	0
1402. Miscellaneous Expense.....	(44,451)	
1403. Risk Management Programs.....	(24,688)	
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	199,861	0
3701. ....		0
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) .....	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....	(624,119)			(624,119)
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....	(1,286,863)			(1,286,863)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....	662,744	0	0	662,744
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....		437,969		437,969
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....		227,528		227,528
2.4 Contingent-direct .....				0
2.5 Contingent-reinsurance assumed .....				0
2.6 Contingent-reinsurance ceded .....				0
2.7 Policy and membership fees .....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	210,441	0	210,441
3. Allowances to manager and agents .....	0	0		0
4. Advertising .....	0	5,578		5,578
5. Boards, bureaus and associations .....	4,420	17,145		21,565
6. Surveys and underwriting reports .....	0			0
7. Audit of assureds' records .....	0			0
8. Salary and related items:				
8.1 Salaries .....	102,396	678,795		781,191
8.2 Payroll taxes .....	12,236	81,114		93,350
9. Employee relations and welfare .....	35,482	235,218		270,700
10. Insurance .....	20,149	133,571		153,720
11. Directors' fees .....	391	2,594		2,985
12. Travel and travel items .....	6,785	44,982		51,767
13. Rent and rent items .....	13,850	91,816		105,666
14. Equipment .....	1,911	12,669		14,580
15. Cost or depreciation of EDP equipment and software .....	34,508	228,756		263,264
16. Printing and stationery .....	937	6,214		7,151
17. Postage, telephone and telegraph, exchange and express .....	594	3,940		4,534
18. Legal and auditing .....	3,512	23,284		26,796
19. Totals (Lines 3 to 18) .....	237,171	1,565,676	0	1,802,847
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		76,056		76,056
20.2 Insurance department licenses and fees .....		67,606		67,606
20.3 Gross guaranty association assessments .....		0		0
20.4 All other (excluding federal and foreign income and real estate) .....		0		0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	143,662	0	143,662
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	0	1,231,783	128,475	1,360,258
25. Total expenses incurred .....	899,915	3,151,562	128,475	(a) 4,179,952
26. Less unpaid expenses-current year .....	4,789,801	159,480		4,949,281
27. Add unpaid expenses-prior year .....	4,900,294	129,256	0	5,029,550
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	1,010,408	3,121,338	128,475	4,260,221
DETAILS OF WRITE-INS				
2401. Investment Services.....			128,475	128,475
2402. O/S Prof Svc.....		131,033		131,033
2403. Misc.....		750		750
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	1,100,000	0	1,100,000
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	1,231,783	128,475	1,360,258

(a) Includes management fees of \$ 0 to affiliates and \$ 0 to non-affiliates.

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of OHA Insurance Solutions, Inc. are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

Description	State	2014	2013
1 Net income, state basis	OH	\$ 3,202,367	\$ 219,442
2 Effect of state prescribed practices			
3 Effect of state permitted practices			
4 Net income, NAIC SAP basis		3,202,367	219,442
Description	State	2014	2013
5 Policyholders' surplus, state Basis	OH	\$ 27,109,090	\$ 23,881,241
6 Effect of state prescribed paractices			
7 Effect of state permitted practices			
8 Policyholders' surplus, NAIC SAP basis		27,109,090	23,881,241

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Common Stocks at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) The Company has no loaned back securities.
- (7) The Company carries no investments on a GAAP equity basis.
- (8) The Company has no ownership interest in joint ventures.
- (9) The Company does not own any derivatives.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts Premiums.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
- (13) Not applicable as the Company does not write major medical insurance with prescription drug coverage.

2. Accounting Changes and Correction of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans None

B. Troubled Debt Restructuring for Creditors None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

- 1. Prepayment assumptions for Mortgage-Backed Securities, Collateralized Mortgage Obligations and other Structured Securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels or interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).
- 2. There were no Other Than Temporary Impairments (OTTI) recognized in the current year.
- 3. Not applicable

4. Impaired securities for which an OTTI has not been recognized in earnings as a realized loss:

All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ ..... 4,541
	2. 12 Months or Longer	\$ ..... 72,613
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ ..... 1,508,367
	2. 12 Months or Longer	\$ ..... 2,004,873

E. Repurchase Agreements and/or Securities Lending Transactions None

F. Real Estate

None

G. Low Income Housing Tax Credits None

H. Restricted Assets

None

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

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

B. There were no amounts excluded from surplus

8. Derivative Instruments

None

9. Income Taxes

A. The amount of gross deferred tax assets (DTAs) and deferred tax liability (DTLs) comprising net DTAs is shown below as well as admitted, nonadmitted and change in nonadmitted DTAs.

1. Components of Net Deferred Tax Asset/(Liability)

	12/31/2014			12/31/2013			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 495,434	\$ -	\$ 495,434	\$ 725,267	\$ -	\$ 725,267	\$ (229,833)	\$ -	\$ (229,833)
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 495,434	\$ -	\$ 495,434	\$ 725,267	\$ -	\$ 725,267	\$ (229,833)	\$ -	\$ (229,833)
(d) Deferred Tax Assets Nonadmitted	101,241		101,241	144,542	-	144,542	(43,301)	-	(43,301)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 394,193	\$ -	\$ 394,193	\$ 580,725	\$ -	\$ 580,725	\$ (186,532)	\$ -	\$ (186,532)
(f) Deferred Tax Liabilities	\$ 122,543	\$ -	122,543.00	\$ 49,458	\$ 68,205	117,663.00	73,085.00	(68,205.00)	4,880.00
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 271,650	\$ -	\$ 271,650	\$ 531,267	\$ (68,205)	\$ 463,062	\$ (259,617)	\$ 68,205	\$ (191,412)

2. Admission Calculation Components

	12/31/2014			12/31/2013			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
<b>Admission Calculation Components SSAP No. 101</b>									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 224,339	\$ -	\$ 224,339	\$ 148,382	\$ -	\$ 148,382	\$ 75,957	\$ -	\$ 75,957
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	47,310	-	47,310	314,680	-	314,680	(267,370)	-	(267,370)
1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	47,310	-	47,310	463,162	-	463,162	(415,852)	-	(415,852)
2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	4,019,315	XXX	XXX	2,388,124	XXX	XXX	1,631,191
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	122,543	-	122,543	117,663		117,663	4,880	-	4,880
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 394,192	\$ -	\$ 394,192	\$ 580,725	\$ -	\$ 580,725	\$ (186,533)	\$ -	\$ (186,533)

3. Other Admissibility Criteria

	2014	2013
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	1502%	1310%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$ 26,837,441	\$ 23,418,181

4. Impact of Tax Planning Strategies

Not applicable

B. Deferred Tax Liabilities Not Recognized

Not applicable

C. Current and Deferred Income Taxes

(I) Current Income Tax

	(1) 12/31/2014	(2) 12/31/2013	(3) (Col. 1 - 2) Change
(a) Federal	1,284,624	(131,387)	1,416,011
(b) Foreign	-	-	-
(c) Subtotal	1,284,624	(131,387)	1,416,011
(d) Federal income tax on net capital gains	(4,115)	6,387	(10,502)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	1,280,509	(125,000)	1,405,509

(2) Deferred Tax Assets

	(1) 12/31/2014	(2) 12/31/2013	(3) (Col. 1 - 2) Change
(a) Ordinary			
(1) Discounting of unpaid losses	332,476	332,480	\$ (4)
(2) Unearned premium reserve	93,323	144,837	(51,514)
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	45,515	14,417	31,098
(8) Compensation and benefits accrual	-	233,533	(233,533)
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	-	-	-
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	24,120	-	24,120
(99) Subtotal	\$ 495,434	\$ 725,267	\$ (229,833)
(b) Statutory valuation allowance adjustment			-
(c) Nonadmitted	101,241	144,542	(43,301)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	394,193	580,725	(186,532)
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
(i) Admitted deferred tax assets (2d + 2h)	394,193	580,725	(186,532)



(3) Deferred Tax Liabilities

	(1)	(2)	(3)
	12/31/2014	12/31/2013	(Col. 1 - 2) Change
(a) Ordinary			
(1) Investments	122,543	69,782	52,761
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax liabilities)	-	47,881	(47,881)
(99) Subtotal	\$ 122,543	\$ 117,663	\$ 4,880
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	\$ -	\$ -	\$ -
(c) Deferred tax liabilities(3a99 + 3b99)	\$ 122,543	\$ 117,663	\$ 4,880
4. Net deferred tax assets/liabilities(2i - 3c)	\$ 271,650	\$ 463,062	\$ (191,412)

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

Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	4,486,990	1,570,447	35.00%
Tax Exempt Interest	(199,249)	(69,737)	-1.55%
Proration	-	-	0.00%
Non-Deductible Expense	6,684	2,339	0.05%
Other	46,542	16,290	0.36%
Total	\$ 4,340,967	\$ 1,519,338	33.86%
Federal Income Taxes Incurred Expense (benefit)		1,280,509	28.54%
Tax on Capital Gains/(Losses)		4,115	0.09%
Change in Net Deferred Income Tax Charge (benefit)		234,714	5.23%
Total Statutory Income Taxes		1,519,338	33.86%

E. Operating Loss and Tax Credit Carry-forwards and Protective Tax Deposits

- (1) At December 31, 2014, the Company had no unused operating loss carry-forwards available to offset against future taxable income.
- (2) The following is income tax expense available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2014	1,280,509	4,115	1,284,624
2013	-	-	-
2012	-	-	-
Total	-	-	-

- (3) The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

- (1) The Company's federal income tax return is consolidated with the following entities:

Medical Professional Mutual Insurance Co.  
ProMutual Group, Inc.  
ProSelect Insurance Company  
ProSelect National Insurance Company, Inc.  
ProMutual Insurance Agency, Inc.  
FinCor Holdings, Inc.  
Coverys Insurance Services, Inc.  
The Risk Management & Patient Safety Institute  
Washington Casualty Company  
Coverys Research and Development Corporation  
Coverys Community Healthcare Foundation, Inc.  
OHA Holdings, Inc.  
OHA Insurance Solutions, Inc.  
ELM Exchange, Inc.  
Preferred Professional Insurance Company  
Physicians Consultants, Inc.  
Coverys Specialty Insurance Company

- (2) The method of allocation among companies is subject to a formal tax sharing agreement approved by the Board of Directors. The Member Companies federal income tax liability shall be calculated using Basic Method 1 as set forth in Treasury Regulations paragraph 1.1552-1(a)(1). Each Member Company shall pay to Common Parent its income tax liability as calculated using this Basic Method 1. If a Member Company generates for the year any Tax Benefits which may not be fully utilized by the Member Company to reduce its separate tax liability for the current taxable year, Common Parent shall provide to any such Member Company a payment equal to the amount of such Tax Benefits which can be utilized by the Affiliated Group. Payments between and among Member Companies of the Affiliated Group under this Agreement shall be made within thirty days of the receipt of the final calculations.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of Relationships

In 2014, FinCor Holdings, Inc. acquired OHA Holdings, Inc. and its subsidiaries, including OHA Insurance Solutions. FinCor Holdings, Inc. is owned 100% owned by Medical Professional Mutual Insurance Company, domiciled in the state of Massachusetts. Medical Professional Mutual Insurance Company, and its member companies collectively known as “Coverys,” is one of the leading providers of medical liability insurance in the Northeast region of the United States, insuring physicians, surgeons, and dentists as well as a large number of hospitals, health centers and clinics.

B. Detail of Transaction Greater than ½ of 1% of Admitted Assets

None

C. Change in Terms of Intercompany Arrangements

None

D. The amounts due to or from affiliates (including amounts arising from intercompany federal tax sharing agreement) are as follows:

The amounts due to affiliates:

	2014	2013
MHA Insurance Company	\$..... 236,492	\$ .....
Medical Professional Mutual Insurance Company	..... 1,468,554	.....
Totals	\$..... 1,705,046	\$ .....

These arrangements are subject to written agreements which require that intercompany balances be settled on a quarterly basis, excluding federal tax payments which are settled following final calculations (See note 9F).

E. Guarantees or Contingencies for Related Parties

None

F. Management, Service Contracts, Cost Sharing Arrangements

None

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the OHA Insurance Solutions, Inc. are owned by OH Holdings, Inc.

H. Amount deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

None

J. Write downs for impairment of Investments in Affiliates

Not applicable

K. Foreign Subsidiary Valued Using CARVM

None

L. Downstream Holding Company Valued Using Look-Through Method

None

11. Debt

None

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

A. Defined Benefit Plan

None

B.-D. Description of Investment Policies, Fair Value of Plan Assets, Rate of Return Assumptions

None

E. Defined Contribution Plan

The Company sponsors a qualified defined contribution for its employees. All employees are eligible for the plan after reaching age 21 and completing two years of employment. Contributions of 8.0% of each employee's compensation are made each year for the first 5 years of employment and 11.5% thereafter. The Company's contributions for the plan were \$61,746 and \$103,300 for 2014 and 2013, respectively.

F. Multiemployer Plans

None

G. Consolidated/Holding Company Plans

None

H. Postemployment Benefits and Compensated Absences

None

I. Impact of Medicare Modernization on Postretirement Benefits

None

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

(1) Outstanding Shares

The Company has 1,000 shares authorized, issued and outstanding. All shares are Class A Common and held by OHA Holdings, Inc.

(2) Dividend Rate of Preferred Stock

The Company has no preferred stock outstanding.

(3) Dividend Restrictions

Without prior approval of the Ohio Commissioner, dividends to shareholder are limited by the laws of the state of Ohio to the greater of 10% of stockholders' equity as of the preceding December 31, or the net investment income of the preceding calendar year limited to the balance of unassigned surplus at the end of the preceding year. Dividends are paid as determined by the Board of Directors. No dividends were paid in 2014 or 2013.

(4) Dates and Amounts of Dividends Paid

Within the limitations of (3) above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to shareholders.

(5) Amount of Ordinary Dividends That May Be Paid

There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(6) Restrictions on Unassigned Funds

None

(7) Mutual Surplus Advances

None

(8) Company Stock Held for Special Purposes

None

(9) Changes in Special Surplus Funds

None

(10) Change in Unassigned Funds

The portion of unassigned funds (surplus) represented by cumulative unrealized capital gains is \$140.

(11) Surplus Notes

The Company has issued no surplus notes or similar obligations.

(12) Impact of Quasi-reorganization

Not applicable

(13) Date of Quasi Reorganizations

Not applicable

14. Contingencies

A. Contingent Commitments

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

B. Guaranty Fund and Other Assessments

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

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None

E. Product Warranties Not

applicable

F. 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

A. Lessee Operating Lease

(1) The Company leases office space, computer software and equipment under various noncancelable operating lease agreements that expire through 2023. Rental expense for 2014 and 2013 was approximately \$81,993 and \$193,258 respectively.

(2) Future minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2015	\$ .....83,051
2.	2016	\$ .....84,586
3.	2017	\$ .....81,774
4.	2018	\$ .....81,888
5.	2019	\$ .....82,003
6.	Aggregate total for all future years	\$ ..... 352,760

(3) The Company is not involved in any material sales leaseback transactions.

B. Lessor Leases

None

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

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. Italso 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.

Description for each class of asset	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Common Stocks Mutual Fund	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	-	-	-	-
Bonds				
U.S. Governments	-	-	-	-
Industrial and Miscellaneous	-	-	-	-
Asset-backed securities	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	-	-	-	-
Common Stock				
Industrial and Miscellaneous	1,331,936	-	-	1,331,936
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stock	1,331,936	-	-	1,331,936
Total Assets at fair value	1,331,936	-	-	1,331,936

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

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. Other Fair Value Disclosures Not

applicable

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method (subsidiaries, joint ventures and ventures). The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A. This was not practicable for mortgage loans as described below in Note 20D.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	38,257,985	37,156,423	-	38,257,985	-	-
Common Stock	1,331,936	1,331,936	1,331,936	-		
Cash, Cash Equivalents, and Short-	3,617,317	3,617,317	3,617,317	-		

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not applicable

21. Other Items

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

- C. Other Disclosures
- None
- D. Business Interruption Insurance Recoveries Not applicable
- E. State Transferable and Non-transferable Tax Credits Not applicable
- F. Subprime Mortgage Related Risk Exposure
- (1) Subprime Mortgage Exposures
- The Company invests in several asset classes that could potentially be adversely affected by subprime mortgage exposure. These investments include mortgage-backed securities. The Company believes that its greatest exposure is to unrealized losses from declines in asset values versus realized losses resulting from defaults or foreclosures. Conservative lending and investment practices limit the company's exposure to such losses.
- (2) Direct Exposure -Mortgage Loans
- The Company does not issue any direct mortgage loans.
- (3) DirectExposure-OtherInvestmentClasses
- The Company has several other investment classes that could have subprime mortgage exposure including:
- Mortgage-backed securities
  - Debt obligations of financial institutions participating in subprime lending practices
- The Company has reviewed its mortgage-backed security portfolio and determined that all of these investments are in pools that are backed by loans made to well qualified borrowers or in tranches that have minimal default risk. All bonds held that were issued by financial institutions participating in subprime lending activities are investment grade quality. Default risk on these bonds appears minimal at this time. The impact on these investments should the subprime credit crisis worsen cannot be assessed at this time.
- (4) Underwriting Exposure
- Not applicable

22. Event Subsequent

None

23. Reinsurance

- A. Unsecured Reinsurance Recoverables
- The Company does not have an unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.
- B. Reinsurance Recoverable in Dispute None
- C. Reinsurance Assumed and Ceded and Protected Cells

(1) The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2014.

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
Reinsurance Assumed and Ceded						
Affiliates	-	-	-	-	-	-
All Other	-	-	242,580	36,387	(242,580)	(36,387)
Total	-	-	242,580	36,387	(242,580)	(36,387)
Direct Unearned Premium Reserve	1,575,770					

(2) The Company does not have any return commissions as of December 31, 2014.

(3) The Company does not use protected cells as an alternative to traditional reinsurance.

- D. Uncollectable Reinsurance
- None
- E. Commutation of Ceded Reinsurance
- None
- F. Retroactive Reinsurance
- None
- G. Reinsurance Accounted for as a Deposit
- Not applicable
- H. Run-Off Agreements
- Not applicable
- I. Certified Reinsurer Downgraded or Status Subject to Revocation
- Not applicable

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Net Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years has decreased by \$2,111,000 as a result of re-estimation of unpaid losses and loss adjustment expenses principally on the medical malpractice line of insurance. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26.

Intercompany Pooling Agreements

None
27.

Structured Settlements

None
28.

Health Care Receivables

None
29.

Participating Accident and Health Policies

None
30.

Premium Deficiency Reserves

None
31.

High Deductibles

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

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 ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating?

Ohio.....
- 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 ☒
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2013
- 3.2

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.

.....12/31/2013
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....12/17/2014
- 3.4

By what department or departments? Ohio Department of Insurance.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes ☐ No ☒
- 4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes ☐ No ☒
- 4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of the 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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 6.1

Has the 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 ☒
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,
- 7.21

State the percentage of foreign control .....
- 7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

GENERAL INTERROGATORIES

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Pricewaterhouse Coopers, 125 High Street, Boston, MA 02110.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Maureen B. Stazinski, FCAS, MAAA, Consulting Actuary, Towers Watson, 800 Boylston Street, Boston, MA 02199.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).



GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

- 25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [   ] No [ X ]
- 25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....

25.22

Subject to reverse repurchase agreements

\$.....

25.23

Subject to dollar repurchase agreements

\$.....

25.24

Subject to reverse dollar repurchase agreements

\$.....

25.25

Placed under option agreements

\$.....

25.26

Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

\$.....

25.27

FHLB Capital Stock

\$.....

25.28

On deposit with states

\$.....0

25.29

On deposit with other regulatory bodies

\$.....

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$.....

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$.....

25.32

Other

\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [   ] No [ X ]
- 26.2

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

Yes [   ] No [   ] N/A [ X ]
- 27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [   ] No [ X ]
- 27.2

If yes, state the amount thereof at December 31 of the current year.

\$.....
28.

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 [   ]

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

1 Name of Custodian(s)	2 Custodian’s Address
NORTHERN TRUST COMPANY.....	50 SOUTH LASALLE STREET, CHICAGO, IL 60675.....

28.02 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)
.....	.....	.....
.....	.....	.....
.....	.....	.....

- 28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [ X ] No [   ]
- 28.04

If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
FIFTH THIRD BANK.....	THE NORTHERN TRUST COMPANY.....	..07/01/2014..	CONSOLIDATE WITH AFFILIATES.....

GENERAL INTERROGATORIES

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ X ] No [   ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001. 922908-71-0.....	VANGUARD 500 INDEX FUND.....	1,331,936
29.2999 TOTAL		1,331,936

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
VANGUARD 500 INDEX FUND.....	APPLE, INC.....	47,017	12/31/2014.....
VANGUARD 500 INDEX FUND.....	EXXONMOBILE CORP.....	28,503	12/31/2014.....
VANGUARD 500 INDEX FUND.....	MICROSOFT CORP.....	27,837	12/31/2014.....
VANGUARD 500 INDEX FUND.....	JOHNSON & JOHNSON.....	21,310	12/31/2014.....
VANGUARD 500 INDEX FUND.....	WELLS FARGO & CO.....	18,780	12/31/2014.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	37,465,597	38,567,162	1,101,565
30.2 Preferred Stocks.....	0		0
30.3 Totals	37,465,597	38,567,162	1,101,565

30.4 Describe the sources or methods utilized in determining the fair values:

PRIMARY: CUSTODIAN BANK; ALTERNATE: ASSET MANAGER.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ X ] No [   ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ X ] No [   ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [ X ] No [   ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....2,463
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
NAIC.....	\$.....2,463

- 34.1 Amount of payments for legal expenses, if any? \$ .....13,049
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Bricker & Eckler.....	\$.....12,606

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories									
States, etc.	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
		2	3						
	Active Status	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama	AL N	.0	.0	.0	.0	.0	.0	.0	
2. Alaska	AK N	.0	.0	.0	.0	.0	.0	.0	
3. Arizona	AZ N	.0	.0	.0	.0	.0	.0	.0	
4. Arkansas	AR N	.0	.0	.0	.0	.0	.0	.0	
5. California	CA N	.0	.0	.0	.0	.0	.0	.0	
6. Colorado	CO N	.0	.0	.0	.0	.0	.0	.0	
7. Connecticut	CT N	.0	.0	.0	.0	.0	.0	.0	
8. Delaware	DE N	.0	.0	.0	.0	.0	.0	.0	
9. Dist. Columbia	DC N	.0	.0	.0	.0	.0	.0	.0	
10. Florida	FL N	.0	.0	.0	.0	.0	.0	.0	
11. Georgia	GA N	.0	.0	.0	.0	.0	.0	.0	
12. Hawaii	HI N	.0	.0	.0	.0	.0	.0	.0	
13. Idaho	ID N	.0	.0	.0	.0	.0	.0	.0	
14. Illinois	IL N	.0	.0	.0	.0	.0	.0	.0	
15. Indiana	IN N	.0	.0	.0	.0	.0	.0	.0	
16. Iowa	IA N	.0	.0	.0	.0	.0	.0	.0	
17. Kansas	KS N	.0	.0	.0	.0	.0	.0	.0	
18. Kentucky	KY N	.0	.0	.0	.0	.0	.0	.0	
19. Louisiana	LA N	.0	.0	.0	.0	.0	.0	.0	
20. Maine	ME N	.0	.0	.0	.0	.0	.0	.0	
21. Maryland	MD N	.0	.0	.0	.0	.0	.0	.0	
22. Massachusetts	MA N	.0	.0	.0	.0	.0	.0	.0	
23. Michigan	MI N	.0	.0	.0	.0	.0	.0	.0	
24. Minnesota	MN N	.0	.0	.0	.0	.0	.0	.0	
25. Mississippi	MS N	.0	.0	.0	.0	.0	.0	.0	
26. Missouri	MO N	.0	.0	.0	.0	.0	.0	.0	
27. Montana	MT N	.0	.0	.0	.0	.0	.0	.0	
28. Nebraska	NE N	.0	.0	.0	.0	.0	.0	.0	
29. Nevada	NV N	.0	.0	.0	.0	.0	.0	.0	
30. New Hampshire	NH N	.0	.0	.0	.0	.0	.0	.0	
31. New Jersey	NJ N	.0	.0	.0	.0	.0	.0	.0	
32. New Mexico	NM N	.0	.0	.0	.0	.0	.0	.0	
33. New York	NY N	.0	.0	.0	.0	.0	.0	.0	
34. No. Carolina	NC N	.0	.0	.0	.0	.0	.0	.0	
35. No. Dakota	ND N	.0	.0	.0	.0	.0	.0	.0	
36. Ohio	OH L	5,432,545	6,482,245	.0	1,516,692	505,366	20,959,752	.0	
37. Oklahoma	OK N	.0	.0	.0	.0	.0	.0	.0	
38. Oregon	OR N	.0	.0	.0	.0	.0	.0	.0	
39. Pennsylvania	PA N	.0	.0	.0	.0	.0	.0	.0	
40. Rhode Island	RI N	.0	.0	.0	.0	.0	.0	.0	
41. So. Carolina	SC N	.0	.0	.0	.0	.0	.0	.0	
42. So. Dakota	SD N	.0	.0	.0	.0	.0	.0	.0	
43. Tennessee	TN N	.0	.0	.0	.0	.0	.0	.0	
44. Texas	TX N	.0	.0	.0	.0	.0	.0	.0	
45. Utah	UT N	.0	.0	.0	.0	.0	.0	.0	
46. Vermont	VT N	.0	.0	.0	.0	.0	.0	.0	
47. Virginia	VA N	.0	.0	.0	.0	.0	.0	.0	
48. Washington	WA N	.0	.0	.0	.0	.0	.0	.0	
49. West Virginia	WV N	.0	.0	.0	.0	.0	.0	.0	
50. Wisconsin	WI N	.0	.0	.0	.0	.0	.0	.0	
51. Wyoming	WY N	.0	.0	.0	.0	.0	.0	.0	
52. American Samoa	AS N	.0	.0	.0	.0	.0	.0	.0	
53. Guam	GU N	.0	.0	.0	.0	.0	.0	.0	
54. Puerto Rico	PR N	.0	.0	.0	.0	.0	.0	.0	
55. U.S. Virgin Islands	VI N	.0	.0	.0	.0	.0	.0	.0	
56. Northern Mariana Islands	MP N	.0	.0	.0	.0	.0	.0	.0	
57. Canada	CAN N	.0	.0	.0	.0	.0	.0	.0	
58. Aggregate other alien	OT XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Totals	(a) 1	5,432,545	6,482,245	0	1,516,692	505,366	20,959,752	0	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX	0	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.

Explanation of basis of allocation of premiums by states, etc.

Based on actual.

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